Health Information and Quality Authority
Regulation Directorate

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

Centre name:	St Joseph's Community Nursing Unit
Centre ID:	OSV-0000542
Centre address:	Patrick Street, Trim, Meath.
Telephone number:	046 943 1229
Email address:	elainep.ryan@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Elaine Ryan
Lead inspector:	Mary O'Donnell
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	49
Number of vacancies on the date of inspection:	1

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 monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
24 July 2017 08:00	24 July 2017 17:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Substantially Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Major
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 13: Complaints procedures	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This report sets out the findings of an announced inspection carried out following an application to vary a condition of registration. The centre had undertaken a significant refurbishment project and one of the final phases, the construction of a new dementia unit had not been progressed according to condition eight of registration. Condition eight stated that construction of the new dementia unit would be completed by March 2017. Consequently the provider had been operating outside the terms of registration since April 2017 and had submitted an application to vary this condition of registration to reflect the revised timelines for the project. The necessary funding had now been secured, planning permission granted and the plan was on target for building works to begin by March 2018 with a completion date for 31 Dec 2018.

During the day, the inspector met with residents and staff on day and night shifts, the person in charge and the provider nominee. The views of residents, relatives and staff were listened to, practices were observed and documentation was reviewed. Surveys completed by residents and/or their relatives or representatives were also reviewed. The Health Information and Quality Authority (HIQA) had received information relating to inadequate supplies of towels, other personal care items. These concerns were partially substantiated on inspection. Towels were laundered locally and the supply of towels was sometimes inadequate to meet the needs of residents. Overall the systems in place for the laundering of residents clothing required improvement.

The inspector found that care was delivered to a high standard by staff who knew the residents well and discharged their duties in a respectful and dignified way. The person in charge and the staff promoted a person-centred approach to care. Residents appeared well cared for and expressed satisfaction with the care they received and confirmed that they had autonomy and freedom of choice. Residents spoke positively about the staff who looked after them.

The systems and measures were in place to manage and govern this centre were appropriate. The provider nominee, person in charge and staff team responsible for the governance, operational management and administration of services and resources, demonstrated sufficient knowledge and an ability to meet regulatory requirements.

One of the five actions required following the last inspection in February 2016 had been addressed, and the other four actions related to Butterstream, namely the failure to meet regulatory standards as set out in Schedule 6 and lack of privacy and dignity to residents who shared communal bedrooms. Although the new unit had not been built, Butterstream had been redecorated and interim works had been carried out to enhance the communal environment in the unit. However the multi-occupancy bedroom accommodation did not meet the needs of residents and presented a significant challenge to meet the privacy and dignity of residents.

A major non-compliance was merited in relation to Outcome 2 Safeguarding and Safety. Findings on this inspection did not provide adequate assurances that residents whose behaviours posed a risk to themselves or other residents were appropriately managed. This was discussed in detail with the provider and person in charge. The findings of this inspection did not provide assurances that the staffing levels and skill mix complement met the assessed needs of the residents accommodated in Camillus. Staffing arrangements in Butterstream were adequate on the day of inspection.

Some improvement was required in relation to the documentation of security checks when bedrails were in use and the recording of fire drills.

The findings are discussed in the body of the report and improvements are outlined in the Action Plan at the end for response.

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:
The statement of purpose detailed the aims, objectives and ethos of the centre and outlined the facilities and services provided for residents. The document was recently revised and contained information in relation to the matters listed in schedule 1 of the regulations.

The provider nominee and person in charge understood that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

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:

There was a clearly defined management structure with explicit lines of authority and accountability, and the management team's roles and responsibilities for the provision of care are unambiguous.

There was no change in the person in charge of the centre since the last inspection. During the inspection she demonstrated that she had sufficient knowledge of the regulations and standards pertaining to the care and welfare of residents in the centre. She had the necessary professional and managerial qualifications and experience to fulfil her role.

