

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Joseph's Hospital
Centre ID:	OSV-0000613
Centre address:	Lifford Road, Ennis, Clare.
Telephone number:	065 686 3836/065 686 335
Email address:	elizabeth.bugler@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Mary O'Mahony
Support inspector(s):	Mary O'Donnell; Noel Sheehan; Susan Cliffe
Type of inspection	Unannounced
Number of residents on the date of inspection:	86
Number of vacancies on the date of inspection:	34

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 compliance with National Standards. This monitoring inspection was un-announced and took place over 3 day(s).

The inspection took place over the following dates and times

From:	To:
04 September 2017 12:00	04 September 2017 17:00
11 September 2017 17:45	11 September 2017 19:15
12 September 2017 09:00	12 September 2017 15:30

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Non Compliant - Moderate
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Major
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Major

Summary of findings from this inspection

The registered provider of this designated centre was the Health Service Executive (HSE). This was the tenth inspection of St Joseph's Hospital by the Health Information and Quality Authority (HIQA). The centre was managed by the HSE. The inspection was unannounced and took place over three days as follows: on Monday 4 September from 12:00 to 17:00; on Monday 11 September from 17.45 to 19.15, and, on Tuesday 12 September from 09.00 to 15.30. This inspection was undertaken to follow up on actions required following findings of regulatory non-compliance on the inspections of August 2016 and April 2017. Findings of continued regulatory non-compliance on those inspections had resulted in the Chief Inspector proposing to attach a condition to the registration renewal. It was proposed to attach the condition in order to limit any new admissions giving the Registered Provider time to put arrangements in place to ensure the privacy and dignity needs of residents residing in the centre had been met. Under the provisions of the Health Act 2007, the provider had submitted a written submission to the proposed condition and subsequently appealed the notice of decision of the Chief Inspector to the District Court. Following these court proceedings the provider had undertaken to take further

action to enhance the lived experience of residents in this designated centre. Action plans had been submitted by the provider following the inspection of 24 and 25 April 2017. In June 2017 representatives of the Office of the Chief Inspector met with HSE managers with responsibility for St. Joseph's Hospital to set out the matters of particular regulatory concern in relation to St. Joseph's. This report sets out the findings of the most recent inspection that took place over three days in September 2017.

There were 120 registered beds in the centre. During the inspection 28% of these beds remained unoccupied with 86 residents residing in the centre. Inspectors spoke with residents, relatives, staff and the management team during the inspection. They observed care practices and reviewed records including, residents' care plans, minutes of residents' meetings, staff training records and improvements in the daily lives and experiences of residents. Inspectors found the following improvements in residents' experience as follows: relatives, staff and residents commented on the increased activity provision and they described enjoyable outings to the Fleadh Ceoil, The Burren, Cusack Park and to the wider Clare area. Since the previous inspection in April a newsletter had been published to better articulate the voice of residents and to provide an update to residents and relatives on events and activities. Up to 31 residents had been accompanied out to the Fleadh Ceoil. Staff said that residents met up with neighbours and friends. In addition, other residents were delighted to be back in the GAA grounds and were looking forward to the next visit. Residents and staff expressed their satisfaction with the renovations which had been undertaken at the beginning of 2017. This was discussed further under Outcome 12: Premises and Outcome 16: Residents' Rights, Dignity and Consultation.

However, on this inspection, inspectors found that there was major non-compliance in the centre with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 in three areas, residents' rights and privacy, premises, and, residents' personal property and possessions. These mandatory regulations are intended to support the holistic 'social' model of care with residents' rights to have their choice, advocacy and autonomy, respected and promoted. The management team accepted that the culture change that was involved in providing enhanced care would take a period of time to become embedded in practice. Inspectors acknowledged the efforts already made, the changes which had occurred to date and the staff training which was being facilitated in order to improve the lived experience of the residents residing in St Joseph's Hospital. However, as previously identified and reported the infrastructure, being the resident's home, would also need to be rearranged in order to successfully address institutionalised practice. At the time of this inspection, these issues including the action plan to address non-compliances were discussed with the provider and person in charge. Inspectors outlined with the provider the requirement to sustain the improvements already made while continuing to bring the centre and practices into compliance with the regulations and nationally mandated standards.

In addition, the centre had findings of moderate non-compliance in the areas of health and social care needs incorporating medication management, health and safety and governance and management. The action plan at the end of the report

specifies the actions to be taken by the provider to bring the centre into full compliance with the aforementioned regulations.

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 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):

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

Findings:

Inspectors met with the provider nominee, the person in charge and new members of the management staff. In evaluating the system of governance and management the inspectors considered if the system of governance and management in place promoted the rights, privacy, and dignity of residents and supported the elimination of institutional practices.

Inspectors found that the registered provider had taken steps to improve the rights, dignity and privacy of residents accommodated on the Hazel and Alder Units. However, this was reported as a work in progress and the provider would not commit to assuring the inspectors that some of the changes that had begun to address the regulatory non-compliances would be sustained.

Inspectors found that the lack of space and storage in the centre continued to result in unsafe practices for example, inspectors found equipment (hoists and chairs) being stored in bedrooms and in shower areas. Some living areas remained cluttered with less available space to personalize and/or to store residents' belongings.

Some shower facilities had chairs and hoists stored in them while another was predominantly used as a storage room with access restricted by a keypad lock. On the first day of the inspection one of two showers available for 26 residents in one unit required repair. This meant that residents were potentially not afforded showers on a regular basis - documentation for one resident indicating that she had been facilitated to have one shower in the month prior to the inspection.

The failure to provide sufficient, recreational, sitting and dining space for residents in all four units meant that residents' quality of life, choice and independence was not always prioritised or maximised and that institutional practices persisted. For example, many

residents would not avail of the new dining facilities provided because they perceived this to be outside the boundaries of their living space and residents did not want to leave the areas they knew and were comfortable with. Inspectors understood that such institutionalised behaviours would take a longer period to address. However, at the time of this unannounced inspection inspectors found that new residents had begun to adopt these institutionalised practices and were observed having their meals beside their bed.

Inspectors did find improvements in the system of clinical supervision and oversight and an increased awareness among staff of the regulatory non-compliances and unacceptable institutionalised practices. A more comprehensive audit system was now in place to audit resident falls, nursing documentation, hygiene and medication management. Charts for re-positioning of residents with poor skin integrity were now in use. On this inspection, however, there were examples of care plan omissions and unsafe medicine practices that had not been identified by the provider.

Judgment:

Non Compliant - Moderate

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:

In considering the systems and processes in place to safeguard residents inspectors focused on how the provider learnt from the notifiable incidents that impacted on the lived experiences of residents and how they implemented associated centre wide changes to address any practice deficits.

