



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

Issued by the Chief Inspector

Name of designated centre:	St. Joseph's Centre
Name of provider:	Saint John of God Hospital Company Limited by Guarantee
Address of centre:	Crinken Lane, Shankill, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	08 October 2024
Centre ID:	OSV-0000102
Fieldwork ID:	MON-0044269

About the designated centre

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

St. Joseph's Centre is purpose built, and consists of a single storey and is divided into 6 houses, with capacity for 61 residents. The centre has one bed for respite and provides day care for members of the community. The centre provides 24-hour care to men and women with dementia over 18 years of age St Joseph's centre provides holistic dementia care and palliative care to persons living with dementia. The philosophy of the Hospital Order of St John of God guides the work in the centre, and this philosophy means that residents are viewed as having intrinsic values and inherent dignity.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 8 October 2024	17:30hrs to 20:30hrs	Aoife Byrne	Lead
Wednesday 9 October 2024	09:20hrs to 16:10hrs	Aoife Byrne	Lead
Tuesday 8 October 2024	17:30hrs to 20:30hrs	Helen Lindsey	Support
Wednesday 9 October 2024	09:20hrs to 16:10hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days. The first day of inspection was in the evening. Over the course of the inspection the inspectors spoke with residents, staff and visitors to gain insight into what it was like to live in St Joseph's centre. The inspectors spent time observing the residents daily life in the centre in order to understand the lived experience of the residents. There were a large number of residents who were at the later stages of living with dementia and were unable to express their opinions on the quality of life in the centre. These residents appeared to be content, appropriately dressed and well-groomed. Likewise, visitors to whom the inspectors spoke with praised the management and staff for the care given to residents. One visitor stated that their loved one's transition to living in the centre "eased my mind" and is a "fantastic place".

St Joseph's centre is solely dedicated to the provision of dementia care. The designated centre is located in Shankill, Co. Dublin. It is a large building laid out over a ground floor with 61 registered beds. The design and layout of the centre is split into six different "lodges". Each lodge accommodates residents at the same stage of dementia. This means that residents in the early stages will live together and as the disease progresses they will move to a more appropriate lodge to accommodate their increasing needs. The lodges are similar to a small household with open plan sitting room and dining rooms with kitchenettes which had a cosy home like feel. The lodges are pleasantly decorated and create a colourful environment for residents that is engaging to their senses, therefore stimulating the memory. The lodges had a secure courtyard, which were colourfully decorated with planters and garden furniture including seating for residents.

There was a cheerful and vibrant atmosphere in the centre, and the sense of wellbeing amongst residents was evident. The inspectors observed residents enjoy the activities observed on the day of the inspection with plenty of friendly conversation and good humoured fun happening between residents and staff. There was a range of activities on offer including, a triobike available for residents to go to the local park with volunteers, imagination gym, arts and crafts, bingo, music. On the day of the inspection the inspectors observed children from the local crèche visiting the residents and enjoying arts and crafts with the residents. Residents also enjoyed a cinema experience where a movie was projected and they were surrounded by red curtains to give that cinema experience with a popcorn machine in use and encouraging the senses. The activities coordinator was instrumental in maintaining links with the local community.

All Residents had their own memory box and life story created for them which helps staff and visitors to connect with the resident. Residents in the later stages of dementia also had personalised fidget blankets for example a resident who enjoyed fishing had a small fishing pole attached to the fidget blanket. Staff life stories were

also displayed throughout the different lodges which allowed residents and visitors to get to know the staff looking after them or their loved ones.

Visitors were seen to be coming and going from the centre during the inspection, and there were no restrictions in place. Some residents were heading out on trips into the community with their visitors.

Inspectors saw food and drinks being served at different times of the day, and there were drinks and snacks available in each of the units, appropriate to the dietary needs of the residents, for example yogurts, bread, cheese, and biscuits.

While there was many positive aspects of the environment, the works to ensure there was sufficient storage in the centre, identified in the last inspection of April 2024 is ongoing at present.

An ongoing programme of upgrades to flooring was underway. Steps had been taken to ensure that noise, dust and disturbance was kept to a minimum during the course of the works. Contractors completing the works had screened off the work areas, and placed protective covering on routes to and from the work area, however, the inspectors noted that in one area, the covering was not complete, and a section of flooring into the sitting room was being impacted with dust as a result.

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

Capacity and capability

This was an unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulation 2013 (as amended). Overall inspectors found that the governance and management systems within the designated centre had strengthened which resulted in improved compliance and it was evident that the registered provider strived to provide a good service.

St John of God Hospital Company Ltd by Guarantee is the registered provider for St Joseph's centre. There is clearly defined management structure that identifies the lines of authority and accountability. The inspection was facilitated by both the clinical nurse manager and director of nursing, they were knowledgeable of residents needs and engaged positively with the inspectors throughout the day.

There were good overall governance systems in this centre, such as clinical governance meetings, staff meetings and residents meetings. It was evident these meetings ensured effective communication across the service. The registered

provider ensured that the service was appropriate to the needs of the residents, focusing on maintaining a safe and comfortable environment, whilst also respecting residents individual rights and preferences.