Staff and residents were familiar with current management arrangements. Both staff and residents were complimentary of the management team, telling the inspector that staff were caring and went beyond the call of duty to ensure that residents' needs were met.

New staff had been recruited through the national recruitment campaign since the previous inspection. However four nursing posts remained vacant, the person in charge discussed plans to advertise locally to fill these vacant nursing posts. The inspector reviewed four staff files and found they contained all the requirements of Schedule 2 including evidence of Garda Síochana vetting.

Due to the increased dependency of residents, observations on inspection and discussions with residents, relatives and staff the inspector recommended a review of the number, skill set and allocation of staff to ensure that the assessed needs of residents are met in a timely manner. This is discussed under outcome 18.

The inspector advised that the provider immediately review arrangements to ensure that appropriate systems and resources are available to meet the assessed needs of all residents. The inspector found that although residents were assessed prior to admission the provider did not respond appropriately when a resident's needs became more complex and the goals of care changed. Effective action was not taken by the registered provider and this impacted on the welfare and wellbeing of residents, relatives and staff in the centre. This is discussed further in outcome seven.

A comprehensive auditing and review system was in place to capture statistical information in relation to resident quality outcomes and operational matters.

Clinical audits were carried out that analysed accidents, complaints, medicine records, skin integrity, care plans, the use of restraint, nutritional risk and dependency levels. This information was available for inspection. A low level of incidents and accidents was reported and found from a review of records and discussions with residents and staff. There were few complaints since the previous inspection in February 2016, and all were managed at level one stage. A complaint from 2015 which was open at the previous inspection had been fully investigated and was now closed.

An annual report detailing the provider's review of the quality and safety of care and quality of life for residents in the centre was completed for June 2016/2017. This report was compiled in consultation with residents and informed the service plan for 2017. Many of the actions set for 2017 had already been completed.

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

Findings:
Unsolicited information of concern received by the Health Information and Quality Authority (HIQA) included issues in relation to behaviours that challenge. The person in charge had submitted notifications to HIQA for related incidents and these matters were discussed with HSE senior management in May 2017. The concerns were substantiated as the inspector found that sufficient measures were not in place to protect residents from abuse. This was specifically in relation to the management of responsive behaviours.

The safeguarding policy was revised in January 2017 and guided practice. Training records indicated that all staff had annual training on the prevention, detection and response to abuse.

Staff who spoke with the inspector were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place. On the previous inspection it was found that an investigation into an allegation of abuse which was being investigated externally was not concluded within the required timelines. On this inspection the investigation was found to be completed and appropriate arrangements were in place to safeguard residents in relation to this event.

The use of restraint continued to be low with only 10 residents using bedrails. Risk assessments were undertaken and the care plans reviewed detailed the use of restraint, however there was no documented evidence that safety checks were completed when bed rails were in use. The inspector noted that additional equipment such as grab rails, low beds and crash mats were used where possible and additional low-low beds and sensor alarms had been purchased in 2017.

There were policies in place for managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Due to their complex medical conditions, some residents showed responsive behaviours. Inspectors saw that assessments had been completed and possible triggers and appropriate interventions were recorded in their care plans. However the inspector found that effective action had not been taken when the goals of care were not being achieved in the centre and this impacted on the safety and welfare of other residents.

The inspector found that there were insufficient safeguards in place to protect residents. The inspector reviewed several incident reports detailing how staff were subjected to physical and verbal aggression. The inspector observed that an on-going issue in the centre contributed to a tense atmosphere with residents reporting that they didn't feel safe. In addition the inspector noted that residents frequently controlled their conversations and movements so as not to provoke an exacerbation of this on-going issue. Although there was no evidence that any resident had been physically abused, some residents told the inspector of their fears that they will be subjected to physical violence. A resident who staff reported only slept two or three hours at night, told the inspector that she was afraid to go asleep because she didn't feel safe. Relatives reported feeling constantly anxious about the safety of their loved ones and said that grandchildren no longer wanted to visit because of scenes they had witnessed in the centre.

