<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Josephs Unit, Listowel Community Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000564</td>
</tr>
<tr>
<td>Centre address:</td>
<td>St Josephs Unit, Listowel Community Hospital, Greenville, Listowel, Kerry.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>068 53210</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:lch@hse.ie">lch@hse.ie</a></td>
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</tr>
<tr>
<td>Registered provider:</td>
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</tr>
<tr>
<td>Provider Nominee:</td>
<td>Ber Power</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
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<tr>
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</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
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<tr>
<td>18 October 2017 10:30</td>
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<tr>
<td>19 October 2017 09:30</td>
<td>19 October 2017 16:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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**Summary of findings from this inspection**

This inspection of St Joseph's Unit of Listowel Community Hospital by the Health Information and Quality Authority (HIQA) was announced and took place over two days. The centre was run by the Health Service Executive (HSE). The inspection report sets out the findings of a inspection which was undertaken as part of the provider's application for registration renewal.

On the days of inspection there were 24 residents in the centre with no vacant beds. During the inspection the inspector met with residents, visitors, the person in charge, the clinical nurse manager, the provider and staff from all roles within the centre. The inspector observed practices and reviewed documentation such as, care plans, incident and complaints records, policies and minutes of staff and resident meetings.

The centre was noted to be very clean, nicely decorated and well maintained. The person in charge informed inspectors that she worked in the centre five days a week and that she was supported in management by the assistant person in charge who
held the role of clinical nurse manager (CNM). She explained that she was also the person in charge for the adjoining "district" section of the hospital. The 16 beds in that section were not required to be registered with HIQA.

The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland, 2016, formed the basis for the judgments made by the inspector. Improvements were required in the area of privacy and dignity, health and safety, premises and care planning. The actions required to be taken by the provider were set out in the action plan at the end of this report.

When the centre previously applied for registration renewal a condition had been imposed by HIQA on the renewal as follows;
"The physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector on 29 March 2016. The reconfiguration must be complete by 31/12/2018"
This was based on a commitment given by the provider to the Chief Inspector that the works would be complete by that date. This condition was attached to ensure that all existing and future residents were afforded appropriate dignity and privacy through the provision of adequate personal space and to ensure that the premises met the needs of these residents. On this inspection the person representing the provider entity indicated that the aforementioned condition would be breached as regards the time-frame which had previously been agreed and she stated that there were no concrete plans available as to when the proposed work would commence or be completed.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There was a statement of purpose in place which accurately described the service that was provided in the centre. The information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 was contained in the document. The person in charge stated that it was implemented in practice and set out the social and medical care that was to be provided to residents.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Effective management systems were seen to be in place in the centre during the inspection. The person in charge stated that there were sufficient resources in place to
ensure the delivery of safe care to residents. The person in charge was supported by an experienced clinical nurse manager (CNM) who also acted as CNM to the attached district hospital. There were clear lines of authority and accountability within the centre and staff were aware of the reporting mechanism. Daily care handover meetings were held for all staff to ensure accurate communication in relation to residents' needs and daily care. The inspector reviewed the minutes of staff meetings. Any concerns which were highlighted were addressed.

The inspector spoke with the person in charge and the CNM who outlined improvements in care and the training provision. Audits were undertaken and scheduled in the areas of infection control, antibiotic use and falls, among others. Management staff were knowledgeable about residents' life stories and their need for appropriate activities. They were engaged in continuous professional development and they supervised and led the care provision.

There was evidence of consultation with residents and their relatives. The inspector spoke with residents who said that there were residents' meetings held in the centre. Relatives spoke with the inspector and said that they about the fact that staff consulted with them if there was a change in the status of their resident or in the event of any incident occurring.

However, as the condition imposed by HIQA following the previous registration had not or would not be met by the timeframe proposed, this section was found to be non-compliant with Regulation 23 on governance and management.

Judgment:
Non Compliant - Moderate

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge was a suitably qualified and experienced registered general nurse. The person in charge was employed full-time at the centre and met the regulatory requirements. She demonstrated knowledge of the legislation and of her statutory responsibilities. She engaged in continuous professional development and had completed a post-graduate diploma in gerontological nursing.