Similar to findings on previous inspections staff had attended training in the protection and safeguarding of older adults and residents stated that they felt safe in the centre. There was a comprehensive complaints process in place.

Plans of care had been developed to guide staff in understanding behaviours associated with the behaviour and psychological symptoms of dementia (BPSD). On this inspection training records indicated that staff had received updated training in relevant knowledge and skills to safely support residents who exhibited these behaviours.

A restraint register was maintained. Risk assessments had been undertaken where bedrails were in use. Consent had been signed and the use of bedrails had been reported to HIOA in line with the regulations. A review of practices indicated that the

provider had taken note of the concerns raised during the previous inspection around the use of bed tables to restrain residents. New bed tables had been purchased which were designed in such a way that residents could easily move them out of the way.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management

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

Theme:

Safe care and support

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

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

Findings:

Appropriate risk assessment and associated controls were in place in residents' care plans including falls risk assessments and clinical risk assessments.

The fire detection system and emergency lighting system were inspected and tested quarterly. Fire fighting equipment was serviced and information on fire management was prominently displayed. A staff training programme on fire management safety was in place that included the procedure and actions to be taken to evacuate residents.

Signage was seen to be in place in areas where oxygen cylinders were stored. Inspectors viewed records that confirmed that equipment was serviced at suitable intervals. Staff attended regular infection control and hand-washing technique training. One new member of the management team was responsible for this training. Each unit had a sluice room that was seen to be well equipped. Clinical waste was appropriately managed.

However, inspectors observed the following unaddressed infection control and risk areas:

- in the Hazel unit, the door to a clinical storage room containing syringes and needles was unlocked
- dirty residue was observed around the edges of the flooring and at the corners of doorways in a toilet/shower area.
- flooring was heavily stained in one toilet and shower room area and in a sluice room
- a number of toilet/shower rooms which were located between bedrooms were noted to have a strong and lingering smell of urine
- in one multi-occupancy bedroom inspectors found that there was no risk assessment in place for the prevention of infection or spillage due to a specific toileting routine and no guidelines in place to ensure that any extra cleaning was carried out
- there were no dedicated cleaning staff in the centre as staff were multi-task attendants.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

In a noted improvement since previous inspections inspectors found that significant incidents had been notified to HIQA within the required time frame, as per regulatory requirements.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

Initiatives were on going in an effort to change the previously identified hospital-like, institutional setting and approach to one of a resident-centred and rights-based ethos, in order to align the service provided with those set out in St. Joseph's Statement of Purpose.

Inspectors found that person-centred care planning had improved. Focused staff training, enhanced staff supervision and audit supported this improvement with evidence of very good life story information available in residents' files.

However, it was noted that this change would take a period of time to be successfully implemented. Inspectors found issues of concern, in relation to the efficacy of the

current systems in place to ensure that each resident's wellbeing and welfare was maintained by a high standard of evidence-based nursing and allied health care support.

Some of the issues included:

- a resident who had been assessed as requiring specialised seating in May 2017 had to wait until July 2017 for costing for the chair to be approved. The chair had not been provided at the time of this inspection on 12 September 2017. This negatively affected on the quality of life of that resident.
- at the time of inspection a resident requiring dental review due to tooth decay had not been seen by a dentist. There was no evidence that this resident received daily dental hygiene support.
- Blood tests were not checked for one resident who was on a specific medicine which required blood levels to be evaluated regularly. The last record of a blood test was in May 2016.
- Residents' vital signs (temperature, blood pressure and pulse) were checked on admission but not at regular intervals thereafter. Recording of vital signs at specific intervals was an evidence-based practice approach to promoting good health and preventing ill health.
- During the course of the inspection, inspectors found that only a small number of residents were facilitated to have a shower. Staff spoken with on each day verified this. On one unit, inspectors viewed the institutionalised practice of maintaining a dated shower book. Senior managers were not aware of this practice of keeping a shower book. This book indicated that only 15 of 26 residents in that unit had a shower in the month prior to the inspection. A review of the computerised system of care planning for one resident also indicated that it was one month since that resident had a shower, with some residents having no record of when they had a shower.

Poor medication practices were found during the course of the inspection including:

- inspectors found night sedation medication in a container located on top of a resident's wardrobe
- pain relieving tablets were found in a medicine container on another resident's bed table
- a preparation for the management of constipation was found in a container on a bed table
- two doses of medicine to improve nutrition were also left in containers on other bed tables.

All these medicines were required to be administered, under supervision, by a nurse. In each case, a resident did not receive the medication they required and were prescribed. In addition, there was a real risk that residents may take medication that is neither prescribed nor required by them, in error. This practice of leaving medicine unattended and not administering it at the required time was in contravention of the guidelines for medication management set out by An Bord Altranais agus Cnaimhseachais na hEireann. A senior member of staff stated that staff training in medicine management would be reviewed in light of these findings.

Other issues, related to the failure to update records included:

- sample of care plans for residents who experienced the behaviour and psychological symptoms of dementia (BPSD) were not updated or sufficiently reviewed to guide the care approach.
- Where a resident had been commenced on a new analgesic (pain relieving medicine) a record of this had not been made in the narrative notes and the resident's care plan on pain relief had not been updated.
- Care plans were not all updated with new information and not all staff were aware of how to add a new intervention to an existing care plan on the computerised system. For example, a wound care plan had not been updated following review by a wound care specialist.

Evidence of an inconsistent approach to maintaining records of activities included:

- While there was a checklist in place for people attending a particular activity inspectors found that there were conflicting views as to who was responsible for maintaining this activity participation and engagement record. The person facilitating the activity thought that the nurse was responsible and vice versa.
- The records did not evidence the level of engagement or enjoyment which each resident participating in the activity experienced. This meant that the data for audit, development or evaluation of meaningful activities was not as rich as it could have been, if a more person-centred approach had been adopted in record keeping.
- Many of the records viewed did not reflect the essential elements of the holistic care required to meet a residents' needs. In addition, inaccurate or incomplete records could potentially result in incorrect or incomplete information being communicated between care teams and across shifts. Furthermore, complete records were not available for viewing by inspectors, as required by regulations.

Judgment:

Non Compliant - Moderate

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

The limitations of the premises in St. Joseph's Hospital in the context of a designated centre for older persons were well evidenced and documented. These premises do not

conform to the requirements set out for premises in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. In addition, the design and layout did not meet the individual and collective needs of residents as regards space, storage and privacy.