The provider was an appointed agent for some residents who were unable to manage their financial affairs. There was a system in place for separate accounts and each resident had access to a statement of their accounts. All resident had access to a locked storage space for valuables. The inspector was satisfied that local arrangements for the management of petty cash were appropriate.

Judgment:
Non Compliant - Major

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):
No actions were required from the previous inspection.

Findings:
The inspector found that overall the health and safety of residents, visitors and staff was promoted in this centre.

The centre had policies and procedures relating to health and safety.

A current health and safety statement was available and risk management procedures were in place supported by a policy to include items set out in regulation 26(1).

There was an emergency plan in place for responding to major incidents likely to cause injury or serious disruption to essential services or damage to property. The centre had not been impacted by a disruption to the water supply reported in parts of the county but there was a plan to ensure an adequate water supply should such an incident occur.

The centre was clean and well maintained. Suitable furniture, fittings and equipment were available to staff and residents. Procedures and arrangements were in place to prevention and control of healthcare associated infections.

Reasonable measures were in place to prevent accidents in the centre and within the grounds. Clinical audits of resident dependency, incidents, falls, wounds, behaviour, weight and restraint use were maintained to monitor resident ongoing or changing needs, and to mitigate identified risk and an overall reduction of likely incidents and events.
A risk register along with health and safety audits were maintained and subject to review by the safety committee which met on a regular basis. Although training in non-violent crises intervention and other relevant training had been organised for staff, the inspector noted that the risk of violence and aggression to staff had not been included and the risk register.

Staff were also trained in moving and handling of residents, infection control and fire safety. Further dates for mandatory training were scheduled to include recently employed staff and refresh existing staff.

A fire safety register and associated records were maintained and precautions against the risk of fire were in place. Service records confirmed that the fire alarm system and fire safety equipment including the alarm panel, emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis.

The inspector observed that means of escape and fire exits were unobstructed and emergency exits were clearly identified. Each resident had a personal emergency evacuation plan and staff were knowledgeable regarding emergency procedures to be adopted in the event of a fire alarm activation.

Staff interviewed and records reviewed confirmed regular fire drills had occurred. However, the recording of fire drills required improvement to include important information relating to the successes or failures identified during the drill, the scenario simulated, the time and extent of the evacuation to ensure the safe placement of residents.

Judgment:
Substantially 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:
A medicines management policy was in place to inform safe medication practices in the centre. The inspector observed that residents' medicines were stored appropriately, including medicines controlled under the Misuse of Drugs legislation and medicines requiring refrigeration. Checks of controlled medicines and refrigerator temperatures were completed daily at each change of shift. Residents' prescribed medicines were reviewed at least three-monthly by each resident's GP. Medicines management audits were completed at regular intervals to monitor safety of medicine management procedures in the centre.

The inspector observed a sample of medicine administration to residents on this inspection. Medicines were administered on an individual resident basis from the drug storage trolley and were recorded in line with professional guidelines. All medicines to be administered by nurses in a crushed format were individually prescribed.

Procedures were also in place for stock control and to ensure medicines, including medicines controlled under misuse of drugs legislation that were out-of-date or no longer used by residents in the centre were removed from the medicines trolley and returned to the pharmacy for safe disposal.

The pharmacist dispensing residents' medications was facilitated to fulfil their obligations to residents. Residents had access to the pharmacist was available to meet with them as they wished.

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:
Care was provided in accordance with the center's statement of purpose.

The inspector found that prospective residents had a preadmission assessment to ensure that each resident met the admission criteria and the service was appropriate to meet their individual needs.

