

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	St Joseph's Care Centre
Centre ID:	OSV-0000466
Centre address:	Dublin Road, Longford, Longford.
Telephone number:	043 333 2469
Email address:	emer.hyland@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	63
Number of vacancies on the date of inspection:	9

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.

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 Quality 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

From:	To:
09 March 2015 10:00	09 March 2015 18:00
10 March 2015 10:00	10 March 2015 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This inspection was announced and took place over two days. The person in charge, (known in the centre as the director of nursing) her deputy the assistant director of nursing was available in the centre to facilitate the inspection. The purpose of this inspection was to inform a decision regarding the renewal of a registration following an application made by the provider. Notifications of incidents and information received by the Authority since the last inspection of October 2014 were followed up on at this inspection.

There were 63 residents in the centre which has a maximum capacity for 72. The inspector was satisfied that systems and measures were in place to manage and govern this centre. The provider nominee, person in charge, assistant director of

nursing and their deputises were responsible for the overall governance, operational management and administration of services and resources.

The inspector met with residents and staff members observed practices and reviewed documentation such as care plans, medical records, clinical and operational audits, policies and procedures, risk management documentation and contracts of care as part of the inspection process.

13 resident and eight relatives completed a pre-inspection questionnaire. On review of these the inspector found that residents and relatives were very positive in their feedback and expressed satisfaction about the facilities, services and care provided. They were complimentary of the staff and relatives made statements such as "staff treat the residents with dignity always, staff converse freely and comfortably with my father to his delight, I have never heard anything negative from any family, staff are very good at giving residents choice, they look after my relative like it is their own family". Some residents spoken with on the day of inspection were unable to verbalise their views but could respond by non verbal strategies which were interpreted by the inspector as being well cared for. Residents who could verbalise their views were complimentary about their day to day life experiences, the meals provided and the staff team. Comments included "I very well looked after", 'the best thing I ever did was coming into this place' and 'I am very happy in here'.

The inspector found the premises, fittings and equipment were in good repair overall. However, there were issues of non compliance in relation to the design and layout of areas of the premises as regards the legislative requirement to protect and promote the privacy and dignity of residents. The majority of residents were accommodated in multi-bedded rooms. This poses a challenge to staff to deliver care in line with the aims and objectives as set out in the statement of purpose. Training and facilitation of staff was provided relevant to staff roles and responsibilities, and a training schedule was in place for the coming year. An announced monitoring inspection had previously been carried out by the Authority in October 2014. Seven areas required review post this inspection. Five areas had been addressed. One was partially addressed - this related to care planning and one remained as it was at the time of the last inspection - this related to the multi occupancy rooms. Current areas for improvement identified included: Completion of an annual review of the quality and safety of care delivered to residents, health and social care assessments and care plan records and compliance with the national standards with regard to the premises post July 2015. Areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report.

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 Quality 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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector viewed the statement of purpose, which had been updated since the last inspection. It outlined the ethos and aims of St Joseph's Care Centre and described the services and facilities that are provided. It contained all the matters as per Schedule 1 of the Regulations.

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:

The inspector found that there was adequate resources to ensure the effective delivery of care, as described in the statement of purpose. Effective management systems were in place with a clearly defined management structure that identifies who was in charge, who was accountable and what the reporting structure is. Systems are in place to ensure that the service provided is safe, appropriate to residents' needs, consistent and

effectively monitored. There were daily care handover meetings and all grades of staff were included in these. The provider nominee who is responsible for other designated centres is available via phone and meets with the Person in Charge regularly.

Audits were being completed on several areas such as documentation, falls, medication management, nurse prescribing and wound management. There was evidence of improvements being identified following these audits and interventions put in place to address deficits. There was evidence of consultation with residents and representatives formally and informally and their feedback was used to improve the service. However, an annual review to monitor the quality and safety of care and the quality of life of residents including consultation with residents and their representatives had not been completed. The person in charge and her deputy informed the inspector that they were in the process of completing this.

