



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St Josephs Unit, Listowel Community Hospital
Name of provider:	Health Service Executive
Address of centre:	St Josephs Unit, Listowel Community Hospital, Greenville, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	04 January 2023
Centre ID:	OSV-0000564
Fieldwork ID:	MON-0038859

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St Joseph's Unit is a designated centre that is part of the complex of Listowel Community Hospital, located on the outskirts of Listowel town. It is operated by the Health Service Executive (HSE) and registered to accommodate a maximum of 24 residents. It is a single-storey building which also accommodates the 16 bedded short-stay 'District Hospital' and the outpatients department for outreach clinics and allied health professionals. Healthcare in Listowel goes back to the famine, when a workhouse hospital was built in 1846 to accommodate patients. The concept of person centred care and community within a homely environment resonates throughout the unit amongst residents, staff, visitors and guests. Bedroom accommodation in the centre comprises of two four bedded room, one triple room, one twin room and eleven single rooms. All bedrooms have en-suite facilities. Communal space available to residents includes a large dayroom/dining room, a visitors room, a quiet room and a sitting room. The centre also has a patio area and surrounding garden as well as an enclosed courtyard. St Joseph's unit provides 24-hours nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

19

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 4 January 2023	09:30hrs to 16:45hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

There was a welcoming and homely atmosphere in St. Josephs Unit of Listowel Community Hospital. The inspector spoke with six residents in detail and spent time observing residents' daily lives and care practices, in order to gain insight into the experience of those living in the centre. Residents reported that they were happy living in the centre, and that they felt very well-cared for by staff who were kind and committed to them. A number of residents were living with dementia and therefore conversations with some residents were limited. Those residents who were unable to communicate verbally, were observed by the inspector to be content and well cared for.

Listowel Community Hospital is situated in the town of Listowel in County Kerry. St. Josephs Unit is registered as a designated centre for older people and comprises of 24 beds. There were 19 residents living in the centre on the day of this inspection. St Josephs Unit provides long term care for both male and female adults with a range of dependencies and needs. Bedroom accommodation in the centre comprises of 11 single bedrooms, two twin bedrooms, one triple bedroom and two four bedded room. All rooms have en-suite facilities and had been upgraded and renovated over the past two years. The inspector saw that each resident had sufficient wardrobe space in their bedrooms, to store their personal belongings. Some bedrooms, particularly single bedrooms were seen to be personalised with residents belongings and pictures and memorabilia from home.

The centre had a large sitting/dining room, which was where most residents were observed to spend their day. The room was observed to be decorated nicely with pictures, plants, a piano and a large flat screen television. This room opened onto a large secure garden, which residents had easy access to. There was also an internal courtyard available to residents, as well as a further sitting room, a quiet room and a visitors room, complete with kitchenette.

There was a calm atmosphere in the centre throughout the day and the inspector observed respectful interactions and a warm rapport between staff and residents. Residents stated they had choice within the confines of the centre and that activities provided were fun and enjoyable. Activities staff regularly consulted with residents on what activities and events they would like to celebrate. The inspector saw that there were activities available for residents to partake in, throughout the day. There was a dedicated member of staff allocated to activities and residents were seen to enjoy mass, a movie, games and an exercise class. Residents were supported to leave the centre with their families and some had returned home over the Christmas period.

Residents spoke very positively with regards to the quality of food in the centre. Food was observed on the day of this inspection to be attractively presented. Menus were available on all tables and there were a sufficient amount of staff available to assist residents as required. Assistance was seen to be offered discreetly, sensitively

and individually. The inspector was informed that the dining experience was currently under review in the centre, with the aim of enhancing the experience further for residents at mealtimes.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Overall, findings of this inspection were that St Josephs Unit, in Listowel Community Hospital was a well managed centre, where residents received a high standard of care, by staff that were responsive to their needs. Some improvements were required in care planning, which is detailed under the relevant regulation.

The registered provider of the centre is the Health Service Executive (HSE). Within the centre, the organisational structure and the lines of authority and accountability were clearly outlined. From a clinical perspective the centre is managed by a suitably qualified person in charge, who works full time in the centre. They are supported in their role by a newly appointed clinical nurse manager, who deputises in their absence. The person in charge reports to the general manager for older persons services in the HSE, who the inspector was informed, was available for consultation and support on a daily basis. The centre is also supported by centralised departments such as human resources, finance, fire and estates and clinical practice development.

There was evidence of good communication processes within the centre which included a daily safety pause, and regular meetings with each department. There were systems implemented to monitor the service. A schedule of audits was being carried out in areas such as infection control, documentation and medication management. Clinical indicators were being monitored in areas such as wounds, infection, restraint and dependency levels. The registered provider had written policies and procedures as required under Schedule 5 of the regulations.

Staffing numbers and skill mix on the day of inspection was appropriate, to meet the individual and collective need of the residents, and with due regard for the layout of the centre. There was a stable and dedicated team of staff in St Josephs unit, that ensured that residents benefited from good continuity of care, from staff who knew them well. The inspector examined staff training records, which confirmed that all staff had up-to-date training in areas to support them in their respective roles, such as fire safety, manual handling procedures and safeguarding residents from abuse.

The inspector found that the information and records required by Schedule 2, 3 and

4 of the regulations were available for review. Staff personal files reviewed were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021, were in place for all staff prior to commencement of employment. There was a complaints management system in place, with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome, as per regulatory requirements.

Regulation 15: Staffing

From an examination of the staff duty rota and communication with residents and staff it was found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents. Residents spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity.