Residents had access to a good standard of nursing, medical and allied healthcare professionals. Residents had access to medical services and they had access to other healthcare professionals and services including dietetics, speech and language therapy, occupational therapy, psychiatry, chiropody and physiotherapy. There was also arrangements to facilitate access to optical and dental services.
The inspector saw that each resident had a nursing assessment and a plan of care to meet their assessed needs. Nursing staff informed the inspector of plans to install a computerised system which was due to be operational in October 2017. The inspector reviewed a sample of care plans and was satisfied with the assessments and standard of care planning in place. There was evidence that each care plan was informed by assessment and reassessment as required and at a minimum four monthly intervals. Care plans were completed in consultation with the resident and/or their representative and were supported by a number of validated assessment tools. Care plans were person centered and detailed the interventions to meet identified needs of each resident. They also included specialist advice by other healthcare professionals for example speech and language therapists or physiotherapists. A nursing record of each resident's health, condition and treatment given was maintained on each shift. Each resident's vital signs and weight were recorded regularly with action taken in response to any variations.

There were very few wounds and only one pressure related wound at the time of inspection. A nurse manager had completed a tissue viability course and provided support to staff in the assessment and management of wounds. The inspector saw that the risk of pressure sore development was regularly assessed. Preventative strategies including pressure relieving equipment were implemented.

The incidence of falls was monitored on an on-going basis and a validated assessment tool was used to establish each resident’s risk of falling and there was evidence of the routine implementation of falls and injury prevention strategies including increased supervision, the use of hip savers, motion alarms and low beds.

The resident’s right to refuse treatment was respected and recorded. There were procedures in place and records seen supported that relevant information about the resident was provided and received when they were absent or returned to the centre from another care setting. A passport system was in place to provide relevant information when transferring a resident who was unable to communicate their specific needs.

Judgment:
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:
On the previous inspection Camillus Upper and Lower had undergone substantial refurbishment and the design and layout of Camillus upper and lower met its stated purpose to a high standard. In contrast, Butterstream, the dementia specific unit was not a therapeutic or comfortable environment for the 14 residents residing there. As part of the renewal of registration of the centre, the provider submitted a building/refurbishment plan to address areas of major non-compliance with the regulations and standards, which was accepted by the Chief Inspector. Condition eight of registration stated that this work was due to be completed by March 2017 but funding had not been secured and this phase of the refurbishment was not undertaken. According to a recent application to vary the condition of registration the necessary funding had now been secured, planning permission granted and the plan were on target for building works to begin by March 2018 with a completion date for 31 Dec 2018.

Camillus
Camillus provides single en-suite accommodation for 36 residents The inspectors saw that Camillus had been refurbished and provided a high quality environment for residents who reside there. The spacious and bright layout and design of communal accommodation provided residents with choice and promoted their independence. A variety of seating areas were provided at intervals along the corridors. Residents had access to a kitchenette in the two dining/living areas which supported residents to undertake familiar domestic tasks. The use of colour and natural light was optimised to support the quality of life of residents. Contrasting colours were used to assist residents with identifying key areas such as toilets and bedrooms. Signage and clocks throughout promoted orientation. The centre was decorated and fitted with domestic style furnishings and memorabilia to support the comfort of residents with dementia. Residents in Camillus had free access to two secure external garden areas which they were observed to enjoy on the day of inspection. The gardens supported residents to safely mobilise independently, had suitable seating and areas of shrubbery and small

trees. The area supported residents to participate in gardening activities. Bedrooms were all en suite and residents were supported to personalise their bedrooms to a high standard with items of furniture, photographs, pictures and other personal items.

