

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|--|
| Centre name: | St. Joseph's Centre |
| Centre ID: | OSV-0000102 |
| Centre address: | Crinken Lane, Shankill, Co. Dublin. |
| Telephone number: | 01 282 3000 |
| Email address: | stjosephs@sjog.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Saint John of God Hospital Limited |
| Provider Nominee: | Emma Balmaine |
| Lead inspector: | Nuala Rafferty |
| Support inspector(s): | None |
| Type of inspection | Unannounced |
| Number of residents on the date of inspection: | 57 |
| Number of vacancies on the date of inspection: | 3 |

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

The inspection took place over the following dates and times

From: 06 October 2015 10:00 To: 06 October 2015 20:00

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 | Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Compliant |
| Outcome 07: Safeguarding and Safety | Substantially Compliant |
| Outcome 08: Health and Safety and Risk Management | Compliant |
| Outcome 10: Notification of Incidents | Compliant |
| Outcome 11: Health and Social Care Needs | Compliant |
| Outcome 12: Safe and Suitable Premises | Compliant |
| Outcome 13: Complaints procedures | Compliant |
| Outcome 15: Food and Nutrition | Substantially Compliant |
| Outcome 16: Residents' Rights, Dignity and Consultation | Compliant |
| Outcome 18: Suitable Staffing | Compliant |

Summary of findings from this inspection

This was an unannounced monitoring inspection by the Health Information and Quality Authority (the Authority). The purpose of the inspection was to follow up on matters arising from a registration inspection carried out on 16 July 2013 and a follow up inspection on 30 September 2014 and to monitor progress on the actions required arising from both inspections. This inspection also considered information received by the Authority in the form of notifications forwarded by the provider.

As part of the inspection, the inspector met with residents and staff members observed practices and reviewed documentation such as policies and procedures care plans, medical records and risk management processes.

Overall, there was evidence of continued progress in many areas by the provider in implementing the required improvements identified by previous inspections. In

particular, good progress has been made to improve the centre's premises in order to meet the needs of residents in terms of privacy and dignity.

St Joseph's statement of purpose described the function and purpose of the centre as a dementia specific centre providing care and support to persons with a formal diagnosis of dementia. Aspects of the dementia thematic inspection process were used to determine the quality of daily life for persons with dementia living in the centre. The provider had completed a self assessment tool on dementia care earlier in the year and had assessed the compliance level of the centre as substantially compliant with the exception of the premises. Although this was not a full thematic inspection the findings are in agreement with the providers assessment.

The inspector found a good standard of basic nursing care was being delivered to residents in an atmosphere of respect and cordiality. Staff were observed to be responsive to residents needs and alert to any changes in mood or behavior's that could indicate a potential upset to individuals or groups. Safe and appropriate levels of supervision were in place to maintain residents safety in a low key unobtrusive manner.

The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply 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. These include improvements to the process in place to monitor and record nutritional intake and communication with residents

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):

No actions were required from the previous inspection.

Findings:

There was a written statement of purpose that described the service and facilities that were provided in the centre. The statement of purpose consisted of a statement of the aims, objectives and ethos of the designated centre.

It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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:

As no actions were required arising from the last inspection all lines of enquiry for this

outcome were not covered on this inspection.

A defined management structure was in place within St Josephs. The person in charge was supported by the director of services.

These two key senior managers were also supported by a full time administrator, maintenance personnel and a team of clinical nurse managers.

An overarching management structure also supported the team within the centre. This management team provided support to several centres operating within the St John of God's Hospital group, and specifically to this centre, through membership of a clinical governance oversight committee. Members included a consultant psychiatrist; psychologist and risk manager together with the person in charge; director of services and senior clinical nurse manager.

The committee met monthly and considered aspects of the quality and safety of care delivered in the centre. Results of audits on aspects of clinical care such as end of life, falls and behaviour management were reviewed. Other areas of practice to be included in the monthly review were discussed such as dysphagia and restraint practices.

Analysis of accidents, incidents and falls were discussed which included trend identification and learning derived. Although actions taken to address the trends identified were not referenced in the minutes of the meetings viewed, it was evident that measures were being implemented as reflected in the reduction of falls over a six month period from February to September and also in comparison with the numbers of falls reported in 2014.

Good governance procedures, together with an emphasis on quality care and strong advocacy culture contributed to a safe protective and supportive environment for vulnerable persons with dementia.

Staff awareness, understanding and implementation of respectful dignified interactions with residents were monitored and where necessary issues were brought to the attention of local management. Appropriate actions were found to be taken by the management team in a number of cases including additional training and awareness sessions for staff on the area of restraint and close supervision of care practices.

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):

No actions were required from the previous inspection.

