



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Unit
Name of provider:	Health Service Executive
Address of centre:	Bantry General Hospital, Bantry, Cork
Type of inspection:	Unannounced
Date of inspection:	18 August 2022
Centre ID:	OSV-0000597
Fieldwork ID:	MON-0037016

About the designated centre

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

St Joseph's Unit, Bantry General Hospital is located on the first floor of Bantry General Hospital. It was opened in 1991. Our vision is to deliver high quality, holistic, person centred care in a homely environment. Our ethos is to have an environment where residents feel safe and protected. St Joseph's Unit currently has 24 registered beds: 18 are continuing care beds, four are respite beds and two palliative care beds. There are 12 single rooms with en-suite facilities, including two palliative care suites, two four bedded rooms with en-suite facilities and two two bedded rooms with en-suite facilities. There is 24 hour nursing care and residents have access/ referral to physiotherapy, occupational therapy, chiropody, podiatry, dietitian and speech and language therapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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
Thursday 18 August 2022	09:20hrs to 16:20hrs	Siobhan Bourke	Lead

What residents told us and what inspectors observed

From the observations of the inspector and from speaking with residents, it was evident that residents' rights were promoted and residents were supported to have a good quality of life in the centre. The inspector met with many of the 17 residents living in the centre on the day of inspection and spoke with five residents in more detail to gain insight into their experience of living in the centre. The inspector also met with four visitors during the inspection.

This was an unannounced inspection to monitor compliance with the regulations. On arrival to the centre, the inspector was guided through the infection prevention and control procedures by the person in charge, who also accompanied the inspector on a walkaround of the centre. The inspector saw that staff were wearing surgical face masks in line with national guidance and there were plenty hand hygiene dispensers and clinical hand wash sinks throughout the centre to support good hand hygiene practices. Staff had easy access to personal protective equipment at the point of care.

St. Joseph's Unit is located on the first floor of Bantry General Hospital and has two rooms with four beds, two rooms with two beds and 12 single rooms. All bedrooms in the centre had en suite toilet and shower facilities. Showers and toilets in the centre were clean and well maintained. Two of the bedrooms were designated as palliative care suites with adjoining space that included a seating and kitchenette for family and visitors' use. The inspector saw that there was a separate entrance for visitors and relatives to the palliative care rooms with a sheltered area and outdoor seating. On the day of inspection, both palliative care suites were unoccupied.

The centre was warm, brightly decorated and exceptionally clean throughout. Bedrooms in the centre were brightly painted and a number of bedrooms were decorated with residents' personal possessions and family photographs. The four bedded rooms were large and spacious with individual wall mounted televisions at each bed side. The inspector saw that while the two bedded rooms had plenty wardrobe space for residents' clothes and belongings, the four bedded rooms had single wardrobes with a combined bedside locker. The inspector saw that a resident in one of the four bedded rooms had been provided with extra shelving to store belongings, but due to lack of hanging wardrobe space, a resident's coat was seen on the back of their chair.

There were plenty communal spaces in the centre for residents' use including, a day room, a dining room, a sitting room and two seating areas where residents could sit and rest in private. The inspector saw residents sitting, resting in the seating areas and one resident loved listening to their radio in one of the seating areas. The day room had a kitchenette and a number of tables with comfortable seating for residents' use. The inspector saw that the centre had a fish tank near reception and one of the residents fed the fish during the day.

The centre's spacious sitting room was also used by residents during the day. The sitting room had plenty comfortable seating and chairs and a fireplace gave the room a homely feel. A storage press in this room concealed a well stocked nail bar and products that the hair dresser used during visits to the centre. The sitting room opened out to an outdoor sheltered terrace which had a spectacular view of West Cork Mountains and Whiddy Island. The inspector saw that the outdoor sheltered terrace roof had undergone renovations since the last inspection. One of the residents had painted the seats and tables in bright colours and had maintained the raised flower beds. There were plans to hold a barbeque in the centre before the end of the summer. The inspector saw residents using this space during the day with visitors, or on their own.

There were paintings on the corridor walls, some of which had been created by residents during arts sessions held in the centre. Following a recent weaving class at the centre, one resident had created a beautiful art piece created from the reeds, that was framed and hanging on the corridor wall.

The inspector saw that residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising. There were regular offerings of drinks and snacks throughout the day. Residents who spoke with the inspector were complimentary of the choices available and described how staff would prepare them food that they liked when they wanted it. Residents could choose whether to dine in their bedrooms or in the interconnecting day room and dining room. The inspector observed the lunch time dining experience for residents eating in the day room and dining room. Staff offered discreet support and encouragement to those residents who were not able to eat independently. The inspector saw that residents who were eating together at a table were not brought their meals at the same time, rather one resident was nearly finished before another got theirs which didn't support a social dining experience. The tables were also noted to be bare of condiments or tablecloths to give the experience a homely feel.