Butterstream Dementia Care Unit
Butterstream is a dementia specific unit, where 12 long-term and two respite residents with a formal diagnosis of dementia reside. This area does not meet its stated purpose as a suitable environment to meet the needs of residents with dementia. However significant interim work had been undertaken to enhance the communal areas and create a more homely dementia friendly environment for residents. The 'Friends of St. Joseph's' had provided funding to upgrade the unit including the corridor where residents walked and spent considerable time. The bedroom doors were painted to resemble the front door of a house. The adjacent glass panels now had murals of country scenes, and cottage windows with window boxes with flowers which residents could pick and plant. Gardening tools were provided. Items were mounted on the walls to create interest and encourage residents to interact with their environment and to provide tactile stimulation. Staff continue to demonstrate resourcefulness and imaginative creativity to develop the unit through art work, homely furnishings and the use of old memorabilia to support residents. Residents also attended suitable activities in Camillus.

The main sitting room and adjoining dining area were pleasantly decorated. A domestic type kitchen provided opportunities for residents to engage in domestic activities. In the day room the chairs were arranged to encourage social interaction and soft furnishings created a cosy atmosphere and minimised the noise levels, which were found to be high on the previous inspection. Residents also had access to a a small quiet parlour-style room, and alternate storage space was found for equipment which was stored there on the previous inspection.

Long-term residents shared bedroom accommodation in large rooms with a screening curtain fitted within close proximity of their bed. Personal spaces were not defined. The bedrooms were freshly painted and the wardrobes and locker units provided were adequate. There was limited space for personalisation of residents’ bedrooms. Residents had to cross a corridor to access the bathroom and toilet facilities

An attractive and interesting secure garden was provided for residents in Butterstream. Residents could see the garden from the dining room and a sheltered area was provided if residents wished to use the garden in inclement weather. The doorway to the garden was open and some of the residents accessed the garden accompanied staff members to mitigate the risks posed by the uneven surface.

A judgment of major non-compliance was made on the previous inspection but because of the interim works undertaken to enhance the communal areas in Butterstream a judgment of moderate non-compliance was made.

Judgment:
Non Compliant - Moderate

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:
A complaints process was in place to ensure the complaints of residents, relatives or their representatives were listened to and acted upon. There was the HSE national complaints policy "Your Service Your Say" and a centre specific complaints policy, which met regulatory requirements and was prominently displayed. Residents and relatives said that they could raise issues with staff members and they had access to the person in charge in order to make a complaint. The person in charge was the named complaints officer. Records showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

Complaints were recorded locally and subject for review and audit. The complaints process included a local appeals procedure and there was also an independent appeals process. The residents guide also held details of the complaints policy and independent appeals process was included and contact details..

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

Findings:
Residents were consulted with and supported to participate in the organisation of the

centre. Overall residents' privacy and dignity was respected and residents were supported to make choices about their day-to-day lives. There were opportunities for most of the residents to participate in activities that suited their interests and capabilities. The privacy, dignity and overall quality of life for the residents in Camillus was enhanced by the upgraded environment. However Butterstream was an old building with limited communal space and shared bedrooms which did not support the privacy and dignity of the residents.

Prior to the inspection HIQA received unsolicited information relating adequate supplies to support residents personal hygiene needs. The inspector followed up and found that many residents supplied their own toiletries and additional supplies were held in stock should they be required. Staff told the inspector that electric razors were available on all the units but if a resident preferred a wet shave residents did not like the razors which were supplied by the provider and relatives were advised to supply a different brand. There was no evidence that razors were shared by residents.

Independent advocates promoted the rights of residents and two residents were availing of the supports offered by and independent advocate at the time of the inspection. The residents' forum meetings were held regularly and attended by residents and relatives where appropriate. Residents received the minutes of the meetings and there was evidence that issues raised were followed up by management and implemented to improve the quality of life of residents.

Residents were facilitated to exercise their civil, political and religious rights. Residents in St. Camillus confirmed that their rights were upheld and they were consulted about how they wished to spend their day and about care issues. Residents in St. Camillus were satisfied with opportunities for religious practices, the choice of sitting rooms, freedom to move around the communal areas and unrestricted access to the secure gardens. Addressing the social needs of residents was integral to the role of healthcare assistants. They were supported by activity staff and residents' wishes were prioritised when planning activities and excursions. There were no restrictions on visitors and there were a number of areas in St. Camillus where residents could meet visitors in private. Many residents were active in the local community and attended local events on a regular basis. Family and friends supported residents to maintain contacts with their community. Inspectors found evidence that residents who expressed a desire to live in the community were supported to do so. Meetings were held with community services and discharge care plans were created to progress this goal for two residents.