As discussed in detail in previous inspection reports the 24-bedded Ash unit and the 12-bedded Holly unit had been greatly improved in recent times in relation to décor, availability of space for residents' daily-lived experience and the personalisation of the bedroom areas. Inspectors found on this inspection that new bookshelves, lamp tables, lamps and pictures had been added to residents' spaces in the four-bedded Ash bedrooms. Residents, staff and relatives were delighted with the homely ambience that was created by the addition of these personal touches.

Similar to previous inspections inspectors found that the current layout of the Hazel and Alder units did not optimise opportunities for or promote, privacy, dignity and comfortable lived experiences for residents. Over the course of the three days of this inspection only 25 beds in the Alder Unit and 26 beds in the Hazel Unit were occupied. On day two of this inspection, after feedback from inspectors, two empty beds had been removed from each six-bedded area in both the Hazel and Alder units. Despite this, these two units remained configured to accommodate 42 residents and residents' available bed space did not meet their care and social needs. Therefore, residents had not benefitted from the extra space now available in each bedroom.

For example, in some cases where an extra bed had been removed the space had been used for the storage of hoists and other equipment. One resident advised inspectors that equipment had been removed from his room when they arrived in the centre. The resident said that it was much more spacious without the equipment however; he felt the equipment would probably be returned when the inspection ended.

Improvements were seen in the personalisation of bed spaces with many having for example, personal photographs displayed in the area. However, as a number of residents sat by or in their beds the pictures were often not visible to them as they were on display on the walls behind the beds. Further negative impact from the unsuitable accommodation and limited storage space on the lived experience of residents is discussed under Outcomes 16 and 17.

Inspectors found that the additional space created with the reduction in the number of beds in a room was not optimised to improve the living areas and space for residents. Inspectors were informed by staff in the centre that senior HSE managers had advised that the rooms could not be reconfigured in this way as the reduction in bed numbers was temporary in nature and would increase again if the registered provider deemed this necessary.

When an effort had been made to improve the environment, for example, a large table being provided for one group of residents within their bedroom, residents explained how they had made "great use" of the table within their room while they were allowed to use it. A resident described how they liked to sit as a group around that table to eat their meals. Residents confirmed with inspectors that they had been upset when the table was taken to make room for a bed to be re-placed in the room. Even though the bed

had again been removed, their table had not been returned. Residents also informed inspectors that some of their belongings had been removed and were now stored in a 'locked room on the unit'. This will be addressed under Outcome 16 and Outcome 17.

Both the Hazel and Alder Unit also had two single bedrooms available, neither of which was of a suitable size and layout for the personal and healthcare needs of residents. The person in charge confirmed that these rooms were not adequate for residents who required the use of a hoist for movement or those who had complex care needs.

A dining room, suitable for 14 residents, was located across the main corridor from the Alder unit. On the first day of this inspection, only five male residents from the Alder unit were seen using this new dining room for dinner. In addition, two residents were facilitated to eat dinner in the sun room. Inspectors noted that none of the 26 residents from the Hazel unit had been accompanied to this dining room for dinner. Similar to findings on the previous inspections the majority of residents sat by their bedside for meals: in total 21 residents were sitting either by their bed or in bed in the Hazel unit on day one at 12.45, dinnertime. The small alcove areas within the units were in use for four or five residents. Eating by the bed was the only option available to the other residents who wished to stay within the Alder or Hazel units for meals.

On this inspection, inspectors found that there was some increased usage of the day room and dining rooms that had been made available, predominantly for organised activities with some limited use at mealtimes. This was in contrast to the day room and dining room on the Ash Unit that had become part of the home of each resident living there. There is no doubt that the distance from the Hazel and Alder Units to these rooms was a significant deterrent for staff and residents. Inspectors found that there were approximately 80 steps (57 metres) between the door of the Hazel unit and the communal dining room in the main hall. Residents had to negotiate code-locked doors and traverse a long, bare, uninviting corridor to access these rooms. This was explored with the person in charge who informed the inspectors that a project was commencing to refurbish this corridor and to facilitate improved access for residents.

Garden spaces were well maintained, an impressive wall mural had been created on the wall of the garden adjacent to the Alder Unit, gardens were newly planted and seen to be used by some residents. However, the garden area in the Hazel unit had yet to be developed and was not seen to be accessible to residents on the days of inspection. Staff stated that residents were not facilitated to use the gardens on the other units and inspectors observed that all doors to the gardens on the Ash unit were locked at the time of inspection.

As a consequence of the current accessibility issues in relation to the day, dining and garden facilities it appeared that this contributed to many residents continuing to spend the day either in bed or by their bedside.

At a meeting with HSE management in June 2017, the need to ensure that equipment was stored with the least impact on the personal and communal space for residents was addressed. During this inspection, inspectors viewed a new equipment storage room located in the main corridor that could store a limited amount of equipment. Inspectors formed the view that the storing of equipment required for the care of residents in an

area off the Alder and Hazel units had limited impact due to its location and size. In addition, staff were required to leave the individual units through a locked door and cross a corridor, or walk down the long corridor, to the store room to retrieve items in daily and constant use, such as movement hoists and specialised seating.

The shower area at the top of the Ash unit corridor was no longer used to store equipment. However, staff informed inspectors that they continued to use the new, second shower room in the Ash unit as a storage area, due to lack of other accessible storage space. Inspectors saw that a key-pad lock had been installed on the door of the new toilet/shower room and a range of equipment was seen to be stored there. This was similar to findings on previous inspections. In addition, there were conflicting reports as to its use by staff: one staff member said that it was always used as a storage area while another staff member said that all the equipment was moved out in the event that they needed to use the shower for a resident. The lack of ready availability of this room as a shower and toilet area meant that the sustainability of the action taken to increase and improve shower availability in the Ash unit was compromised.

At a meeting with the HSE in June 2017, the need to promote and optimise opportunities for privacy, dignity and comfortable lived experiences for residents was addressed. Emphasis was placed on ensuring that the centre met the personal care needs of residents in a dignified manner, that arrangements were in place to allow residents access to personal belongings and clothing and promote independence.

The findings of these most recent unannounced inspections confirmed that some improvements had been made but there were opportunities for staff in St Joseph's to further optimise and promote a more homely, comfortable and stimulating environment for people living there. The negative impact on the quality of life, privacy and dignity of residents spending large parts of the day in bed or by the bed remained a serious and significant finding. These findings, particularly in the Hazel and Alder unit, increased the well documented and evidenced aligned risks that people living in such environs experience. These risks include decreased mobility, increased morbidity, isolation, boredom, depression and loneliness. The findings on the impact of the premises layout and design were of non-compliance with regulations and nationally mandated standards.

Judgment:

Non Compliant - Major

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:

Previous inspections of St Joseph's Hospital in Ennis have found major non-compliances with the regulations pertinent to rights, dignity and consultation. This inspection found that although there was evidence of improvement, the noted improvements were in the early stages of implementation and at this time did not improve the assessment of regulatory non-compliance. The HSE as the registered provider must now continue to address this area and ensure that the changes that have been made are sustained and that further improvements are implemented.