Findings:

All lines of enquiry were not reviewed under this outcome.

Records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available and kept in a secure place. The statement of purpose and residents guide was complete and available.

In a sample of those reviewed, it was found that general records as required under Schedule 4 were also maintained including key records such as food and fire safety complaints and notifications as required under Regulation 31.

However, improvements were found to be required to recording of resident's nutritional intake to enable a determination be made on the adequacy of the diet being provided as required under Schedule 4(5). This is referenced under outcome 15.

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):

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

Findings:

Actions required from previous inspections were addressed.

There were procedures in place for the prevention, detection and response to abuse, and residents were provided with support that promoted a positive approach to the behaviours and psychological symptoms of dementia.

Staff spoken to by the inspector confirmed that they had received recent training on recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations, measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern. The inspector spoke with relatives during the inspection who were satisfied with the overall level of care being provided, and stated that any concerns they raised were addressed.

There were arrangements in place to review accidents and incidents within the centre,

and residents who had fallen had falls risk assessments completed after the falls and care plans were updated.

There was a policy in place for behaviour that is challenging and training on managing challenging behaviour had been provided. Staff spoken to by the inspector were knowledgeable regarding interventions that were effective in managing such behaviours including redirection and engaging with the residents. Residents had been regularly reviewed by their GP and there was access to psychiatric services for further specialist input.

It was noted that there was a move towards changing the culture and promoting a restraint free environment. The use of bed rail restraint had reduced since the last inspection and the use of alternative measures such as low low beds, mat and bed alarms had increased. However, the inspector found that the assessment and documentation relating to the use of bed rails within the centre required some improvements to ensure the assessment clearly referenced that risks associated with entrapment had been determined. It was noted that where non integrated bed rails were used, measurement of gaps at the top and bottom of the bed between the bed and the rail were not taken to ensure there were no risks of entrapment .

The information contained in some notifications received from the provider that identified measures taken to reduce and prevent risks to residents safety or address issues of poor care practices were reviewed on this inspection.

Most of the notifications related to resident interactions and it was found that positive behaviour support plans in place were detailed, referenced advice from specialists and were implemented. It was also found that where concerns were reported regarding poor practices by staff that these were investigated in a timely manner and appropriate measures such as training or supervision put in place.

Judgment:

Substantially 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:

Actions arising from previous inspections relating to storage of equipment and preventative measures for falls and bruising were found to be addressed.

As referenced under Outcome 2 close monitoring of all accidents and incidents in the centre was in place and a database to maintain a record of all adverse incidents had

been established.

All other lines of enquiry under this outcome were reviewed in full on the last inspection in relation to health and safety, fire safety and risk management systems and were found to be compliant.

Site works associated with the refurbishment and upgrade of the premises were ongoing. The inspector viewed the Health and safety plans and safety statements governing the construction firm whilst working in an operational nursing home environment. The health and safety elements covered included; noise and dust minimisation; safe site maintenance; hazard identifications and a phased approach to the overall construction project.

The inspector discussed future plans to maintain safety and also manage residents needs in relation to privacy and dignity during the next phase of the construction project. (This project is referenced in more detail under outcome 12)

The inspector was told that work was due to commence in the next number of weeks to the area of the centre currently containing the open plan eight bed area called Kilcrouney unit. This unit would be closed and residents would be transferred to newly built sitting rooms that would serve as interim bedroom accommodation.

The director of services provided a draft plan to manage this stage called stage 3. The plan outlined the arrangements to ensure access to screening; nurse call bells; dining room and clinical treatment room for the duration of the works on Kilcrouney. Emergency evacuation plans currently in place were assessed as being sufficient and not requiring any change. A staff information session and meeting with all other stakeholders was planned closer to the time.

Discussions on the need to ensure flexibility within the centre and limit the impact of such a transfer to as small a number of residents as possible, were held with the provider nominee, director of services and person in charge. At the close of inspection, the provider nominee agreed to hold admissions on an interim basis to facilitate the building works.

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:

A record of all incidents occurring in the designated centre was maintained and, where

required, notified 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):

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

Findings:

There was evidence that the well being and welfare of residents with a diagnosis of dementia were being maintained through the provision of a good standard of nursing medical and social care.

Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by speech and language therapists; physiotherapy and occupational therapist reviews. Private external dental, optical and podiatry services also routinely visited the centre to assess residents' needs and treat where necessary. In house consultant psychiatric and psychology services and access to community psychiatry of old age services were available and it was noted that many residents had been reviewed.