All of the residents who spoke to the inspector were complimentary of the care that staff provided. The inspector observed many person centered interactions between residents and staff during the inspection, and it was obvious that staff knew residents well and residents knew staff. Residents reported that they felt safe in the centre and were well cared for by a team of staff who were respectful of their needs and wishes. One resident told the inspector that "they would do anything for you." Residents appeared to be well-cared for and neatly dressed according to their preferences. Residents views on the running of the centre was sought through residents meetings and surveys. From a review of minutes of these meetings, it was evident that residents requests were actioned where possible by the management team.

Visitors were seen coming and going throughout the day of the inspection and were welcomed by staff. Visitors and residents told the inspector that they were happy with the arrangements in place for visits.

There was a varied schedule of activities on offer seven days a week. The schedule of activities was displayed in the day room. This was facilitated by an activity co-

ordinator and additional care staff who were rostered when the activity co-ordinator was off duty as on the day of inspection. Arts for health also attended the centre twice a week to support the activities programme and were onsite the day of inspection. A number of residents participated in a sing song and music session followed by a poetry session until lunchtime. In the afternoon, a resident's birthday was celebrated with a beautiful cake that was shared and enjoyed by the residents. Mass was celebrated in the centre once a month by a local priest and residents told the inspector that this was important to them. Local musicians also attended the centre to provide music sessions for residents. The person in charge told the inspector that there were plans to recommence volunteers returning to the centre which was a welcome development.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The inspector found that this was a well-managed centre where residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of a good standard and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre. The majority of the actions required following the previous inspection had been completed by the provider.

St. Joseph's Unit is a designated centre for older persons that is owned and managed by the Health Service Executive who is the registered provider. The centre is operated and managed through the governance structures of Bantry General Hospital, which is an acute hospital. There was a clearly defined management structure for the centre and staff were clear on their roles and responsibilities. The person in charge reported to the Director of Nursing who in turn reported to the Chief Executive Officer of Cork University Hospital Group, who was the nominated person representing the registered provider for the service.

The provider ensured that sufficient resources were available to ensure effective delivery of good quality care and support to residents. The person in charge was supported in her role by a recently appointed clinical nurse manager, staff nurses, health care attendants, multi-task attendants, catering staff and an activities co-ordinator. There was sufficient staff available to meet the needs of residents. There was a minimum of two nurses on duty over 24 hours. The person in charge and clinical nurse manager provided clinical supervision and support to staff. Staff had the required skills, competencies and experience to fulfil their roles and they were facilitated to attend training appropriate to their role.

The provider had systems in place to ensure the service was effectively monitored. The person in charge had a schedule of audits in place to oversee the quality and safety of care provided to residents. The person in charge monitored key risks to residents such as falls, skin integrity, use of restraints, residents' weights and nutritional needs. Some recent quality improvement tools had been implemented such as a care bundle for residents at high risk of pressure ulcers and a post falls review tool. The inspector reviewed minutes of quality and safety meetings attended by the person in charge which showed that issues were addressed and actioned.

There was a risk register in the centre which identified risks in the centre and controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 15: Staffing

On the day of inspection, the inspector found that the number and skill mix of staff was appropriate to meet the assessed needs of the 17 residents living in the centre, given the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

From speaking with staff and from a review of training records, it was evident to the inspector that staff were facilitated to access training appropriate to the service. The inspector saw that staff were appropriately supervised and were knowledgeable regarding residents health and social care needs.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was updated on inspection to include the cause of death for all residents in line with specified regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. There were good management systems in place to ensure the service was safe, appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2021 was completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of the contracts of care were reviewed and they outlined the terms on which the residents shall reside in the centre. They were seen to include the room to be occupied and the occupancy of the room and details of any additional fees to be charged, for example hairdressing services.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector saw that the person in charge maintained a record of all incidents that occurred in the centre. Based on a review of incidents, the inspector was satisfied that notifications, outlined in Schedule 4 of the regulations, had been submitted to the office of the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that was displayed in the centre. There was a low level of complaints in the centre but those that were received were recorded investigated and the satisfaction of the complainant was recorded.

Judgment: Compliant

Quality and safety

Supportive and caring staff promoted and respected residents' rights to ensure that they had a good quality of life in this centre. Residents' needs were being met through good access to health care services, opportunities for social engagement and a premises that met their needs. The quality of residents' lives was supported by the provision of activities during the day.

It was evident to the inspector that residents' medical and healthcare needs were being met. A general practitioner was onsite at the centre five days a week and out of hours services was provided through Southdoc. Residents were provided with access to allied health and social care professionals in line with their needs. Referrals were made to other allied health and social care professionals such as occupational therapy, dietetics, speech and language therapy as required.

Records showed that there was a good standard of care planning in the centre. Care plans were person-centred and described the required interventions to meet the residents' needs and preferences. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. The inspector saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre.

Residents' hydration and nutrition needs were assessed and regularly monitored. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Residents had access to snacks and drinks as required throughout the day. However aspects of the dining experience were required to be addressed, which is discussed further under Regulation 18; Food and nutrition.