Judgment: Compliant

Regulation 16: Training and staff development

There was a positive emphasis on training in the centre and training was found to be well monitored by the management team. All mandatory training, as per the centres policy, was found to be up-to-date. Staff demonstrated competence in their work and told the inspector that training was easily accessible. Staff were appropriately supervised and supported to perform their respective roles. There was a comprehensive induction programme to support new staff in their role.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider was maintaining a directory of residence in the centre, which contained all information, as specified under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Records were well maintained and stored securely. The records listed in Schedule 4, to be kept in a designated centre were all maintained and made available to the inspector. The inspector reviewed three staff files and all contained information required, as per Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had an established governance and management structure, where lines of authority and accountability were clearly defined. Monitoring and oversight systems had been put in place to ensure the service provided was safe, appropriate, consistent and effectively monitored. Quality improvement plans evidenced an ongoing commitment to enhance the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services. Contracts of care had been updated since the previous inspection, to include the room each resident occupied.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner. The complaints log was reviewed and showed that formal complaints were recorded in line with the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies, as listed in Schedule 5 of the regulations were readily accessible on the day of the inspection. These policies were also available to staff in the centre, as per regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, this inspection found that residents were in receipt of a high standard of care in St Josephs Unit, in Listowel Community Hospital. Residents' health and welfare was maintained by a high level of evidenced based care. The inspector found that residents received person-centred and safe care from a team of staff who knew their individual needs and preferences. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. Some improvements, as per the findings of this inspection, were required in care planning.

Residents had timely access to general practitioner services and to allied health and social care professionals as requested by residents or required. Residents' records showed that a high standard of evidence-based nursing care was consistently provided to the residents. Systems were in place for referral to specialist services such as dietetic and speech and language. Residents were comprehensively assessed using validated assessment tools and care plans were developed based on these assessments. Care plans were reviewed every four months. However, some areas pertaining to care planning required improvement, such as updating care plans when care requirements changed, which is further detailed under regulation 5.

The registered provider had invested in upgrading the premises over the past two years, with the addition of single bedrooms and reducing the occupancy of bedrooms. This had a positive impact on residents quality of life. It was evident that staff and management were committed to making the centre homely and comfortable for residents. All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Directional signage was displayed throughout the centre, to support residents to navigate their environment. The centre was observed to be very clean and staff were adhering to good practices with regards to hand hygiene and the wearing of face masks.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. Residents spoken with by the inspector stated that they felt safe in the centre. All interactions observed between staff and residents were seen to be respectful and courteous. The provider was pension agent for four residents and there were adequate arrangements in place for the management of these finances.

Residents nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu based on their individual food preferences and dietetic requirements.

The inspector found that residents were free to exercise choice on how they spent their day. The privacy, dignity, choice and independence of residents was safeguarded. Residents were cared for in a respectful and supportive manner that promoted the rights and abilities of each resident. It was evident that residents were consulted about the running of the centre, formally, via residents meetings every three months.

Regulation 12: Personal possessions

Each resident had adequate space to store and retain control over their clothes, which included new double wardrobes in each room.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of the residents in the centre and in accordance with the statement of purpose prepared under regulation 3. The premises conformed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly weights, maintaining a food intake monitoring charts and timely referral to dietetic and speech and language services, to ensure best outcomes for residents. There was adequate numbers of staff available to assist residents with their meals. Daily menus were displayed in suitable formats and in appropriate locations, so that residents knew what was available at mealtimes.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be clean throughout. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Some actions were found to be required in care planning , for example:

- a mobility care plan for a resident did not provide adequate detail to direct care, in particular it was not updated to reflect the recommendations of a physiotherapy review.
- a nutritional care plan reviewed did not provide adequate detail to direct care, in particular, it was not updated to reflect the recommendations of the dietitian with regards to prescribed diet.
- a resident identified being at risk of leaving the centre unaccompanied did not have adequate detail in their care plan to indicate the interventions implemented, to reduce this risk.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' health care needs were met to a very good standard. Residents had timely access to medical assessments and treatment by their General Practitioners. Residents also had access to a range of allied health care professionals such as physiotherapist, dietitian, speech and language therapy, psychiatry of old age, gerontology and palliative care. Residents were also supported to access the HSEs Integrated Care Programme (ICPOP) which implements integrated healthcare services and pathways for Older People in Kerry.

Judgment: Compliant

Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or

suffering abuse and to respond to allegations, disclosures or suspicions of abuse. There was a policy in place that covered prevention, detection, reporting and investigating allegations or suspicion of abuse and this policy was seen to be implemented effectively. All staff had attended training and staff spoken with were knowledgeable regarding the procedures in place should there be an allegation of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents reported that staff made them feel at home in the centre and that they were treated with dignity and respect. Resident felt supported and could exercise choice in how they spend their day. Residents expressed their satisfaction with the activities programme. Residents were provided with daily newspapers. A review of records of residents meetings evidenced that where residents made suggestions, these were acted upon by the team of staff in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Josephs Unit, Listowel Community Hospital OSV-0000564

Inspection ID: MON-0038859

Date of inspection: 04/01/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The mobility care plan identified has been updated to reflect the recommendations of the physiotherapy review. • The nutritional care plan identified has been updated to reflect the recommendations of the dietitian with regards to prescribed diet. • The care plan of a resident identified being at risk of leaving the centre unaccompanied has been updated to demonstrate the interventions implemented, to reduce this risk. <p>All care plans will be reviewed to ensure they are in compliance with Regulation 5.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	29/01/2023