Samples of clinical documentation including nursing and medical records were reviewed, these showed that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of recognised assessment tools to check for risk of deterioration were used including; risk of falls, nutritional status, levels of cognitive impairment, skin integrity, pain, continence and communication. A number of care plans referred to family involvement in the care planning process, where family were consulted for decision making or to seek and give information relating to the resident.

A sample number of healthcare and social care plans were viewed. It was noted that these were detailed enough to manage the problem identified, were linked to risk assessments, regularly checked by nursing staff to determine their effectiveness and

updated as needs or circumstances changed.

The inspector also noted that great efforts to keep the resident's personality and interests at the heart of the care planning process were made. Insightful and personalised, staff tried to retain the core of each residents' personality and fulfil their needs in a holistic way.

Staff provided end of life care to residents with the support of their general practitioner and palliative care team if required. Although no resident was receiving end of life care at this time, it was noted that all residents, their relatives, advocate or next of kin were consulted on end of life preferences and a care plan referencing this was in place. These plans addressed each resident's physical, spiritual, emotional and social needs. They reflected individual wishes and care pathway at the end of life.

The inspector was told by person in charge that considerations were ongoing on how to improve the amount of input each resident would have in their end of life care. This included the matter of how and when to broach this sensitive subject. As very many of the resident profile were found to come via the day care service, discussing this at a time when the resident cognitive impairment was not very advanced was being considered.

Transfer of information within and between the centre and other healthcare providers was found to be good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were seen.

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):

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

Findings:

Actions arising from previous inspections were being actioned during this visit.

As previously stated under Outcome 8, construction was underway to address deficiencies of the premises.

Detailed architectural drawings and costed plans were previously given to the Authority. The inspector was told that the works currently underway would transform the centre into six separate (but connected) units. This would enable the provider and the team of staff to fully incorporate current evidence based practice principles for dementia specific

care services. The provider and person in charge were working towards incorporating the butterfly household model of care.

The centre when complete would consist of six units, each one would replicate a 'house' in that they would each contain; bedrooms, some with ensuite facilities; sitting room; dining room; kitchenette assisted bathrooms nurses office/station and all of the required equipment storage and other facilities to meet residents needs. The inspector was told that the capacity of the centre was not being increased and bed numbers would remain at 60.

Despite the ongoing site works outside the building, the premises were found to be visually clean and tidy. Efforts to maintain a cosy and warm environment through soft comfortable furnishings were noted. Pictorial prompts on toilets and bathrooms and distinctive colours on hand rails in circulation areas guided residents and safe and consistent colour on flooring helped residents to mobilise safely.

Although the deficiencies associated with the premises still exist, as the provider is in the process of implementing plans to address these deficiencies, an action plan has not been included in this report. The Authority will continue to monitor the centre to ensure compliance with the Regulations and Standards on this aspect of the service.

Judgment:

Compliant

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:

Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed.

On review of the record of complaints, there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcomes and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that residents were provided with food and drink at times and in quantities adequate for their needs. The inspector observed that assistance was offered to residents in a discreet and sensitive manner.

The dining experience was conducive to conversation with round tables to facilitate interaction. Those residents on modified diets were offered the same choices as people receiving normal diets. A two week rolling menu was in place to offer a variety of meals to residents.

Most residents took their meals in one of two dining rooms located in the centre and the inspector noted that the dining tables were appropriately set with cutlery condiments and napkins. Residents spoken with all agreed that the food provided was always tasty hot and appetising. Food was served from a hot plate by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. A list of all special diets required by residents was compiled on foot of the individual residents reviews and copies were available to staff who were serving from the hot plate.

Drinks such as water, milk, tea and coffee were available. Access to fresh drinking water at all times was available, jugs of water were observed in residents' rooms and water dispensers were available.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents' weights were checked on a monthly basis, and eating and drinking care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists were appropriate. Nutritional intake records were in place, and completed were required. Staff were familiar with residents' dietary needs and the inspector observed food being fortified immediately before serving for those individuals who required it. This included the addition of nutrients to increase calorie intake without increasing portion size by adding cream, full fat milk or cheese to some parts of the meal. This is an important part of maintaining residents' weight particularly for those with advanced dementia who continuously walk and/or are reluctant eaters.

Monitoring of intake was in place for many residents. Recording of food and fluid intake taken on a daily basis at each meal by the care staff was viewed. The recording of the

fluid intake was found to be specific in that the amount of each drink was recorded in millilitres so that it was clear to anyone totalling the amount a resident drank in one day whether it was sufficient or not. But the recording of the food intake was not specific enough.

It was noted that only where a resident had not eaten all of the meal was an amount identified. This was measured in 'spoonfuls'. For example, '4 spoons of soup' or 2 spoons of potato'. But the record did not state what size of spoon, i.e. teaspoon or tablespoon. Also where a person had eaten all of the meal the record did not identify the portion size to enable a health professional make a determination on whether the intake over the course of a number of days was sufficient to meet their needs.

