



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Home
Name of provider:	Little Sisters of the Poor
Address of centre:	Abbey Road, Ferrybank, Waterford
Type of inspection:	Unannounced
Date of inspection:	07 February 2023
Centre ID:	OSV-0000245
Fieldwork ID:	MON-0038699

About the designated centre

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

St Joseph's Home is owned and operated by the order of The Little Sisters of the poor. It is a purpose built centre registered to provide care to 48 residents. It is situated in Ferrybank in Waterford city close to all local amenities. It provides residential care to people over the age of 65years. It offers care to residents with varying dependency levels ranging, from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs. The centre comprises of two units on separate floors named; Lourdes and Fatima. All resident accommodation is provided in large single en-suite bedrooms. The centre has ample communal space with numerous dining rooms, sitting rooms and lounges throughout both floors that accommodate residents. A reminiscence room, a sensory room, an aromatherapy room and physiotherapy room and hair salon are all located within the centre. A large balcony is located on both floors, where flowers, herbs and vegetables are being grown by residents. There is a large church where Mass is celebrated daily. Outdoor space in the form of enclosed gardens and seating areas to the front and rear of the building are available for resident and relative use. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and at night time. The person in charge lives in the centre and is on call as required. The nurses are supported by care staff, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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 7 February 2023	10:00hrs to 17:10hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

The inspector spoke with a number of residents, and their families, to gain an insight into life in St. Joseph's Home. From these insights, and observations on the day, it was evident that residents were content and happy living in this centre. The inspector noted that all of the feedback gathered on the day of inspection was positive. One resident said "there's no place like home, but this is second best". Visitors who spoke with the inspector described detailed, respectful and positive interactions with staff and said that they felt confident that their loved ones felt safe in the centre and were well looked-after.

Following arrival to the centre, the inspector met with the management team including the person in charge, assistant director of nursing and clinical nurse manager. Each of the team facilitated various aspects of the inspection over the course of the day. While completing a tour of the premises, the inspector observed that the management team were well-known by the residents, who stopped to chat and ask questions and knew the staff by name. The inspector observed a calm atmosphere in the centre throughout the day of inspection. In the morning time a number of residents were observed having breakfast in the dining room, while other residents remained resting in their bedrooms. The inspector observed that staff respect residents' privacy and dignity, by knocking on resident bedroom doors, or ringing the residents' doorbell, and awaiting a reply before entering the bedroom. Throughout the day residents were observed socialising and engaging in activities in the communal sitting areas.

St. Joseph's Home is a purpose- built facility, registered to provide accommodation to 48 residents in two units on separate floors named Lourdes and Fatima. The inspector observed that the premises was laid out to meet the needs of the residents. There were handrails and grab rails in bathrooms and corridors to assist residents as required. There were spacious communal areas at each level, including dining rooms, libraries, lounges and sitting rooms, which were stylish, comfortable and maintained to an exceptional level of cleanliness. . Brightly-coloured shop fronts had been constructed for the medical centre, activity centre, shop and tea rooms to replicate a 'village-like' environment. There is a large church where Mass is celebrated daily. Residents and visitors alike described the daily Mass as very important, and talked about how well the spiritual needs of the residents were met. The inspector observed residents attending group activities throughout the day in the large concert hall. These activities could also be live streamed to televisions on each floor, a feature which was implemented during the strict restrictions on social distancing during the pandemic, and which proved to be popular with residents. Residents were seen enjoying making a range of Valentine's Day crafts to display at the upcoming Valentine's Day party. The inspector sat and talked with residents during this activity and all were seen to engage with the activities coordinator and enjoyed the light-hearted chatter and social aspect of the activity. An activities assistant was also present to provide additional support to residents if required.