Following the feedback to the HSE at a meeting held in June 2017, this inspection focused in particular on the following areas:

- Are residents encouraged to live active lives and avail of opportunities for social interaction?
- Are their rights to privacy respected?
- Are residents encouraged to express their needs and wants and where they do so is this acted upon?
- Are residents treated as individuals and offered individual service and care?
- Are residents encouraged to live active lives and avail of opportunities for social interaction?

Previous inspections found that many residents spent long periods of time sitting by their bed. During this inspection there was a marked improvement in the activities available to residents and various groups of residents were seen to attend bingo, an exercise session, an art session, music, a reminiscence session, a movie morning, mass and hand massage at various times throughout the course of the inspection.

Furthermore, residents had enjoyed outings to events and places of interest in the locality. The activity coordinator stated that 31 residents had gone to the Fleadh Ceoil this year. This was still the subject of animated conversation for residents. A health care assistant assembled a group of residents on a weekly basis for a chair-based exercise and balance class. In addition, during this inspection a group of 12 residents enjoyed an Andre Reiu concert on TV, 10 residents enjoyed art creations in the Seomra Cuirte and four residents enjoyed hand massage in the living room of the Ash unit. Activities were also available in the evening on day two of the inspection with ten residents attending a bingo session with one of the three activity co-ordinators. The artist who was employed in the centre spoke about how residents had enjoyed time in the Glór centre, at reminiscence sessions and at the in-house concert during the Fleadh Ceoil. At this concert a large group of residents, relatives and staff gathered in the Seomra Cuirte to enjoy music and singing from the visiting musicians and staff members also. The newly designed newsletter gave a great account of these events which was confirmed by residents. Residents had access to advocacy services and this was advertised on notice boards throughout the centre.

A number of residents were facilitated to attend Mass in the community church and avail of the garden on a daily basis and visitors were plentiful during the course of the

inspection. Relatives spoken with stated that they were happy with all elements of care in the centre. One relative informed inspectors that there had been great improvements in the lives of residents since the previous inspection, she was delighted that her relative was availing of the improved facilities, the outings and the Seomra Cuirte. She praised the activity personnel, the person in charge and staff for the efforts which were being made. In addition, one resident stated that he understood the purpose of the inspections was "to get away from institutional living". He thought it was a great idea to create a homely environment for the older adults. Similar to findings on the previous inspection inspectors saw and heard staff interacting with residents in a respectful manner. They were seen to be familiar with residents and relatives and were observed talking to and supporting them in a kind and patient manner.

Since the previous inspection new TVs had been installed in more accessible areas in the multi-occupancy bedrooms. These were large flat-screen TVs and inspectors noted that they were placed at an appropriate height for residents sitting out or in bed. Residents said that this was a great improvement on the previous TV set up and they were seen to enjoy their favourite programmes. Unfortunately, the current design and layout of the bedrooms and the fact that they were multi-occupancy bedrooms resulted in residents not always having choice about the programme to watch.

However, the concept of social engagement was still missing from the lives of a number of residents living in the Alder and Hazel units. Similar to previous findings staff said that it was a challenge to ensure that a sufficient number of residents from Alder and Hazel Units were facilitated to attend the social events in the sun room and Seomra Cuirte. Staff had changed their break times to be available to assist residents out to the communal rooms from the Hazel and Alder Units. However, the distance of the communal rooms from both these units was prohibitive for some residents and accessibility was still dependent on staff availability.

There was no alternative space in those units for group events or social meetings, that residents could independently wander in and out of throughout the day as they wished. The time it took for staff to move residents out on their chairs and the distance to the communal rooms all impacted on how many residents went to an activity. As a result the majority of residents in the Hazel unit did not attend activities outside the unit. Staff also informed inspectors that they did not have time to engage socially with residents who remained in the unit and they relied on the TV and radio to keep residents engaged. Inspectors noted that a number of residents that had recently been admitted to the centre were already seen to have adopted similar institutional routines. As found on all inspections to date, meals were served to most residents' either in bed or by their bedsides on the Hazel and Alder units. Therefore, residents who wished to do so could not interact socially with other residents at mealtimes. The small dining room now available in the main corridor was suitable for at most, 14 residents. If it was used to full capacity it could only accommodate a fraction of the 84 residents who might live in the Hazel and Alder units if those units were occupied to full to capacity. On the day of inspection there were 52 residents accommodated between both of these units. However, only four or five residents ate any of their meals in the new dining room on the days of inspection.

The current bedroom layout continued to negatively impact on the privacy and dignity of

residents. In addition, staff informed inspectors that residents in multi-occupancy rooms were often obliged to use bedpans at night. Other residents required the use of a hoist to be helped out to the commode. These issues continue to negatively impact on (a) on the person having to use the toilet in a multi-occupancy room and (b) on those trying to sleep in the same area - such issues will always challenge the personal wellbeing, the personal right to privacy and dignity and the right to live in a homely atmosphere for residents in the centre.

It was noted that a particular personal toileting regime of one resident had a significant infection control, odour and noise implication on those sharing the same bed room. On this unannounced inspection inspectors found unpleasant odours in multi-occupancy rooms following some care interventions and this odour persisted at meal times.

There were two showers available in the Hazel and Alder Units located at a distance from a number of bedrooms. This meant that residents who were unable to mobilise independently had to be wheeled out into the hall of the individual units to be transported up to the shower. For example, inspectors saw one resident being wheeled along the hall way on a shower chair, with a towel across his lower body while wearing his pyjamas. Staff confirmed that residents were always transported to the shower room in this manner. Another resident was seen to be wheeled down the main public corridor wearing her nightclothes and a bed-jacket.

There was no bath on any unit in the centre as required by the regulations, in the interest of residents' choice.

Inspectors spoke with three residents who had been moved to different rooms and bed spaces since the previous inspection. One resident said that while she had more room in the new place she missed her old room and the occupants of the old room who were her 'family' over the last few years. She had not been consulted or asked her opinion on the move. A resident in another room had a similar experience. She stated that while she was fond of her new roommates she missed her 'family' who were moved. She had not been consulted about the move either. She said they had great banter, they 'looked out' for each other and they trusted each other. For residents whose world had revolved around their bed and bedroom space such a move was a major event and time should have been given to explain and consult with them.