The inspector found that overall, staff delivered care to residents in a warm and respectful manner. As all of the residents had a diagnosis of dementia, the inspector incorporated some elements of the dementia specific thematic process. The inspector used this process to observe the interactions between staff and residents during the lunch period. During the lunch time period, staff were observed to offer assistance in a respectful and dignified manner. All staff sat beside the resident to whom they were giving assistance and were noted to patiently and gently encourage the resident throughout their meal. Independence was promoted and residents were encouraged to eat their meal at their own pace by themselves with minimal assistance to improve and maintain their functional capacity. Although, there were also some instances observed when assistance was not provided in a person centred manner and staff stood over residents when assisting with meals and drinks.

Judgment:

Substantially 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:

Evidence that residents rights, privacy and dignity was respected with personal care delivered in their own bedroom or in bathrooms with privacy locks and the right to receive visitor's in private. There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading newspapers books or chatting in the large open plan sitting room which was bright and spacious with soft

comfortable furnishings.

Choice was respected and residents were asked if they wished to attend Mass or exercise programmes, control over their daily life was also facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Staff were observed to interact with residents in a warm and personal manner, using touch eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated.

Evidence that residents and relatives were involved and included in decisions about the life of the centre was viewed. A monthly meeting was held where residents were consulted about future activities or outings. Minutes of these meetings were viewed and included discussions on; plans for renovations of the centre; suggestions for a quarterly newsletter and ideas on improving the involvement of residents and relatives in the running of the centre.

During the course of the lunch period, the inspector also observed the interactions of other staff who were working in the dining room or bringing residents into the room for lunch. Several instances of individualised and person orientated care were noted with some staff encouraging residents to discuss who their favourite president was. Other staff showed a considerate and thoughtful manner by gently communicating through touch with those who were non verbal.

But it was noted that not all staff tried to initiate conversation, but where they did it was limited and centred predominantly on the meal, exchanging names and the weather. For those staff who worked full time in the centre it was a missed opportunity to chat to residents about their families, interests or discover how they were feeling.

An activity programme that included activities arranged for the mornings and afternoons such as; music, quizzes, bingo, card games, exercise and relaxation therapies. Dementia specific activities such as Sonas and imagination gym sessions formed part of the programme.

On the day of inspection, a musician entertained residents in the early afternoon and later that evening a large group of residents were observed enjoying live world cup rugby on the big screen normally used to show films.

Daily Mass was held in the centre each day except Saturday and outings were occasionally arranged. Pictures of a recent outing to the Zoo were viewed in many residents' bedrooms.

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:

All lines of enquiry were not reviewed on this inspection.

Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place in all units. Although agency staff were used to cover gaps in the roster it was noted that the majority were regular in an effort to maintain consistency of care.

Appropriate and sufficient supervision and guidance, auditing of care delivery, assessments and implementation of care interventions by the senior management team were in place.

Staff allocation and keyworker systems were in place to ensure safe delivery of care and updates on residents' condition.

Training records were reviewed and evidenced that all staff had been provided with required mandatory training such as fire safety, moving and handling and prevention of elder abuse. Additional training in wound care, adverse incidents; malnutrition screening; management of behaviour that challenges; delirium; diabetes and care planning was also provided.

Judgment:

Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Nuala Rafferty

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|---------------------|
| Centre name: | St. Joseph's Centre |
| Centre ID: | OSV-0000102 |
| Date of inspection: | 06/10/2015 |
| Date of response: | 23/10/2015 |

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 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Where residents intake was being recorded a review of the system in place to ensure it is sufficiently detailed to allow for meaningful analysis is required.

1. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any

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

event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

A system for recording residents' intake using portion sizes as recommended by 'Safe Food Ireland' will be introduced. The Food, Nutrition and Hydration policy will be updated to reflect this change in practice.

Proposed Timescale: 30/11/2015

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:

Evidence that all aspects of risks associated with the use of bed rails were considered prior to the use of the restraint was not available.

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:

Currently a risk assessment is carried out before a bed rail is used whether for restraint or safety purposes. It is planned to include in the risk assessment that the space between; the head of the bed and the end of the bed rail, and the space between the end of the bed and the end of the bed rail, will be measured and documented to ensure that we are in compliance with best practice and there is no risk of entrapment. All bed rails will be in a fixed position and can only be altered by maintenance staff under the direction of the Director of Nursing. The risk assessment will be filed in the resident's care plan and a copy of all beds with bed rails and their measurements will be maintained in each house.

Proposed Timescale: 30/11/2015