She was employed full-time and was involved in the governance, operational
management and administration of the centre. She supervised all aspects of care, complaints management, notifications, training provision and the audit schedule. She was familiar with residents, their individual needs and their family members.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Policies and procedures were in place for the prevention, detection and response to abuse. This had been updated and included the Health Service Executive Policy on Safeguarding (HSE) 2014. Staff with whom the inspector spoke were knowledgeable of the types of abuse and what to do in the event of an allegation, suspicion or disclosure of abuse. Staff stated that they received regular training sessions in this area. Training records reviewed indicated that all staff had received training in safeguarding residents. Residents stated they felt safe and attributed this to the knowledge and kindness of staff.

Systems were in place to safeguard residents’ money. This system included two staff signing for any money lodged or withdrawn. Personal money was held in the safe if a resident required ready access. A sample of financial records checked were seen to be in order. Each resident had a personal file in relation to financial matters. The inspector viewed receipts and invoices for residents’ fees which correlated with electronic records. The administration officer stated that there was a transparent approach adopted to financial matters which were subject to internal and external audit. Residents received a monthly financial statement and copies of all receipts. Records were detailed, complete and comprehensively maintained.

The use of bedrails was notified to HIQA as required by the regulations and bedrails were checked regularly when in use. Consent for their use had been signed and the inspector viewed the risk assessments which had been undertaken in relation to minimising any known risks.

A policy on managing behaviour which was related to the psychological and behavioural symptoms of dementia (BPSD) was in place. Efforts were made to identify and alleviate
the underlying causes of such behaviour. Documentation was in place which indicated that distraction and de-escalation techniques were employed as a first response, if required. Staff spoken with were aware of this policy and had received training to update their knowledge and skills.

**Judgment:**
Compliant

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**Outcome 08: Health and Safety and Risk Management**

The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
There was a risk management policy available which included the management of organisational clinical and non-clinical risk. The centre-specific safety statement was reviewed on 21 June 2017 and included numerous risk assessments which identified risks and hazards and set out actions to manage these. The inspector found that following findings on previous inspections risk assessments and controls were now in place for trailing wires underneath beds, an oxygen cylinder storage and doors which led to rooms where sharps bins and medications were stored.

Records reviewed by the inspector indicated that staff had received up to date moving and handling training. There were a number of overhead hoists available in the centre. These hoists were serviced on a regular basis as required by legislation and records of same were seen by the inspector.

Procedures for evacuation in the event of fire were prominently displayed. Staff spoken with outlined the fire response procedure to the inspector and demonstrated their knowledge of what to do in the event of fire. Documentation in relation to fire safety checks was reviewed and found to be satisfactory. Records of fire training and fire drills were maintained. Fire fighting and fire safety equipment had been serviced in July 2017. There was a comprehensive emergency plan in place which outlined the procedures to be followed in the event of any emergency. The inspector viewed the up-to-date emergency plan which had been put in place for coping with recent inclement weather events. This included arrangements for staff accommodation and the maintenance of heating and lighting.

The premises were very clean and infection control practices were of a good standard. Personal protective equipment such as gloves and aprons were available and the inspector saw that staff utilised the hand washing facilities and hand sanitising gel at
Records of infection control training provided to staff were viewed by the inspector. Both residents and relatives commented on the cleanliness of the centre. However, there was a broken pipe under the sink in the sluice room. This area was found to have a strong unpleasant odour. This was addressed immediately by maintenance staff and the section of pipe was replaced. In addition, the inspector observed that water was accumulating over the oven canopy in the kitchen. Up to five litres of water was collected daily in a plastic bucket, which the chef placed under the canopy, due to problems with the extractor fan. As a consequence of this problem, water also splashed on to the floor by the cooker. This issue presented a risk of rust developing on the stainless steel equipment due to condensation build up as well as a risk of falls on the wet flooring. The provider undertook to get the canopy repaired. The shelving in one of the cleaning room stores in the kitchen had rusted and also required replacement.