Inspectors followed up on the actions taken by the provider to address improvements required following the last inspection in April 2024. The compliance plan had been actioned and there were sustained levels of compliance seen with respect to all of the regulations assessed. However some aspects that required improvement such as Regulation 28: fire precautions were not reviewed as the provider had until end of 2024 to complete their response as per the compliance plan.

From a review of staff rotas and from speaking with staff and residents, the inspectors were assured that the registered provider had arrangements in place to ensure that appropriate numbers of skilled staff were available to meet the assessed needs of the 61 residents living in the centre on the day of the inspection.

A sample of staff personnel files reviewed by the inspectors indicated that they were maintained in compliance with regulatory requirements. These files provided evidence of robust recruitment and retention of staff.

The overall provision of training in the centre was good, with staff being up to date with relevant training modules, such as safeguarding of vulnerable persons, fire safety, infection control, manual handling and Children's First.

Where verbal complaints were received, it was evident staff worked to resolve these directly with the complainant. Where written complaints were made, the complaints officer carried out the review, and informed the complainant of the outcome. There was also a review by the complaints committee to identify if there were any trends or issues. Where trends were identified, this was discussed with the person in charge, and steps were taken to identify how improvements could be made, for example staff awareness and training of personal care needs, and oversight of the care delivered to ensure residents needs were being met.

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a programme of training that was appropriate to the service. Mandatory training such as fire safety, infection control and the management of behaviours that challenge was completed for staff.

Staff who spoke with inspectors said they received regular training updates, and lots of information about the butterfly approach to delivering care for residents with dementia.

Judgment: Compliant

Regulation 21: Records

Staff files were well-maintained and made available for inspectors to review. The sample of files reviewed contained all of the required documents set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined, overarching management structure in place and staff were aware of their individual roles and responsibilities. There was evidence of good and safe systems in place to oversee the service. For example, it was noted within key performance indicators that there had been an increase in responsive behaviour and reduction in falls in June and July. There was a quality improvement plan in place to respond to any relevant findings. There was a schedule of audits in place including audit of falls, incidents and restraints, which were completed on a regular basis. Audit results were discussed at the monthly audit meeting, ensuring that areas for improvement were shared and followed up on in a timely manner.

The registered provider had completed an annual review of the quality and safety of care delivered to residents of the year 2023. There was evidence of consultation with residents with their relevant feedback included. There was an action plan in place for 2024 which identified quality and safety improvements such as enhancing the fire safety programme such as increasing fire drills and staff training.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints policy that had been updated, and reflected the update made to the regulation in 2023. A review of the complaints received showed that verbal and written complaints were responded to in line with the policy, and clear records were in place.

The provider was responding to complaints within the timelines set out in the policy, and sending a written response setting out the findings, and the action to be taken to correct any issues, where identified.

Judgment: Compliant

Quality and safety

Residents were receiving a person centred service, from a staff team who knew them well. Improvements had been made to the premises, with the refurbished shower rooms offering a pleasant environment for personal care to be delivered. An area that remained outstanding was in relation to there being sufficient storage available in the centre, and work was on-going to upgrade storage rooms.

Staff were seen to be engaging positively with residents throughout the two days of inspection, and family members were spending time with their families having a cup of tea, or supporting at mealtimes. Relatives also appeared to know the staff team well.

The centre is set out over six units, known as lodges. Each was well presented, and decorated brightly using paint colours, and wall art, with photographs and items of memorabilia to create a particular theme. The premises were well maintained overall, with some improvements to the flooring ongoing during the inspection. The storage was in the process of being improved in the centre, with new storage areas being fitted out, however, at the time of the inspection, there was insufficient storage for equipment such as residents personal wheelchairs, and equipment such as hoists and weighing scales.

Residents bedrooms were personalised, and had items in them from home, such as pictures, photographs, and ornaments. There were items of reference by residents bedroom doors, with some social story about the residents, for staff to know about

their personality and life experiences. This approach also supported residents in identifying their own rooms where they had the ability.

The centre is set in very pleasant grounds, with an internal courtyard area that provided seating and paths for walking, that were also wheelchair accessible. Residents who spoke with inspectors said they enjoyed spending time out there.

The butterfly model of care was followed in the centre. This included creating an environment with different objects and images to engage residents. Staff were wearing relaxed clothing such as t-shirts and trousers, rather than uniforms. The areas of the centre were decorated with different colourful themes and sensory objects to prompt memories, all with the aim of creating a homely environment. In the main communal area of each unit, there was a table, set with objects of reference depending on the time of day, for example cereals and bread at breakfast, and sweet treats at tea-time. The aromas of food were also used to help orientate residents to the time of the day, for example the smell of bacon cooking in the morning and popcorn at the movie afternoon.