There was a variety of activities available to residents which were organised by the activities staff. The activity schedule included activities arranged for the mornings, afternoons and evenings. Activities facilitated included music, board games, arts and crafts, gardening, exercise to music, doll therapy, religious activities and cinema evenings. Staff also informed inspectors that one to one time was scheduled for residents who could not participate in the group activities. Reading, reminiscence, poetry and hand massage were some of the one-to-one activities provided. There was room for improvement in relation to the documentation of activities in which residents participated. For example a resident with communication difficulties whose file was examined had 'bed rest' and 'TV' as his activities for the previous week. Staff told the inspector that he had watched Mass on television and engaged in poetry readings but this had not been recorded in his file. Efforts were made to inform residents about various activities with pictures and text on notice boards. Life stories were documented and information about each resident’s interests and hobbies was used to plan activities. Other related records included details of the resident's individual interests, level of communication, enjoyment and mood. Residents also had access to a kitchenette and domestic activities were encouraged.

All residents in St. Camillus had a private room with en-suite facilities. Staff were observed knocking on bedroom and bathroom doors, and privacy locks were in place on all bedroom, bathroom and toilet doors. However, twin and multioccupancy bedrooms in Butterstream did not ensure residents could undertake personal activities in private. The privacy and dignity of residents residing in Butterstream was negatively impacted by the absence of en-suite facilities in bedrooms resulting in residents having to cross the main corridor to access a toilet and shower in their night attire. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and positive relationships were evident. The non compliances in relation to the environment in Butterstream are actioned under outcome 12.

Residents had a section in their care plan that covered communication needs, and there was a detailed communication policy in place that included strategies to effectively communicate with residents who have communication difficulties. A resident who had communication difficulties had a white board in their room to aid communication and staff kept the resident informed about the daily activities using the white board to post this information. Some residents had been supported to get Sky television and Wifi in their rooms so that they can use email and SKYPE to communicate electronically.

Judgment:
Substantially 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:
Bed linens including sheets and blankets were laundered externally and this service was found to be satisfactory. The local laundry which operated for four days each week laundered towels and the residents personal clothing. The person in charge did not have effective systems in place to ensure that residents' clothing were appropriately laundered and returned to them.

A supply of towels were not consistently available to meet local demand.

Feedback from residents and relatives questionnaires identified the following issues with the local laundry service.
*Name tags were too big and institutional looking.
*Personal clothing was laundered at too high a temperature and became ragged.
*Woollens shrunk in the wash
*Whites were not washed separately.

The inspector followed up and found that the issues raised were substantiated on inspection.
Items of clothing inspected were not discreetly labelled. Some knitwear stored in residents' wardrobes appeared to have been machine washed at the incorrect temperature and appeared ragged. Some residents confirmed that woollens they had sent to the laundry had shrunk. Female residents who used the laundry told the inspector that their white underwear was now a delicate shade of blue.

The inspector also received information prior to the inspection stating that there were insufficient towels to meet the residents' needs. On the day of the inspection this was confirmed by staff and on inspection of the laundry cupboards. At the time of checking the cupboards contained supplies of blankets and sheets but no towels. These findings were discussed with the provider nominee and the person in charge at the feedback meeting.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
The findings of this inspection did not provide assurances that the staffing levels and skill mix complement met the assessed needs of all residents accommodated in the

Camillus' Unit.