The arrangements for the disposal of domestic and clinical waste management were appropriate.

**Judgment:**
Substantially Compliant

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### Outcome 09: Medication Management

**Each resident is protected by the designated centre’s policies and procedures for medication management.**

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector reviewed policies relating to the ordering, prescribing, storing and administration of medicines to residents. The general practitioner (GP) reviewed medicines on a three-monthly basis. Medicines which were required to be crushed had been prescribed for residents where appropriate. The processes in place for the handling of medicines including controlled drugs were safe and in accordance with best-practice guidelines. According to documentation reviewed medicines were administered as prescribed. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines in the centre.

The pharmacist carried out an audit in the centre and senior staff checked the medicine stock and residents’ prescriptions on a monthly basis. Residents had a choice of pharmacist and GP where possible. Advice provided by pharmacist was accessed for staff and residents. The person in charge stated that the pharmacist facilitated staff training and was available to speak with residents.

**Judgment:**
Compliant
Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A sample of care plans for residents were reviewed by the inspector. Care provision was supported by the use of appropriate assessment tools for identifying risks in the following areas, nutrition, falls, skin integrity, manual handling needs, oral health and psychological wellbeing. The general practitioner (GP) attended the centre on a regular basis when required by residents. Residents had access to allied health professionals including, physiotherapy, psychology, dietitian, speech and language therapy (SALT) and occupational therapy (OT). The person in charge stated that a geriatrician and palliative care nurses were accessible to the centre. The inspector viewed a sample of residents’ care plans which were compiled in consultation with residents and their representatives where appropriate.

However, care plans were repetitive and in some cases cluttered with historical information. The inspector found it difficult to evaluate the most pertinent information in relation to residents’ needs and status, for example the resident's sleeping pattern was not recorded in the individualised care plan. This was significant in view of the fact that residents, a number of whom exhibited "calling out" behaviour, were predominantly accommodated in multi-occupancy rooms. In addition, a daily nursing note had not been recorded for all residents outlining the resident's health, condition and treatment as required by Schedule 3 of the Regulations. Furthermore, the inspector found that entries had been made in a number of care plans which were then crossed out, as they had been written in the wrong section of the care plan. This was discussed with staff who stated that the current configuration and size of the care plans was not conducive to good, clear, record keeping. Staff explained that a new suite of documents was available which had yet to be introduced in the centre. The delay in introducing the new documentation was attributed to staff shortage and lack of staff continuity over the summer months. The person in charge stated that new plans would be implemented in the immediate future.

Residents spoke with inspectors about various outings with relatives and staff. Since the previous inspection an activities coordinator stated that residents continued to experience opportunities to participate in meaningful activities informed by their interests. These activities included card playing, art work, singing, reading and chair-
based activities. In addition, residents had been facilitated to attend Listowel races and local restaurants. Local school students were present in the centre on the day of inspection. Residents informed inspectors that they enjoyed chatting with the students who discussed local events with them. Students were seen to support residents at some activities and they worked alongside staff members. Activities and social events were discussed further under Outcome 16: Residents' rights, dignity and consultation.

Judgment:
Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The designated centre was located within Listowel Community Hospital, a Health Service Executive (HSE) hospital. The person in charge stated that she was the person in charge of both St Joseph’s Unit, the 24-bedded designated centre and the district hospital a 16-bedded section, not registered with HIQA. She stated that staff generally rotated between both sections of the hospital. A core group of staff worked in St Joseph’s section however to provide continuity for residents.

Similar to findings on the last inspection the inspector found that since the first inspection of St Joseph’s in 2010, premises failings had yet to be addressed. On this inspection the person representing the provider was unable to provide a date by which the proposed works were to be completed despite a condition on the previous registration of the centre which required that the works be completed by 2018. Some improvements had been made however which staff were very proud off. These improvements to décor and layout were supported by fundraising efforts. The improvements had the effect of enhancing the lives of the older adults and creating a more homely feel and appearance.