Activities seen taking place during the two days included a movie in the main area, set up as a cinema, a visit from the local crèche for a joint art session, and one unit had set up as a spa with foot spa's and nail care offered in a room with features of a spa, such as lower level lighting, soft music, and aromatherapy oils. Residents who wished to were supported to engage in activities that reflected their previous careers, for example having paperwork to read through and organise. Other residents were engaging with dolls, for comfort as part of the doll therapy approach to support people with dementia. Other residents were going out on visits with their families.

Where residents were able to move around, they were seen visiting the other units in the centre and socialising. Residents who had advanced dementia were supported to be as comfortable as possible, and staff were seen regularly engaging on a one to one basis. Fidget blankets had been developed for residents with items that had some meaning to them from their life experiences. There were also memory boxes, which included sentimental items and photographs of their past experiences. Visitors were seen attending throughout the inspection, and were able to spend time in the communal areas or in quiet rooms.

A review of residents care records showed that there were care plans in place, and they were kept under review. Daily notes set out the care delivered, and the handover meetings attended by nurses and health care assistants summarised each residents experience that day or night, including a summary of their health needs, and social engagement. There were a range of healthcare professionals involved in providing assessments and reviews for residents, for example occupational health, speech and language therapy, and also dietitians. Care plans were seen to be updated, following any advice received. There were also visits from a chiropodist, dentist, and visits to opticians when required.

Medication practices were audited by an external pharmacist, and medication policies were kept under review to ensure they aligned with current practices. A

review of the medication management systems showed nurses were administering medication in line with prescribed medication, at the times stated in the cardex.

Regulation 17: Premises

The bathrooms in two units had been separated into two shower rooms, and had been refurbished. They now provided a pleasant environment with accessible shower, coloured grab rails for easy identification, and mirrors that could be closed over if the resident preferred. There was also a range of lighting options to ensure comfort for the residents.

Ongoing maintenance was taking place in the centre, repairing flooring, and decorating. Items seen on the inspection in October 2022, such as water damage to ceilings, and cracked tiles in bathrooms had all been addressed. A review of radiators was required to ensure there was no risk of burns from those without covers.

While the premises were generally meeting the requirement of the regulations, there remained insufficient storage in the centre. Larger items of equipment were seen to be stored in communal areas, for example a number of wheelchairs stored in the Avoca lodge on both days of inspection, and hoists were seen to be stored in bathrooms when not in use.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared a guide for residents of the centre and this was made available to each resident. Information in the guide was up to date, accurate and easy for residents to understand. The guide included a summary of the services and facilities in the centre, terms and conditions relating to residence in the centre, the procedure respecting complaints and visiting arrangements.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

The inspectors observed good practices in how the medicine was administered to the residents. Medicine was administered appropriately, as prescribed and dispensed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care records showed that residents had care plans in place for their identified care and support needs, overall they were person centred, written in the voice of the resident, reflecting the persons preferences. Information held in the care plans set out the residents included sufficient information to guide staff to deliver appropriate care. The care plans were reviewed every four months, or sooner if required, and records showed family meetings took place where the care plans were discussed.

Judgment: Compliant

Regulation 6: Health care

Residents has access to a medical professionals, including the general practitioner (GP), relevant consultants, and allied health professionals such as occupational health, physiotherapy, speech and language therapy, optician and dentist. Daily records and discussions at handover showed that were there was a change in residents presentation, action was taken, including referrals to other professionals.

A range of risk assessment tools were used to monitor the residents needs, and these were seen to lead to action being taken when residents needs changes. For example, where residents had a risk of developing pressure ulcers, appropriate equipment such as pressure reliving mattresses were in place, and care plans included the need to regular moving and re-positioning.

Continence assessments were in place for all residents, and continence wear seen in the centre was seen to match the assessed size, in the sample reviewed.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy in place, that set out the steps to take is staff suspected, witness or had abuse reported to them. Staff spoken with confirmed they had undertaken training, and knew the different types of abuse, and possible signs to look out for.

When notifications had been submitted to the chief inspector, records showed that steps had been taken to safeguard residents, and ensure care being delivered was in line with the policies and procedures in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Through the course of the two days, staff were seen to know the residents well. There was positive engagement between the residents and staff, with person centred support being provided to residents who were able to speak with staff, and those who had more advanced dementia.

There were a range of activities taking place in the different areas of the centre, and reflected the abilities of the residents who lived there. For example there were group activities of arts and crafts, and movies. There were also smaller group activities and one to one support for those who had advanced dementia, focusing on engaging the senses.

There were TVs in each of the units, with access to a wide range of programs and films. There were also radios, and WiFi throughout the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Joseph's Centre OSV-0000102

Inspection ID: MON-0044269

Date of inspection: 09/10/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A review of radiators is completed and the radiators identified as at risk of burns to residents will have protective cover in place by 31st December 2024. • Storage spaces are in a planned system of refurbishment. A review and reorganisation of the storage spaces are commenced and will be completed by 31st December 2024. • Specialised seating systems (Comfort chair) in the late stage lodges will be positioned as part of the furniture in the sitting room. Unused items are removed and compliance will be monitored by clinical nurse managers. • Hoists have allocated storage area in the centre and compliance will be monitored closely by clinical nurse managers. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2024