Judgment:

Substantially Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A comprehensive resident's guide detailing a summary of the service provided was available. However, an easy to read/pictorial guide was not available which would facilitate a better understanding for residents who were cognitively impaired. The Person in Charge and her deputy gave a verbal commitment to address this.

The inspector viewed a sample of residents' contracts of care and found that there was an agreed written contract in place which included details of the services to be provided to the resident and the fee payable by the resident. No additional fees were payable for social care, physiotherapy or occupational therapy.

Judgment:

Compliant

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 is an experienced nurse and manager and is actively involved in the organisation and management of the service. In addition to significant experience in the care of older persons and management of a designated centre, the person in charge has continued her professional development and undertaken post graduate training in gerontology and health service management. Throughout 2014/2015 she had completed a manual handling instructor's course, and courses in infection control and end of life care.

The inspector found that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and had demonstrated a commitment to improving outcomes for the resident group. Residents and relatives were familiar with and complimentary of the person in charge.

She was observed meeting with residents and staff and ensured good supervision to all staff. The person in charge had suitable deputising arrangements in place.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector reviewed a range of documents, including residents' records, directory of residents and the insurance policy. The inspector found that generally records were maintained in a manner so as to ensure completeness accuracy and ease of retrieval. There was a visitor's sign in book available in the front foyer. The designated centre was adequately insured against accidents or injury to residents, staff and visitors.

The directory of residents was up to date and was in compliance with the regulations. Schedule 3 records were incomplete in respect of some residents. Some nursing care plans reviewed did not demonstrate that an evaluation of interventions and a review of decisions had taken place at intervals not exceeding four months and a record of consultation with the resident and their significant other if appropriate. This is discussed further under Outcome 11.

Schedule 5 policies reviewed were found to be comprehensive and provided guidance to staff. Following the last inspection a schedule was in place for review of policies and procedures at intervals not exceeding three years. All schedule file policies were available.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were suitable arrangements in place for the management of the designated centre in the absence of the person in charge for more than 28 days.

The person in charge worked full time and was supported in her role by an experienced acting assistant director of nursing who deputised in her absence.

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:

Measures to protect residents being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse were in place. Staff had received training in adult protection to safeguard residents so as to protect them from harm and abuse. Staff knew what constituted abuse and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including who to report any incidents to. There were no active incidents or allegations of abuse under investigation.

There was a visitors' record located on entry to the centre to monitor the movement of persons in and out of the building to ensure the safety and security of residents and for fire safety. This was signed by visitors entering and leaving the building. The centre was further protected by closed circuit television cameras at entrance and exit points. Residents spoken with and those who had completed questionnaires reported that they felt safe in the centre and related this to the care provided, staff presence and the premises being kept secure.

There was evidence of assessment for the suitability of the use of bed rails and an assessment for the use of any type of restraint measure for example a lap belt. The Person in Charge informed the inspector that some of the restraint measures in place were enablers, however evidence was not available by way of a care plan as to what enabling function this provided to the residents. There was evidence of consideration of least restrictive alternatives to restraint for example tactile alarm mats, low-low beds.

The inspector reviewed the measures that were in place to safeguard residents' money and found that systems were in place to protect residents' finances. Residents could access their finances as they wished and receipts were available for any monies spent.

Judgment:

Compliant

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The health and safety of residents, visitors and staff was promoted in this centre. There was a centre-specific emergency plan that took into account all emergency situations. A severe weather planning guidance document was also in place. Clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments and neurological falls were completed post falls to monitor neurological function.

Fire safety was well managed. The inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. All staff spoken to knew what to do in the event of a fire and regular fire drills were carried out by staff at suitable intervals. The inspector viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection.