Although residents had more physical space at the time of the inspection inspectors noted that a lot of their personal items were still stored on chairs near their beds. As discussed under Outcome 12 they had not been given extra or larger wardrobes in the vacant space as the provider stated that an extra bed would be re-placed in that room as the need arose. For this reason it was difficult to understand why three residents were moved without consultation, as the improvement in space availability was stated to be temporary. This event had a major impact on the lives of residents' involved - they said that they were now able to visit each other whenever staff brought them to each others' respective bedrooms. This lack of consultation was in contravention of a clause in the resident's contract which had been signed on admission: Clause 8.4 (b) of which stated " Any proposed move will be discussed in advance with you".

Further evidence of ongoing failure to meet the needs and choices of residents was evident in the failure to facilitate a resident to attend mass despite the fact that there

was a church on site. A resident's social engagement care plan stated that they enjoyed conversations, traditional music and attending Mass. However, inspectors noted that although the resident was up and dressed she had not been escorted to Mass on the morning of inspection. The records showed that five weeks had elapsed since this resident last attended Mass. Staff could not provide a reason for this. The resident shared a room with two other residents, neither of whom could engage in conversation. She stated that she spent the day sitting by her bedside listening to music.

Inspectors viewed the minutes of residents' meetings and noted that a range of items were on the agenda; the food, HIQA inspections, outings, staff training and concerns were discussed. However, similar to findings on previous inspections participation at these meetings remained low with about 14 residents attending the last meeting. The activities coordinator informed inspectors that the newsletter proved a very good communication tool for providing additional information to residents and families about the proposed monthly outings and activities. This newsletter was circulated and it was also on display on each unit.

In conclusion, inspectors formed the view that the registered provider was required to substantially improve the privacy and dignity and rights of residents in the centre, particularly those living in the Hazel and Alder units. Sustainability of any improvements was yet to be demonstrated.

Judgment:

Non Compliant - Major

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):

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

Findings:

During this inspection, inspectors found some improvements in the storage of residents' personal items, intimate items and care items such as creams and ointments. These were largely stored out of sight in the multi-occupancy rooms, with only a small number of personal items still stored on radiators, chairs and bedside lockers. Laundry bags had been supplied for the clothes awaiting laundry and photographs and personal items were seen by residents' beds in some units.

As found on previous inspections residents had insufficient storage space for personal belongings. In some units, a number of personal items were seen to be still stored on radiators, chairs and bedside lockers. Rather than addressing the lack of storage and the

associated issue of untidy and cluttered living areas by providing additional storage space for each resident, the resident's belongings were removed to another area for storage. Residents reported and staff confirmed that residents had been asked to sign a consent form to agree to the storage of their clothes and belongings in alternative areas because of the lack of space. Residents were under the impression that their belongings were somewhere else in the unit they were living in.

Not all residents were happy with the arrangement for external storage of their belongings. Two residents informed inspectors that they were told they had to tidy up and there was not enough space in the room to keep all their personal items. Some of their clothing and personal items such as jewellery were taken from them and put into storage.

Inspectors asked to see where the items taken from residents were stored. The property was not stored on residents' own units, and they were not accessible to residents without help from staff. The items were located a good distance down a hall off the main corridor in a small locked store room. Inspectors saw jewellery belonging to residents as well as personal cards, rosary beads, medals, letters, half completed knitting, handbags, books and small ornaments in boxes and bags. Items such as personal shower gels, soap and cosmetics were also seen mixed in with the other objects. Inspectors saw that residents' personal belongings were not always stored respectfully or in an accessible manner.

This arrangement was in major non-compliance with Regulation 13 on the storage and accessibility to residents' personal items. The provider was asked to address this issue and return items to residents involved.

Judgment:
Non Compliant - Major

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:

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Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Joseph's Hospital
Centre ID:	OSV-0000613
Date of inspection:	04/09/2017
Date of response:	11/10/2017

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 (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The failure to provide sufficient recreational, sitting and dining space for residents across all four units meant that residents' quality of life, choice and independence was not always prioritised or maximised and that institutional practices persisted.

Resources had not been made available for adequate toilet and shower provision.
-One shower was broken on day one of the inspection.

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

-Dedicated cleaning staff had not been employed as required.

The registered provider is required to substantially improve the privacy and dignity and rights of residents in the centre, particularly those living in the Hazel and Alder units and demonstrate the sustainability of any improvements.

1. Action Required:

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

- CNM's continue to promote on a daily basis the use of the communal rooms, dining room and sitting room. The report notes the improvements that have been made and therefore the failure is in the amount of residents availing of the use of the communal rooms. There is documentation to demonstrate use and staff are continuing to promote same. The sun lounge has also been re-arranged to facilitate dining for residents of a more dependent nature who require specialised seating and more space. The sun lounge is also being re-decorated as part of the refurbishment of the corridor to make it more homely with the addition of tea/coffee making facilities to encourage families to avail of the recreational space while visiting.
- There continues to be a physical presence of the Person in Charge and the Assistant Directors of Nursing across all units across 7 days.
- Extensive refurbishment of the corridor and sun room is ongoing and will be completed by 7th November 17. This will create a more homely and inclusive environment aligned to the residential units placed adjacent to the corridor. It will allow for free access for the residents to mobilise within the corridor in a safe and secure manner and will enhance the ideal of the dining room entwining with the living space for the residents. In conjunction with this, seating areas will be provided throughout the corridor to facilitate visitors/residents engagement. There will also be refreshment facilities installed in the sun room.
- The patient information booklet is being revised to include the new recreational/dining spaces available and outline the custom and practice within the centre for dining.
- Whilst the bracket on the shower was broken, the shower was in working order and was available for use on the day of the inspection. This bracket has now been replaced.
- Under the current job description of the Multi Task Attendant, cleaning is part of this role. A daily allocation of an MTA staff member to the cleaning schedule is maintained and this person will complete the cleaning schedule for the unit on the day in question. Staff allocation boards have now been re-designed to clearly identify all staff roles including the role of the MTA on cleaning on a day to day basis. Furthermore to this, there is an active process in place to re-design the rostering arrangements within the centre which will include a segregation of roles from Health Care Assistant to Household MTA staff and there will be dedicated cleaning and catering personnel identified within this roster.

- The Provider will continue to improve the rights, dignity and privacy of residents accommodated in the Hazel & Alder Units. Weekly Unit meetings for staff and weekly CNM/ADON meetings to identify issues and discuss resolutions.
- Training and education will continue to ensure person centred care, ie “What matters to You” and person centred care training provided by CNME.
- A Practice Development Co-ordinator will commence week commencing 16th October 2017 with an initial assignment to St Joseph’s Hospital for a period of 3 months. The remit of this role will include staff development embedding and sustaining a person centred approach.
- Enhancement of personal spaces will continue and residents are encouraged to bring items of personal value to the centre if they so choose.