The designated centre was laid out in ward-style and some single rooms. The communal lounge was used for sitting and dining purposes. This room led out on to a secure patio area. The premises was painted in contrasting colours and bright bed linen and curtains were seen in the bedroom areas. The bedroom accommodation consisted of four multi-
occupancy bedrooms which contained five beds each and a shared en-suite toilet and wash-hand basin. There were four single rooms in the centre with en-suite toilet facilities. The two assisted shower rooms were located at the top of the hall.

There were two additional toilets available for residents: one located in the hallway and one near the communal sitting area. The external grounds were extensive and provided sufficient car parking. The garden areas had been renovated through local fund-raising efforts and safe garden areas had been developed for residents' use. There was an outdoor smoking area available for residents.

However, there continued to be significant non-compliance with regulations in relation to the requirements for premises in a designated centre. Similar to findings on previous inspections, there was a lack of storage space available for equipment. As found on previous inspections wheelchairs and other large specialised chairs were stored in the sitting/dining room in the morning and evening. A number of residents were seen to eat their meals next to their bed, or in bed, particularly at tea-time.

There were only two showers and no bath available, for 24 residents. The location of these showers at the top of the hallway continued to impact in a significant negative manner on the privacy and dignity of residents. This was confirmed by staff. The multi occupancy bedrooms continued to fall short in design and layout to maximise the privacy and dignity of residents. The negative impact of sharing the bedroom spaces was discussed further under Outcome 16: Resident's' rights, dignity and consultation.

Similar to previous findings the design and layout of the multi-occupancy bedrooms did not afford sufficient individual space to enhance and protect the quality of life and the dignity of each resident. In addition, the limited space around the bed for staff to work together when assisting residents was not adequate. Personal privacy and dignity and environmental issues such as noise, care needs of other residents and visitors who wished to talk to their relatives in private, were all impacted on in a negative way due to the lack of choice of bedroom accommodation and the lack of privacy for each individual resident within the shared bedrooms.

Judgment:
Non Compliant - Major

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The centre had an up-to-date policy and procedure for the management of complaints. This procedure was displayed in a prominent place and a copy was included in the residents' guide. Residents and relatives were aware of the complaints process. The person in charge was the complaints officer. The provider monitored the complaints which were recorded nationally. These were the subject of audit. Management staff explained that learning was disseminated after any event.

Residents and relatives, spoken with by the inspector stated that they could raise any issue or concern with the person in charge or staff. The HSE policy "Your service, Your say" was on display and distributed to residents.

The inspector reviewed documentation which confirmed that all complaints were documented. The documentation included the details of the complaint, the results of any investigation, actions taken and whether or not, the complainant was satisfied.

**Judgment:**
Compliant

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**Outcome 16: Residents' Rights, Dignity and Consultation**

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The activity organiser informed the inspector that residents had the opportunity to shop locally, to attend restaurants and to participate in local events. Meaningful and interesting activities were organised on a daily basis, for example going to the local races. Community groups continued to provide support and fundraising events were held regularly in order to enhance the environment for residents. Sonas and reminiscence therapy were availed of by residents. These sessions were facilitated by suitably trained staff. Similar to findings on the dementia thematic inspection, coloured toilet seats, assistive cutlery and coloured tableware were provided to aid those with a cognitive impairment. There was an on-going programme of painting and decorating in the centre and the contracting colours provided orientation cues and a homely atmosphere for residents and their relatives.

The inspector observed that residents had access to daily newspapers, TV, DVDs and radios. Notice-boards provided updated information about community and centre
events. For example, information was displayed about the residents’ art exhibition which was planned for the second day of inspection. This proved to be very successful. A large number of relatives and visitors attended the centre to view art work created by residents. Everyone was offered refreshments and a music sessions was held which was enjoyed by all present. Local politicians visited and viewed the artwork. They spoke individually with all residents. This was the source of great excitement for staff and residents. Photographs were taken and there was laughter and banter all afternoon. Residents and relatives spoken with said that they felt content and happy about the events. They were complimentary about the management staff, staff members in all roles, the activities personnel and the daily food choice from the kitchen staff.