The inspector observed that all areas of the centre were very clean. There were strong systems in place to ensure this high standard was maintained. Visitors remarked that every time they came to the centre "the place is always shining". There was a large laundry facility on the lower floor of the centre, which was equipped with industrial-grade washing machines and dryers. There was a good system in place to ensure a dirty to clean flow of laundry was maintained. Residents told the inspector that their clothes were returned to them without delay and they had no issues with the laundry service in the centre. The inspector observed clothing being returned to bedrooms and carefully hung up in wardrobes and neatly folded into drawers. It was evident that great care was taken with residents' personal belongings.

The centre has a fully-equipped call-bell system, accessible from every bedroom and communal area. The inspector observed that call bells were answered without delay. Call bell response times were audited regularly and when an excessive response time was identified, this was actioned immediately. Residents told the inspector that they were never waiting long for assistance. There were a number of residents living in the centre who were living with some degree of cognitive impairment or dementia. While these residents were unable to fully converse with the inspector, or express their needs, the inspector observed that they appeared content, were well-dressed and groomed, and not displaying any signs of distress or discomfort. There was adequate supervision on each level for residents who were assessed as requiring this, due to their diagnosis, or risk of falls or wandering. The inspector saw examples of staff responding to residents in an appropriate and sensitive manner when they displayed responsive behaviours associated with their dementia. Staff had good knowledge of each resident's individual plan of care, and what each resident's interests were.

Overall, the observations of the inspector and feedback gathered from residents and staff identified that this was a centre where the well-being of the residents was the central focus. The following two sections of the report will describe the capacity and capability of the centre to provide a high-quality and safe service for residents. Levels of compliance will be described under each individual regulation.

Capacity and capability

Overall, residents were in receipt of a high level of care and support, from a well-established management and staff team. On this inspection, there were improvements seen in a number of areas including infection prevention and control and the management of behaviours that challenge. Some further improvements were required in relation to medication management, which is discussed in the Quality and Safety section of the report.

Little Sisters of the Poor are the registered provider of St. Joseph's Home. The provider is involved in the operation of two other designated centres which are

overseen by a board of management consisting of four religious sisters and a mother provincial, who visits the centre at regular intervals. The person in charge is one of the religious sisters. The centre has a history of good compliance with the regulations. This inspection found sustained high levels of compliance across a range of regulations. Strong governance systems ensured that the service provided to residents was safe, effective and appropriately monitored.

This was an unannounced inspection, carried out to assess ongoing compliance with the regulations and standards. Additionally, the inspector followed up on the compliance plan submitted following the previous inspection in February 2022, to determine if the actions outlined in this plan had been implemented. The person in charge is supported in the daily operations of the centre by two part-time assistant directors of nursing and a clinical nurse manager. One of the assistant directors is the designated infection prevention and control lead for the centre and both assistant directors and the clinical nurse manager have designated areas of responsibility such as overseeing regular documentation of key performance indicators and completing audits of various areas of service provision. All of the management team attend the regular clinical governance meetings to ensure all aspects of care and service provision are discussed and actions assigned to the appropriate person for completion.

Each floor of the centre has a designated religious sister, whose responsibility it is to oversee the non-clinical care environment for residents for example, the housekeeping, assisting in the delivery of meals, and allocation of staff breaks. The sisters report to the person in charge and the registered nurse on each floor has responsibility for all clinical aspects of care. The centre had a morning and evening handover and a midday "huddle" every day where staff on duty would attend and any risks or issues identified that morning could be communicated and discussed. Further care and support is provided by building services and facility staff, activity coordinators, healthcare assistants, domestic, kitchen and administrative teams.

Administrative staff told the inspector that while recruitment for nurses and healthcare assistants was ongoing, there was sufficient staff employed to cover planned and unplanned absences. This was confirmed by a review of the centre's planned and worked rosters which showed that there was sufficient staff on duty each day, to meet the needs of the residents in a person-centred way. There was structured and tailored induction programmes in place for each staff discipline, and each staff member was allocated on a supernumerary basis for a period of time while on induction. Improvements in training were seen, and there was a high level of training completed by staff. This was recorded and updated in a well-maintained training matrix and included mandatory training modules and additional role-specific training such as the management of behaviours that challenge and a suite of infection prevention and control training. Training modules were a mixture of online and face-to-face formats.