Proposed Timescale: 30/11/2017

Theme:

Governance, Leadership and Management

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

The service provided was not effectively monitored, safe or appropriate, to residents needs,
-for example medication practices and care plan omissions.

2. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

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

- The Clinical Nurse Managers will continue to be proactive in managing their Units. They will ensure that all care plans are updated by the 16th October 17. Quality & Safety reports are completed three times per day and are collated to form the agenda for meetings with the Person in Charge on a weekly basis.
- In the case of the medication incidents specifically found on the day of the inspection of the 4th September 17, an investigation has occurred into these incidents and appropriate actions resulting from same have been implemented ie further training, staff meetings, practice review. In respect of one of the medication incidents notified in the inspection report, the early stages of HR procedures have commenced.
- The nursing quality matrix audit system has been introduced within the centre on all Units since September 17. The “Test Your Care” system audits 10 domains of care incorporating care planning, medication management and documentation. This audit system is recognised nationally as a means of assessing nursing standards of care with

action plans identified in any failings and will be continued on a month on month basis going forward within the Centre. A random selection of 25% of residents within the Unit will be audited on a monthly basis.

- A Practice Development Co-ordinator will commence week commencing 16th October 2017 with an initial assignment to St Joseph's Hospital for a period of 3 months. The remit of this role will include staff development to embed best practice and to ensure staff have the necessary skills to sustain these changes. This will include the area of medication management.

Proposed Timescale: 16/10/2017

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Some risks had not been addressed adequately of identified

For example:

-inspectors noted that the door to a clinical storage room with easy accessibility to dangerous equipment such as syringes and needles.

3. Action Required:

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

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

- All syringes and needles have been moved from the equipment storage room to the clinical storage room which has a key pad lock.
- Staff have been advised to remain vigilant and ensure all doors to clinical storage areas are in their locked position.
- A risk register is maintained on each Unit and risk is an agenda item on all meetings within the centre.
- A hazard assessment was done in the context of the Safety Statement and in light of this report an updated hazard assessment will be conducted by an external person before year end.

Proposed Timescale: 31/12/2017

Theme:

Safe care and support

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

- flooring was stained in one toilet and shower room area and in a sluice room
- inspectors found that there was dirt residue around the edges of the flooring and at the corners of doorways in a toilet area.
- a number of toilet/shower rooms which were located in the interlinked toilet /shower areas between bedrooms were noted to have a strong and lingering smell of urine
- the management of a toileting routine for one resident did not have as risk assessment in place as regards, cleaning , falls and the protection of the resident's privacy
- in one multi-occupancy bedroom inspectors found that there was no risk assessment in place for the prevention of infection or spillage due to a specific toileting routine and no guidelines in place to ensure that any extra cleaning was carried out
- there were no dedicated cleaning staff in the centre, staff had multiple tasks in their remit, which in itself posed an infection control risk

4. Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

- Floor covering in the areas identified is being replaced in a programme of works.
- Environmental audits are carried out under infection control guidelines, these audits will be increased to monthly audits.
- The report is not specific to identify the resident and was not given at feedback so therefore the issue identified in the report cannot be addressed.
- There are dedicated cleaning staff, see factual accuracy form.

Proposed Timescale: 30/11/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

A resident was waiting for a specialised chair since May 2017

5. Action Required:

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

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

• With regard to the specific seating required for this resident, whilst acknowledging the process can be somewhat lengthy, there are a number of steps to be followed to ensure the most appropriate seating can be provided to meet the resident needs. In this case, the seating was delivered in September 2017. Normally we would not envisage this process would take so long, however some of these steps are outside of the control of staff within the centre. In the interim, the resident was placed in an appropriately designed recliner chair that met the resident's needs and facilitated the resident to be up daily and allow movement within the centre.

Proposed Timescale: 11/10/2017

Theme:

Effective care and support

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

A number of care plans and documentation omissions were found on inspection:

For example:

- a sample of care plans for residents who experienced the behaviour and psychological symptoms of dementia (BPSD) were not updated or sufficiently reviewed
- where a resident had been commenced on a new analgesic (pain relieving medicine) a record of this had not been made in the narrative notes and the care plan on pain relief had not been updated
- during the course of the inspection, inspectors found that only a small number of residents were facilitated to have a shower and residents had no record on some occasions of when they had last received a shower
- while there was a checklist in place for people attending one particular activity the level of engagement or enjoyment which each resident experienced had not been recorded.
- blood tests had not been checked for one resident who was on a specific medicine which required blood levels to be evaluated regularly: for example in one relevant care plan the resident's bloods had not been checked since May 2016
- residents' vital signs (temperature, blood pressure and pulse) were checked on admission but not on regular intervals
- inspectors found that not all care plans were updated with new information and that not all staff were aware of how to add a new intervention to an existing core care plan on the computerised system, for example a wound care plan had not been updated following review
- a resident requiring dental review due to tooth decay had not been seen by a dentist or there was no update in the care plans as regards whether or not daily dental care had been undertaken
- poor medication practices were observed by inspectors: for example, inspectors found a night sedation medication in a container located on top of a resident's wardrobe: this finding meant that a resident had not received the medication
- two pain relieving tablets were found in a medicine container on another resident's bed table
- a preparation for the management of constipation and two doses of medicine to improve nutrition were left in containers on bedtables

-there was evidence of inconsistent maintenance of resident activities

6. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

- The Clinical Nurse Manager's will ensure that all care plans are up to date.
- Following inspection, a sample review of all resident care plans was undertaken using the nursing quality matrix audit system "Test Your Care".
- A comprehensive review of a random sample of long stay residents care plans was audited to identify failings in documentation. Any issues are being addressed.
- A Practice Development Co-ordinator will commence week commencing 16th October 2017 with an initial assignment to St Joseph's Hospital for a period of 3 months. This role will involve the practice development and education of all staff.
- Each Unit has a minimum of two available working showers. On a daily basis as indicated by individual care plan, residents showering and hygiene care needs are facilitated. Awareness regarding the requirement to document all actions depending on the resident choice has been highlighted to all staff.
- There is a hairdressing service on site and many residents choose to avail of this service rather than showering.
- Clarification around the recording system on activities has been re-iterated. All attendances at activities are documented by activities co-ordinators who are fully aware of their role with same. Any activities completed at ward level are recorded by the ward staff. Staff awareness regarding the need to comprehensively document all aspects of the activity programme, i.e. attendance, enjoyment etc are to be addressed through care planning and nurses are aware of same.
- There is an attending medical officer on site who completes a three monthly review of all residents within the centre and auditing would indicate that this review is completed as required. The ordering of blood tests needs to be facilitated by the medical officer however awareness has been raised amongst staff re the need for vigilance around testing etc.
- Vital signs are always recorded on admission to establish a base for each resident. Should the need arise i.e. resident unwell, adverse incident etc vital signs will always be re-checked as a first action. Under direction by the medical officer, vital signs would always be recorded in line with residents needs. Going forward, monthly recording of general vital signs will be conducted in line with monthly monitoring of weights within the centre.