Residents stated that they were consulted about changes in the centre. Records of the minutes of relevant meetings were maintained and reviewed. Surveys results seen were positive about all aspects of care. External independent advocacy services were available and contact details for this service was displayed on the information board.

However, similar to findings on all previous inspections lack of space in the multi-occupancy bedrooms had a significant negative impact on the privacy and dignity of residents. Personal, individual space was very limited in the multi-occupancy bedrooms for residents’ personal items, for their clothes, as well as for private conversations. Staff again acknowledged that there was little opportunity for privacy within these multi-occupancy bedrooms. In addition, for some residents bedside armchairs could not be accommodated as their placement would impede on access to wardrobes and in some cases there was no space for an armchair. Overhead hoists were in use however and the privacy curtains and window curtains were new and of high quality. Furthermore, wardrobes were large and incorporated a bed-side locker area next to each resident.

The inspector observed that while en-suite toilets and wash hand basins were located in each multi-occupancy bedroom, commodes were in use for residents who could not access the toilet due to a mobility or physical issue. The negative impact of the use of commodes in a multi-occupancy room, as regards privacy and odour, was acknowledged by staff. Even though the use of a commode could not be avoided in some situations it remained an institutionalised practice which did not take into account the negative impact on all residents’ right to privacy and dignity within the multi-occupancy room. In addition, the lack of choice as regards single occupancy rooms where a need, as outlined above, was identified intensified the effect of the lack of proper provision for the maintenance of privacy and dignity. As found on previous inspections there were only two showers available for 24 residents. The location of showers at the top of the hall meant that residents were required to pass up through the hall from their bedroom area to access the shower rooms. There was no bath in the centre. Nevertheless, staff explained that a shower trolley was in use for residents who wished to lie down while having a shower. Good practice was observed on this inspection: residents who had been assisted with a shower were seen to be fully dressed when leaving the shower room thereby enhancing their privacy and dignity.

Judgment:
Non Compliant - Moderate

Outcome 18: Suitable Staffing
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<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
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<tr>
<td>No actions were required from the previous inspection.</td>
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**Findings:**
On this inspection the person in charge stated that the number and skill mix of staff on duty, particularly in the late evening and night time, had enhanced choice and quality of life for those residents who chose to stay up later or engage in an evening activity. In addition, the person in charge informed inspectors that training had been reviewed and staff had been afforded training appropriate to their role. Examples of this included aspects of dementia care training, manual handling training, infection control training and end of life care training. Registration details with An Bord Altranais agus Cnaimhseachais na hEireann were available for nursing staff. The inspector reviewed a sample of staff files and found that they contained the information required under Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2013. According to the person in charge all staff had the required Garda vetting clearance on file and no staff were employed without this clearance in place.

The minutes of staff meetings held in May, July and October 2017 were reviewed. A sample of the issues discussed included: the annual review of the quality and safety of care, the new HIQA standards, risk assessment and person-centred care training.

**Judgment:**
Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary O'Mahony
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: St Josephs Unit, Listowel Community Hospital
Centre ID: OSV-0000564
Date of inspection: 18/10/2017
Date of response: 30/11/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
As the condition imposed by HIQA following the previous registration had not or would not be met by the timeframe proposed this section was found to be non-compliant with Regulation 23 on governance and management.
This condition was attached to ensure that all existing and future residents were afforded appropriate dignity and privacy through the provision of adequate personal space and to ensure that the premises met the needs of these residents.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
This outcome will be addressed with the refurbishment plan due to commence in 2018. Plans are at final draft stage.

**Proposed Timescale:** 30/06/2019

### Outcome 08: Health and Safety and Risk Management

**Theme:**
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risks involved in the following required to be addressed:
- Shelving in the kitchen, cleaning store required replacement as they had rusted.
- The canopy on the cooker area was no longer operating efficiently.