Inspector's observations throughout the inspection and conversations with residents, visitors and staff indicated that staffing levels were not sufficient to provide person-centred nursing and social care in a timely manner. The inspector observed that staff were very busy and several instances where staff were interrupted while providing care in order to attend to the needs of other residents. Nurses commented that the dependency of residents had increased and the nursing compliment had not increased accordingly. The person in charge confirmed that although nurses had been recruited, four vacant nursing posts were not filled. Night duty staff told the inspector that the medication round at night was repeatedly disrupted when staff were diverted to attend to other residents. Residents and visitors acknowledge that staff were caring but there were not enough staff and residents often had to wait for an unacceptable time before their needs were attended to.

The inspector noted that residents daily routine was not compromised due to staffing issues and residents got up and retired at night at a time of their choosing.

A training matrix viewed by the inspector indicated that all staff had received up-to-date mandatory training in fire safety, moving and handling practices and the prevention, detection and response to abuse. Staff attended mandatory refresher training annually and cardio pulmonary resuscitation (CPR) every two years. Training records indicated that staff had received training in promoting positive behaviours within the last year. All staff had training in non-violent crises intervention in 2009 and 2010. This training was being rolled out to staff in 2017 with mandatory refresher training every two years thereafter.

A sample of staff files was reviewed by the inspector, and found to contain the information outlined in Schedule 2 of the regulations. All the staff files reviewed did not have evidence of Garda Síochana vetting and the actual vetting forms were submitted to HIQA following the inspection.

Inspectors were provided with documentary evidence of up-to-date registration with An Bord Altranais for all nursing staff.

An actual and planned staff roster was in place, with any changes clearly indicated.

The person in charge confirmed that An Garda Síochana vetting had been obtained for all staff and volunteers operating in the centre. The roles and responsibilities of volunteers were set out in writing.

Judgment:
Non Compliant - Moderate

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'Donnell
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 report[1]

Centre name:	St Joseph's Community Nursing Unit
Centre ID:	OSV-0000542
Date of inspection:	24/07/2017
Date of response:	15/08/2017

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:
Ensure the necessary arrangements are put in place and resources were made available to meet the assessed needs of any resident should their condition change and the service can no longer achieve the goals of care.

1. Action Required:
Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient

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

resources to ensure the effective delivery of care in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:
The Registered Provider acknowledges the findings of the Inspector. A pre-admission assessment is completed prior to admission of any resident to the Centre, to ensure their needs can be met. Assessments are then completed on all new residents within the first week of admission and thereafter reviewed on a 4 monthly basis or sooner should their condition change.

The issues noted in the report relate to one resident who no longer resides in the centre as alternative appropriate accommodation has been sourced to meet this residents specific needs.
Going forward, all pre admission assessments will be conducted by the PIC and another member of the Management Team

Proposed Timescale: 16/08/2017

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was no documented evidence that safety checks were completed when bed rails were in use.

2. Action Required:
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

Please state the actions you have taken or are planning to take:
The Registered Provider acknowledges the findings of the Inspector. Each resident has a risk assessment completed on admission which identifies if bed rails are required. Documentary evidence has been put in place, whereby safety checks are completed on all bed rails in use every two hours in line with National Policy. Local Policy has also been revised to reflect this change

Proposed Timescale: 15/08/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The inspector found that there were insufficient safeguards in place to protect residents. The inspector saw several incident reports where staff were subjected to physical and verbal aggression. The inspector observed that residents were visibly upset by this. The inspector also saw that residents didn't feel safe and they controlled their conversations and movements so as not to provoke a verbal outburst. Residents told the inspector of their fear that they will be subjected to physical violence. A resident told the inspector that she was afraid to go asleep because she didn't feel safe. Relatives reported feeling constantly anxious about the safety of their loved ones and said that grandchildren no longer wanted to visit because of scenes they had witnessed in the centre.

3. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

Please state the actions you have taken or are planning to take:
The Registered Provider acknowledges the findings of the Inspector. The issues noted in the report relate to one resident and alternative appropriate accommodation has been sourced to meet this residents specific needs.