- Staff awareness and training on COE continues.
- Regarding the resident that required dental input, the care plan states “independent but requires assistance with oral hygiene” This resident had not complained of dental pain. She had been referred for a dental review on the 12th September 17 and will be reviewed on the 11th October 2017 by the Dental Surgeon. The centre has access to dental services as required and requested through Primary Care Services and many residents throughout the centre have availed of same.
- In the case of the medication incidents specifically found on the day of the inspection of the 4th September 17, an investigation has occurred into these incidents and appropriate actions resulting from same have been implemented ie further training, staff meetings, practice review. In respect of one of the medication incidents notified in the inspection report, the early stages of HR procedures have been enacted.
- The computerised documentation system within the centre has a function to highlight all care plans due for review on a three monthly basis and staff nurses cannot progress without acting on this prompt. Continued monitoring through the “Test Your Care” system will highlight failings in care planning.

Proposed Timescale: 31/10/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The registered provider failed to ensure that the premises of a designated centre was appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

The findings in this regards are set out in this report and in all previous nine reports.

7. 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:

- Refurbishment of the Ash Unit has provided significant improvement to the lived experience of residents in the Ash Unit.
- A Relaxation Room has also been provided to resident use.
- Extensive refurbishment of the corridor and sun room is ongoing and will be

completed by the 7th November 2017. This will create a more homely and inclusive environment aligned to the residential units placed adjacent to the long corridor. It will allow for free access for the residents to mobilise within the corridor in a safe and secure manner and will enhance the ideal of the dining room entwining with the living space for the residents. In conjunction with this, seating areas will be provided throughout the corridor to facilitate visitors/residents engagement. There will also be refreshment facilities installed in the sun room.

- Whilst some beds that are currently unoccupied have been removed from the residential space within the Units of Hazel & Alder the overall bed capacity within the centre has not reduced. The units remain configured to accommodate 42 residents and this space needs to remain available. The centre, subject to experiencing the same demand as in 2015 and 2016, envisages similar demand on these vacant beds in the months ahead.
- Additional storage has been identified within the centre with an ongoing review of the current storage available to enhance storage facilities within the Units, example conversion of clinical storage room in Hazel to provide an equipment storage room for the unit.
- In relation to equipment stored within the rooms, a new storage facility has been provided adjacent to the Alder Unit and accommodates a large portion of the unit's equipment. A small number of items remain within the Unit for frequent use with resident care and are stored in a manner that does not pose risk to the residents.
- In reference to the single rooms, whilst residents who require a hoist may not be deemed suitable for this type of accommodation, such rooms provide invaluable private space for residents with challenging behaviours that may impact on their ability to maintain their own dignity and respect whilst also having a negative impact on other residents within the Units and are currently used for this purpose. These rooms also facilitate and have done on a number of occasion's end of life care.
- A comprehensive re-evaluation of all units within the centre which will include the addition of 50 bedded Unit will allow for extensive refurbishment and re-alignment of the existing lived space for the residents within the existing units. The refurbishment which will be completed by 2021 will be of a very high standard in line with the resident requirements.
- In relation to the table that was temporarily provided in the resident's bedroom, this was removed in order to encourage the resident within that bedroom to avail of the facilities provided within the centre for dining. The practice of eating within the bedroom is not considered to be best practice and should the table have remained it is unlikely that the resident would have left their bedroom at any time. The lack of social interaction was felt to contribute to a more institutionalised type of behaviour in this resident group. A table is provided in the annex area for use by these residents.
- In addition to the dining room on the corridor, the sun room and seomra cuairte are available and designed to facilitate resident dining with in excess of 16 additional spaces.

- In order to facilitate resident dining and appropriate supervision, these rooms will now have staffing allocated to them throughout the day.
- Additional seating has been purchased to facilitate the ease of transfer of more dependent residents to the dining areas and also out of the Units.
- A project is commencing to develop the garden area in the Hazel Unit.
- Access to the Ash Unit garden is currently via a fire door which will now be placed on a timer system, thereby making access to the garden freely available during day light hours.
- Central garden continues to be available for all residents.

Proposed Timescale: 31/12/2017

Theme:

Effective care and support

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

The premises did not conform to the matters set out in Schedule 6 of the Regulations for the sector as set out in this report and all previous nine reports.

8. Action Required:

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

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

- The conflicting messages given to the inspectors on the day of inspection with regards to the shower facility on the Ash Unit were addressed. The shower is only used as a storage facility over night for recliner chairs which the residents are sitting in during the day. The code lock access to the shower room has been removed and there is documented evidence to support frequent use of the showering facilities within the Ash Unit. All staff are fully aware of the function of the shower room and their role to support that function.
- All opportunities are used to engage with residents. Increased provision of a comprehensive activities programme which includes outings and external visitors to within will continue to provide opportunities for residents to engage socially both in and outside their residential Units. The ongoing refurbishment of the corridor and sun room coupled with the existing improvements made within the Units will continue to enhance the lived experience of the residents. Ongoing training and education for staff in the area of person centred care will continue with further training confirmed from now to year end and beyond.

- A comprehensive re-evaluation of all Units within the centre which will include the addition of 50 bedded Unit will allow for extensive refurbishment and re-alignment of the existing lived space for the residents within the existing Units. The refurbishment which will be completed by 2021 will be of a very high standard in line with the resident requirements.
- Rostering arrangements were reviewed and changed to facilitate wider choice of bedtimes as identified in previous reports. This has also had the effect of increasing numbers of staff available for activities.
- As noted in the report, positive feedback has been received from residents and relatives regarding the schedule of activities available sustainability of these measures. This will be continuously evaluated through ongoing auditing, evaluation of resident satisfaction surveys, feedback from resident forum and staff engagement opportunities.