The inspector found that there were good systems in place in relation to promoting the health and safety of residents, staff and visitors. An up to date Health and Safety statement together with a risk management policy which was developed in line with the Regulations and guided practice was in place. Policies available included violence and aggression, assault, residents going missing, self-harm and accidental injuries to residents and staff and protection of vulnerable adults. There was a risk register in place which was reviewed on a regular basis. Additionally, a quality and safety committee was in place, one meeting had occurred at the time of inspection, minutes were available of this meeting and a further one was scheduled. Nine meetings were scheduled for 2015.

There were arrangements in place for recording and investigating untoward incidents and accidents. Information recorded included factual details of the accident/incident, date and time event occurred, name and details of any witnesses and whether the general practitioner (GP) and next of kin had been contacted. All incidents were recorded. The inspector saw that audits of accidents/incidents took place with outcomes from audits followed up by the person in charge or her deputy. They were also reviewed by the management team at the quality and safety meetings and discussed at staff meetings.

The provider has contracts in place for the regular servicing of all equipment and the inspector viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. All staff had up to

date training in manual handling.

The inspector found that there were measures in place to control and prevent infection. The environment was observed to be clean. Staff who spoke with the inspector were knowledgeable in infection control and training had been provided. Staff had access to supplies of gloves and disposable aprons and they were observed using the alcohol hand gels which were available throughout the centre

Judgment:

Compliant

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 centre has three registered nurse practitioners. A policy for nurse and midwife medicinal product prescribing was available. A recent audit of the registered nurse prescribing practices had been undertaken by the HSE quality and safety department. This found that practices and procedures were in compliance with best practices and no recommendations were made.

Staff members had completed medication management training to enable them to provide care in accordance with contemporary evidenced-based practice.

The inspector observed one of the nursing staff on part of their medication round and found that medication was administered in accordance with the policy and An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) guidelines. There were operation policies relating to the ordering, prescribing, storing and administration of medicines to residents. The person in charge demonstrated that there were ongoing audits of medication management in the centre. There was evidence that MDA drugs were checked twice daily by two nurses. The prescription sheet included the appropriate information such as the resident's name and address, any allergies, and a photo of the resident. The General Practitioner's signature was present for all medication prescribed and for discontinued medication. Maximum does of PRN (as required medication) was recorded.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed records of accidents and incidents that had occurred since the last inspection in the designated centre. On review of these incidents and cross referencing with notifications submitted the inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

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):

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

Findings:

Improvements had been made to the residents' care plans since the last inspection however deficits in some areas remained. On admission, a comprehensive nursing assessment and additional risk assessments were carried out for all residents. For example, a nutritional assessment tool was used to identify risk of nutritional deficit, a falls risk assessment to risk rate propensity to falling. However, these assessments were not always used to inform the care plans. On some occasions the inspector noted that there was a lot of care plans that were repetitive, for example a care plan for confusion, one for cognitive impairment, a safety care plan, a risk of absconding care plan and a wandering care plan. Where an event occurred for example loss of weight, a reassessment was not always carried out, and where it was completed the care plan was not consistently updated to ensure that any additional control measures that may

be required to mitigate the risk were documented. On some occasions the inspector noted that where a resident was seen by a specialist service the advice of the specialist was not incorporated into the care plan.

Additionally on some files reviewed person calendars were blank and on some that were completed they were generic for example 'Christmas Day' charted as a significant date for December with no further information recorded. Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. Themed events for example at Halloween and Christmas were organised.

There was evidence available of consultation with the resident and their significant other, but no narrative or changes to the identified need was noted. A narrative record was recorded for residents each day but it was difficult to obtain an overall clinical picture of the resident. The records generally described aspects of physical care only and did not convey the full range of care provided on a daily basis such as the social and psychological support provided to ensure residents well-being.

Where residents were deemed to be at risk of developing wounds preventative measures were identified including skin care regimes. Supportive equipment such as specialist cushions, mattresses and dietary supplements also formed part of the care package. Residents had access to appropriate medical and allied health care professionals. Residents had good access to general practitioner (GP) services and out-of-hours cover was also readily available. Residents and staff informed the inspectors they were satisfied with the current health care arrangements and service provision.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services.