The fire procedures and evacuation plans were prominently displayed throughout the centre. Personal emergency evacuation plans were in place for each resident and easily accessible to staff. Staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. There were adequate means of escape, all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

The centre was observed to be clean on the day of the inspection, and there was evidence of good oversight of cleaning within the centre. Cleaning staff were knowledgeable about cleaning practices required during and outside of an outbreak. The centre experienced its first COVID-19 outbreak, since the onset of the pandemic, during March 2022 and a subsequent outbreak in July 2022 which

affected both residents and staff. During the outbreak, the management team implemented their contingency plan and were supported with onsite infection prevention and control expertise. Residents that had tested positive had since fully recovered.

The inspector saw that the premises were well maintained and promoted the independence and well being of residents. There were plenty communal and private spaces for residents' use, however further personal storage space in the four bedded long stay room was required as outlined under Regulation 12; personal possessions.

The inspector saw that management and staff worked to ensure residents' rights were respected and upheld. The inspector observed that staff interacted in a positive and meaningful way with residents. There was a schedule of activities in place which was facilitated by an activities co-ordinator, external activity providers and care staff. It was evident that residents were supported by staff to spend the day as they wished. Residents had access to an independent advocacy service. Residents were provided with opportunities to consult with management and staff on how the centre was organised through regular residents' meetings and surveys.

Regulation 11: Visits

The inspector saw that the person in charge warmly welcomed visitors to the centre. The inspector saw that residents met their visitors in their bedrooms, the sitting room or in a single room that was kept for visitors to residents in shared accommodation. Visitors completed infection control checks on arrival to the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector saw the space provided for residents' personal possessions in the four bedded rooms required action as it comprised a combined single wardrobe and bedside locker adjacent to each bed. This meant there was limited hanging space and the inspector saw one resident had their coat hanging over the back of their chair. While one resident had been provided with extra shelving for personal possessions in one of the four bedded rooms, there was not sufficient space for residents to store their personal possessions.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

From the observations of the inspector, action was required to ensure that residents' meals were served in a way to ensure a social dining experience. For example, residents sitting together were not served their meals at the same time with some residents nearly finished before others got theirs. A number of residents were served from side tables instead of being brought to one of the dining tables to socialise with other residents.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up to date risk management policy that met the requirements of the regulation. The centre had an emergency plan in place to respond to major incidents.

Judgment: Compliant

Regulation 27: Infection control

The inspector saw that the centre was clean and well maintained. Cleaning staff who spoke with the inspector were knowledgeable regarding cleaning practices and the required frequency of cleaning. Deep cleaning and terminal cleaning was carried out regularly in the centre. There was good oversight of infection control practices in the centre and audits undertaken of standard precautions in the centre showed good compliance. Staff had access to clinical hand wash sinks and there were plenty hand hygiene dispensers and PPE available in the centre to support staff at point of care. Clinical advice and training for staff working in the centre was available from two clinical nurse specialists in infection control who were based in the acute hospital.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector saw that residents had Personal Emergency Evacuation Plans (PEEPs) in place and these were updated regularly. There was a system in place to ensure that fire detection and alarm system and emergency lighting was maintained. Daily

and weekly checks were consistently recorded. Emergency exits were displayed and free of obstruction and clear directional signage was available at various locations throughout the centre. There was an up to date fire policy in place. Staff were up to date with fire safety training. Fire evacuation drills were carried out of the largest compartments in the centre with minimum staffing levels in the centre. The provider assured the inspector that these would be continued to ensure that all staff were competent and confident with emergency evacuation procedures.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The inspector noted from a review of a sample of residents' records that care plans were person centred and were updated four monthly or sooner if a resident's condition or needs changed. Care plans were supported by clinical risk assessments using validated tools and were seen to contain sufficient detail to guide staff.

Judgment: Compliant

Regulation 6: Health care

The inspector saw that residents medical and healthcare needs were being met. A general practitioner was onsite at the centre five days a week and out of hours services was provided through Southdoc. Residents were provided with access to allied health and social care professionals in line with their needs. A dietitian attended the centre once a month to review residents. From a review of residents' files it was evident that residents who were referred for physiotherapy, speech and language therapy and occupational therapy were reviewed as required. Resident living in the centre had access to a medical consultant who specialised in psychiatry of old age.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights, privacy and dignity was respected by staff in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities. The centre employed an activities co-ordinator who ensured that

residents had access to a varied and stimulating activities programme each day. Residents had access to media and aids such as radio, televisions, telephone and wireless internet access were also readily available. A number of new smart TVs had been recently installed in the centre. Residents were consulted with on the running of the centre through monthly residents' meetings that were attended by the person in charge and the activities coordinator. The person in charge sought residents' views on their experience of living in the centre through surveys each quarter. Residents were also surveyed on their satisfaction with their accommodation. On the day of inspection, a member of Arts for Health were in the centre and a lovely singing, music and poetry session was enjoyed by residents. Mass was held in the centre once a month and residents told the inspector that this was important to them.

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 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Unit OSV-0000597

Inspection ID: MON-0037016

Date of inspection: 18/08/2022

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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Space provided for residents` personal possessions in the four bedded rooms is under review to meet the regulation requirement. To be completed by end March, 2023.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: The social dining experience quality improvement initiative is in progress. To be completed by end November, 2022.	

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/03/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	30/11/2022