The local risk assessments for the Centre address the risk of verbal & physical abuse to residents, staff & visitors. The overall Risk Register for the Service has now also been updated to reflect this risk. There is a schedule in place for the ongoing refresher training for staff in the management of aggression and violence and from January 2018, this will be mandatory for staff on a two yearly basis.

Proposed Timescale: Completed 16/8/17 & ongoing review.

Proposed Timescale:

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 inspector noted that the risk of violence and aggression to staff had not been included and the risk register.

4. Action Required:
Under Regulation 26(1)(c)(i) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.

Please state the actions you have taken or are planning to take:
The Registered Provider acknowledges the findings of the Inspector. The local risk assessments for the Centre address the risk of verbal & physical abuse to residents,

staff & visitors. The overall Risk Register for the Service has now also been updated to reflect this risk.

Proposed Timescale: Completed 16/8/17 & ongoing review.

Proposed Timescale:

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The recording of fire drills required improvement to include important information relating to the successes or failures identified during the drill, the scenario simulated, the time and extent of the evacuation to ensure the safe placement of residents.

5. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
The Registered Provider acknowledges the findings of the Inspector. Fire safety management and fire drill training documentation has been devised and implemented to ensure that all staff are aware of the procedure to be followed in the case of fire.

Residents will be encouraged and supported to also attend the and take part in the mock evacuations to ensure they too are aware of the procedures that will be followed in the event of a fire.

Proposed Timescale: Completed.

Proposed Timescale: 15/08/2017

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:
Butterstream, the dementia unit was not appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose.

6. 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 Registered Provider acknowledges the findings of the Inspector. There are plans in place to renovate and upgrade Butterstream dementia care unit to ensure compliance with legislation and HIQA standards. Plans were previously submitted to HIQA and planning permission for the new build portion of Butterstream has been granted. Capital funding has been secured and works are expected to commence in the first quarter of 2018 with completion envisaged by 31st December 2018. The newly renovated and refurbishment Butterstream unit will then meet the needs of the residents in accordance with the statement of purpose.

Proposed Timescale: 31/12/2018

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:
There was room for improvement in relation to the documentation of activities in which resident participated.

7. Action Required:
Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

Please state the actions you have taken or are planning to take:
The Registered Provider acknowledges the findings of the Inspector. A review of the Resident's Daily Flow Sheet has been completed and it now more thoroughly captures exactly what activities each resident is participating in each day.
The Centre is currently in the process of establishing the Epic Care system and it is envisaged that it will be implemented and rolled out in October 2017. The new system will capture all activities comprehensively for each resident on a daily basis.

Proposed Timescale: Completed.

Proposed Timescale: 15/08/2017

Outcome 17: Residents' clothing and personal property and possessions

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The local laundry which operated on four days each week did not have systems in place to ensure that residents clothing were appropriately laundered and retuned to them.

Towels were laundered locally and adequate supplies of towels were not consistently available to meet service demand.

8. Action Required:
Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

Please state the actions you have taken or are planning to take:
The PIC acknowledges the findings of the Inspector. A review of the Laundry service has been completed and a plan has been put in place whereby laundry is separated and laundered as per garment instructions and returned to the individual residents.

The supply of the towels has been reviewed and new towels purchased – this will be monitored more closely going forward.

Proposed Timescale: Completed.

Proposed Timescale: 15/08/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The findings of this inspection did not provide assurances that the staffing levels and skill mix complement met the assessed needs of all residents accommodated in Camillus.

9. Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
The Registered Provider acknowledges the findings of the Inspector. A review of staffing levels & skill mix in the evenings (specifically from 18:00hours – 22:00hours) will be undertaken over the coming weeks, to provide assurances that the assessed needs of all residents accommodated in Camillus Unit are met.

Proposed Timescale: To be in place by 31st December 2017.

Proposed Timescale: 31/12/2017