2. **Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
- Shelving in the kitchen, cleaning store will be replaced within 4 weeks, this has been measured and is currently being sourced.
- The canopy on the cooker area has been assessed by an engineering firm and a report is being compiled with the costing for the replacement of the canopy and the manner in which this be performed in order to minimise disruption of service.
- Quotes will be sourced in line with the National Financial Regulations will be sourced and the canopy manufactured and installed.

**Proposed Timescale:** 28/02/2018

### Outcome 11: Health and Social Care Needs

**Theme:**
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The care plans for residents were not comprehensive, clear or easy to decipher.
3. **Action Required:**
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

**Please state the actions you have taken or are planning to take:**
New nursing documentation which meets Statutory Instrument 415 and NMBI 2016 guidelines being implemented, training currently in progress. All residents’ files will be converted to the new documentation in accordance with their formal evaluation and review.

**Proposed Timescale:** 28/02/2018

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**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
- personal privacy and dignity and environmental issues such as noise, care needs of other residents and visitors who wished to talk to their relatives in private were all impacted in a negative way due to the lack of choice of bedroom accommodation.

4. **Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
The design team are at final draft stage of plans, however as with all current Residential Care Centres for Older People projects the design team are in the process of reviewing design in order to comply with the requirements of the recently issued new 2016 HIQA standards (as published 3rd May 2016) and the amendment to the Regulation (S.I. No. 293 of 2016). The final draft will be made available to HIQA on completion.

**Proposed Timescale:** 30/06/2019

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
- there was a lack of storage space available for equipment and personal items
- number of residents were seen to eat their meals next to their beds, or in bed
particularly at tea-time.
- there were only two showers and no bath available, for 24 residents: the location of these showers was relevant as they were not adjacent to all residents' bedrooms
- there was insufficient space for each individual in the multi-occupancy bedroom to enable residents to store personal items and have access to an individual armchair at their
- not all the large chairs which were required to accommodate residents' needs could be positioned at a dining table.
- there were only two showers and no bath available for 24 residents, thereby limiting the residents' choice.
- the design and layout significantly impacted negatively on residents as they were not able to undertake personal activities in private - in the multi occupancy rooms the space provided was not adequate to enhance and protect the quality of life and the dignity of each person.
- the space around each bed for additional personal furniture and for staff to work at both sides of the bed when assisting residents was limited

5. **Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
1. Lack of storage - This outcome will be addressed with the refurbishment plan due to commence in 2018.
2. The amount of residents who are willing or able to dine in the dining room will be reviewed and two meal sittings provided if the numbers exceed current space/ seatings
3. Bath not available - This outcome will be addressed with the refurbishment plan due to commence in 2018. Showers will be available in en suite bedrooms
4. Insufficient space- Multi-occupancy bedrooms will be reduced to 3-4 residents per ward based on ward size, as part of the refurbishment plan
5. Higher tables will be purchased to accommodate residents requiring large chairs

While awaiting refurbishment the privacy and dignity of residents will remain to the fore in care delivery

Proposed Timescale: 1-4 June 2019  5. Immediately

| Proposed Timescale: 30/06/2019 |

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**Outcome 16: Residents' Rights, Dignity and Consultation**

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Residents did not have opportunities to carry out a range of activities in private, such as
intimate care needs, receiving visitors in their rooms, shower use and the use of available toilets instead of commodes.

6. **Action Required:**
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
This outcome will be addressed with the refurbishment plan due to commence in 2018. In the meantime staff will be asked to facilitate receiving of visitors in the visitor’s room where possible and encouraging residents to use toilets instead of commodes.

**Proposed Timescale:** 30/06/2019

**Theme:**
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents had access to individual TVs and remote controls for choice of programme.

7. **Action Required:**
Under Regulation 09(3)(c)(ii) you are required to: Ensure that each resident has access to radio, television, newspapers and other media.

**Please state the actions you have taken or are planning to take:**
A remote control has been provided for each resident who chooses to operate the television.
When the refurbishment is complete residents will have more access to televisions.

**Proposed Timescale:** 30/06/2019