Judgment:

Substantially Compliant

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:

St Joseph Care Centre is situated in Longford town and is a long stay residential care facility as part of a health service campus. The provider has applied for registration for 68 beds. There is also a GP treatment centre, day care, out-patient departments, mental health facility and an on site palliative care service on the campus. The centre comprises of 3 units, which can accommodate both male and female residents. The centre was comfortably warm, clean and odour free.

The action with regard to accommodating residents in multi occupancy rooms remained live. Plans are in place to ensure that this centre will be in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The layout and design of the multi occupancy rooms continues to pose difficulties to provide for residents' individual and collective needs in a comfortable and homely way on a daily basis. The residents' personal space is not designed or laid out in a manner to ensure their safety, encourage and aid their independence and assure their comfort, privacy and dignity.

A final plan is to be submitted to the Authority with regard to compliance in this area post July 2015. This plan must include a commencement and completion date and assurance that finance has been agreed and allocated. The person in charge assured the inspector that the safety and comfort of the residents would be protected while refurbishment was occurring.

There was appropriate equipment for use by residents. Staff were trained to use equipment, and equipment was stored appropriately.

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 inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. Complaints were seen to be investigated promptly. Improvements following investigations of complaints

were clearly documented and implemented.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of residents' records and end-of-life preferences had been documented for all residents. Pain assessment and monitoring documentation was in place to ensure analgesia was administered as required and monitored for its effectiveness. There were very good links with the local palliative care team and were complimentary of the service provided to their residents. The consultant in palliative care in conjunction with the local GP's managed palliative care services. Overnight facilities and refreshments were available to residents' family members and friends during end-of-life care. An end of life care policy was available.

Judgment:

Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that a nutritious and varied diet was offered to residents that incorporated choice at mealtimes and staff offered assistance to residents in an appropriate and sensitive way. Residents were offered snacks and refreshments at

various times throughout the day.

Residents' weights were monitored monthly and more regularly when required. The inspector noted that input had been sought from residents' General Practitioners, a dietician and SALT (speech and language therapy) when required and recommendations were recorded in residents' files and reflected in the care plans. Staff had attended training on nutritional care.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

Staff were observed engaging and communicating in a pleasant respectful manner with residents. Arrangements for consultation with residents on the running of the service were under review. The Person in Charge has written out to relatives /carers seeking information as to whether they wish to be involved and to be involved in resident/relative committee meetings. The proposed plan in place is that there will be a quarterly meeting and the first meeting will be held on the 29 April 2015. A service users evaluation questionnaire had been undertaken. The results of this had not been analysed. Topics included the living environment, staff, activities, choice, care allied health professional and care plan reviews.

Residents confirmed that their religious and civil rights were supported. Mass was celebrated three times weekly and religious ministers and the priest could be contacted at any time. Residents were facilitated to exercise their political rights and could vote in any election they wished.

Residents had an opportunity to meet relatives/visitors in private in the sitting or dining room or visitors room. Residents had access to the television and/or radio and to daily newspapers and newspapers of special interest such as the Farmers Journal. Some residents had their own mobile phone and a cordless phone was also available so that residents and could receive or make telephone calls in private. An independent advocacy service was available and a memorandum of understanding between third age

advocacy programme and St Joseph Care Centre.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There were systems in place to safeguard residents' property and money. The inspector reviewed these procedures and found that the provider was compliant in this area. The person in charge stated that they followed the HSE's policies on resident's finances.

There was a policy on the management of residents clothing and possessions. Each resident had access to a secure area where they could store personal valuables. Residents clothing was laundered on the premises and residents expressed satisfaction with the service provided and the safe return of their clothes to them. A record was kept of each resident's personal property and residents had control over their own possessions

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector found that the numbers and skill mix of staff was appropriate to the assessed needs of residents and the size and layout of the centre on the days of inspection. The inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. Residents and staff spoken with expressed no concerns with regard to staffing levels. Staff were available to assist residents and residents were supervised at all times.