Proposed Timescale: 31/12/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

- the distance of the communal rooms from both Alder and Hazel units was prohibitive for some residents and accessibility was dependent on staff availability
- residents had no room available on their unit where they could socialise all day rather than having to be taken in and out to of their own unit to activities, on a routine basis.
- staff availability, the time it took for staff to move residents out on their chairs, and the distance to the communal rooms all impacted on how many residents were able to go to activities
- resident who had stated that she liked to go to mass had not been facilitated to attend for five weeks
- lack of an available recreation and dining room on the unit was a major factor in the lack of socialisation opportunities for some residents

9. Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

- The staffing roster was changed and is subject to ongoing review.
- Additional seating has been purchased to facilitate the ease of transfer for more dependent residents from the Hazel Unit to the communal areas and dining areas.
- Extensive refurbishment of the corridor and sun room is ongoing and will be completed by 7th November 17. This will create a more homely and inclusive

environment aligned to the residential Units placed adjacent to the corridor. It will allow for free access for the residents to mobilise within the corridor in a safe and secure manner and will enhance the ideal of the dining room entwining with the living space for the residents. In conjunction with this, seating areas will be provided throughout the corridor to facilitate visitors/residents engagement. There will also be refreshment facilities installed in the sun room.

- The activities programme incorporates activities for those residents within individual units that are not suitable to attend group activities organised in the communal rooms.
- The annex areas have been refurbished to extend a more homely living room ambiance and are available within the Alder & Hazel Units.
- An in depth analysis of all residents care plans across the centre is being undertaken to ensure that all residents preferences and opportunities to avail of same are maximised to their full potential i.e. if a resident wishes to attend Mass. Clinical Nurse Manager's will ensure that all resident's preferences are facilitated on a daily basis.
- Group sessions have taken place within the Alder Unit weather permitting in the garden area. In the event that residents do not avail of the activities provided in the communal settings, there are opportunities for group sessions to take place within the bedrooms in the units also. All staff within the Units have been and will continue to be educated around the concept of social engagement i.e. Person Centred care training and "what matters to you" and the opportunities that may present themselves to engage in same, for example, interacting with residents while carrying out their normal duties and the recognition that this is not a standalone duty.
- Additional options are being considered based on resident choice to include residents from Hazel Unit to dine in Ash Unit dining room and the staggering of meal times.

Proposed Timescale: 30/11/2017

Theme:

Person-centred care and support

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

- inspectors formed the view that for the majority of residents privacy and dignity rights would be better supported if residents were afforded choice of dining and recreation space, both within and off the units
- residents did not have access to individual choice to TV programmes:
- dinner was mainly served to residents by their beds on Hazel and Alder units as there was no choice of alternative facility within their units
- residents' right to consultation and choice was not always supported. Three residents had been moved without being consulted as per the admissions contact
- the location of some shower units at a distance from a number of bedrooms meant that residents who were unable to mobilise independently had to be wheeled out into the hall of the individual units to be transported up to the shower

-a resident, wearing her nightclothes and a bed jacket, was seen to be wheeled down the main public corridor to a hand massage session.

10. Action Required:

Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

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

- There is a choice of three communal rooms that can all or individually be used to assist in the dining experience. These rooms coupled with the planned refurbishment currently underway of the corridor that will entwine the living space and allow for better egress from the Units to same and will enhance the dining opportunities of all residents. In addition, each Unit has an annex area which can facilitate communal dining.
- Each Unit has been equipped with an average of 15 TV's solely for resident use and there is also the provision of a mobile bed side TV available to residents which would facilitate a choice of viewing within any unit. In addition to this there are multiple portable DVD players and laptops with internet access that can facilitate numerous media outlets.
- With regards to consultation, the two residents in question were moved in an attempt to better facilitate their care needs, provide ease of access to showering and toileting, to promote their independence and provide social engagement with other residents. The residents were both moved as they have always been accommodated together as is their preference. The residents were consulted with verbally regarding this move.
- To facilitate residents partaking in a shower, residents must be transferred a short distance within their assigned Units. Relatives have been asked to provide dressing gowns for their relatives and residents will be encouraged to use same when attending for showering etc. Bedroom doors opening to the corridors are closed to maintain resident dignity and privacy. All bedroom doors are closed when care delivery is in progress and signage is placed to indicate same. All bedrooms have had their privacy maximised through the addition of opaque film being applied to all bedroom windows to the Unit corridor.

Proposed Timescale: 30/11/2017

Theme:

Person-centred care and support

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

- toileting, eating, sleeping and socialising in multi-occupancy bedrooms resulted in some poor outcomes for residents as regards failure to meet the regulatory requirements for the care and welfare, privacy and dignity of residents living in designated centres
- some activities for residents of the Hazel and Alder Units had to be assessed through a

public corridor which impacted on residents' privacy

11. Action Required:

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

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

- Resident's privacy and dignity is paramount and staff have a heightened awareness of each residents individual care needs. Curtain configuration within the multi occupancy rooms is designed to maximise privacy within the shared space. All residents that require the assistance of a commode to facilitate their toileting needs will do so within the toilet area.
- In addition to the dining room on the long corridor, the sun room and seomra cuairte are available and designed to facilitate resident dining with in excess of 16 additional spaces. In order to facilitate resident dining and appropriate supervision, these rooms will now have staffing allocated to them.
- The annex areas have been refurbished to extend a more homely living room ambiance and are available within the Alder & Hazel Units to further encourage socialisation within the Units.
- Noise levels are kept to a minimum to respect resident's right to peaceful sleep. Residents displaying challenging behaviour which may disrupt other residents or may negatively impact on resident's ability to sleep have the opportunity to be facilitated in single room accommodation or in the resident relaxation room. All residents have individual lighting over their beds to minimise disruption to other residents within individual rooms. All residents are aware of the multi occupancy accommodation when choosing to live within the centre.
- To facilitate residents partaking in a shower, residents will need to be transferred a short distance within their assigned Units. Bedroom doors opening to the corridor will be closed to maintain resident dignity and privacy. All bedroom doors are closed when care delivery is in progress and signage is placed to indicate same. All bedrooms have had their privacy maximised through the addition of opaque film being applied to all bedroom windows to the unit corridor.

Proposed Timescale: 31/10/2017

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:

residents did not have control over or access to personal property and possessions:
-due to sufficient storage space staff informed the inspectors that some items were

stored for residents in another room in black bags and plastic boxes
-jewellery, personal letters and cards, rosary beads, half-completed knitting, handbags, books and small ornaments, personal shower gels, soap and cosmetics were seen mixed in with the other objects
-items were not stored respectfully and in an accessible manner

12. Action Required:

Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.

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

of the April report. In a continued effort to further address these previous inspection findings with regards to the management of resident's personal property, external professional advice was sought by the Provider. Based on this advice residents were consulted with and consent was obtained regarding the storage of their personal items.

- A further review of storage of resident's belongings in the centre is underway and residents will be consulted during this process and this process will continue.
- During the current roster review which as outlined is incorporating an element of formal role segregation within the support staff, in the meantime, care staff will be assigned the responsibility of managing and maintaining residents personal property within their personal space and the importance placed upon the property will equal that which is placed upon the resident.

Proposed Timescale: Week beginning 31st October 2017

Proposed Timescale: 31/10/2017