A staff training programme was on-going. All staff had up to date mandatory training in fire safety, adult protection and manual handling in place. Additional training and education relevant to the needs of the residents profile had been provided for example infection prevention and control, management of violence and aggression, nursing and accountability, falls prevention, nutritional care, pressure ulcer prevention and wound management, cardio pulmonary resuscitation and stress management. However, not all nursing staff had completed medication management training.

Residents were observed to be relaxed and comfortable when conversing with staff and were complimentary of the staff when speaking with the inspector, stating "staff would do anything for you, staff are great".

Judgment:

Substantially 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 McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Joseph's Care Centre
Centre ID:	OSV-0000466
Date of inspection:	09/03/2015
Date of response:	21/05/2015

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:

An annual review to monitor the quality and safety of care and the quality of life of residents including consultation with residents and their representatives had not been completed.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

Please state the actions you have taken or are planning to take:

An Annual Review Document is being developed to guide the monitoring and documentation of quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

This Document will be presented at both the next Governance and Quality Safety Meeting in May 2015.

This review document encompasses the 32 standards within the HIQA National Quality Standards for Residential Care Settings for Older People in Ireland. It will assist in ensuring that the Designated Centre is in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The Management of the Designated Centre will ensure this Quality Review will take place annually and will be available for inspection by the Authority.

This review will be due for completion in the October of each year. Work on the Annual Review for 2015 is due to commence by 31st May once draft Annual Review Document has been approved.

Proposed Timescale: 30/10/2015

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:

Where an event occurred for example loss of weight, a reassessment was not always carried out, and where it was completed the care plan was not consistently updated to ensure that any additional control measures that may be required to mitigate the risk were documented. On some occasions where a resident was seen by a specialist service the advice of the specialist was not incorporated into the care plan.

Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:

All Nursing documentation will reflect events that have occurred inclusive of a reassessment and care plan review. This Care Plan review will also outline any additional control measures required to mitigate the identified risk.

Care Plans will reflect that any resident seen by a specialist service have the recommendations of the review clearly reflected in the Residents Care Plan.

Two Care Plan audits have been completed to date in 2015 and additional audits are planned throughout the year. The findings of this audits have been disseminated at unit level, to the individual RN and at Unit Meetings to ensure shared learning and continued compliance.

In addition the audit results and recommendations have been placed on the agendas at both Governance and Quality & Safety Committee Meeting. This will ensure a proactive continuous quality improvement approach in this area.

Proposed Timescale: With immediate effect – May 31st 2015.

Proposed Timescale: 31/05/2015

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:

The outstanding action with regard to accommodating residents in multi occupancy rooms was not completed. A final plan is to be submitted to the Authority with regard to compliance in this area post July 2015. This plan must include a commencement and completion date and assurance that finance has been agreed and allocated.

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:

The following were agreed measures for reconfiguration of the unit to ensure compliance with HIQA standards. The proposed works are due for completion in three Phases.

Phase 1

Sunset/Autumn Lodge – Work currently in progress for reconfiguring of 28 beds. Scheduled, for completion October 2015.

Phase 2

Main Building - St Therese, reconfigure the area for provision of 20 beds

Phase 3

Main Building – Padre Pio, reconfigure the area for provision of 21beds.

See attached documents detailing:

- Programme of work including timeframes

- Confirmation of funding Letter from HSE Estates Management
- Proposed plans for reconfiguration.

Proposed Timescale: 30/04/2018

Outcome 18: Suitable Staffing

Theme:

Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all nursing staff had completed medication management training.

Action Required:

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

Please state the actions you have taken or are planning to take:

All Nursing Staff will have completed Medication Management Training by 30th June 2015 and annually thereafter

Up to date records of same will be maintained in Training Database held in Nursing Administration

Proposed Timescale: 30/06/2015