The centre maintained a log of incidents and accidents such as falls and other minor injuries. A review of these showed that all incidents requiring notification to HIQA had been submitted within the required time frame. There was good analysis of incidents and accidents occurring, and these were discussed at management and

staff meetings, and daily staff huddles, ensuring the actions were taken to minimise the incident reoccurring. There was a centre-specific complaints policy and procedure in place. This was displayed prominently in the main foyer of the centre. A review of documented complaints showed good communication with the complainant and good investigation into the complaint.

Regulation 15: Staffing

Having regard for the size and layout of the centre, and the individual and collectively assessed needs of the residents, there was sufficient staff of an appropriate skill-mix rostered each day.

Judgment: Compliant

Regulation 16: Training and staff development

The training records reviewed by the inspector indicated that staff were up-to-date with mandatory training such as safeguarding of vulnerable adults and fire safety. New members of staff completed fire safety training during induction, and were booked on additional important training modules shortly after commencing employment. There was a good system of induction in place and staff were well-supervised in their roles on a daily basis.

Judgment: Compliant

Regulation 23: Governance and management

There was evidence of good operational and clinical oversight of the service. Well-developed systems had been embedded by the management team, to ensure a safe, consistent and person-centred service was provided. There were arrangements in place to monitor the quality of care and support in the centre. The management team carried out various audits in the centre on key areas relating to the quality and safety of the care provided to residents. Where areas for improvement were identified within these audits, plans were put in place to address these, and follow-up audits were completed showing higher levels of compliance.

There was good communication systems in place and staff were aware of the lines of authority and accountability within the service. Clinical governance and health and safety meetings were held regularly which discussed all aspects of the quality and safety of the care provided in the centre, and included discussion on recent

audit results.

The person in charge had completed an annual review of the quality of care delivered in 2022. This included feedback and consultation with the residents, and outlined the service's plan for 2023.

Judgment: Compliant

Regulation 31: Notification of incidents

Incident and accident records confirmed that all incidents had been reported to the Chief Inspector as required under the regulations, within the specified time periods.

Judgment: Compliant

Regulation 34: Complaints procedure

A record of complaints received was maintained in the centre. There was an overall low level of formal complaints being made, and there were no open complaints at the time of the inspection. The record of closed complaints identified that all complaints were managed in accordance with the centre's own policy, and in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspector found that management and staff promoted the human rights of residents, by providing care and support using a respectful and positive approach. This ensured that the day-to-day running of the home reflected the residents' wishes. This inspection identified that some improvements were required in relation to medication management, to ensure consistent good outcomes for residents.

The internal and external premises was well-maintained and was seen to be clean and bright throughout. There was good oversight of infection prevention and control in the centre. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors. Housekeeping staff were competent in the correct cleaning procedures to maintain a safe environment for residents and staff and the registered provider ensured that staff had appropriate equipment to clean all areas of the centre to a high standard. Specific improvements noted since the previous

inspection included:

- The registered provider had installed a number of clinically-compliant hand washing sinks at strategic areas, which promoted effective hand hygiene practices
- Storage and sluice rooms were clean and free from clutter, and contained the appropriate clinical waste bins
- There was good oversight of sharps use, and improvements were seen whereby all sharps bins had the temporary closure mechanism engaged when not in use.
- The registered provider was in the process of moving to a colour-coded, flat-mopping system which was in line with best-practice guidance.

The inspector saw that residents appeared to be very well cared for and residents gave positive feedback regarding life and care in the centre. Staff were found by the inspector to be very knowledgeable about resident's likes, past hobbies and interests which were documented in social assessments and care plans so that they could provide social stimulation that met resident's needs and interests. The registered provider ensured that there was a suitable choice of activities on offer for residents, which included dementia- specific therapies and interactions. Residents were involved in a variety of different activities and local outings had taken place in small groups.

Good practice continued to be seen in relation to resident assessment and care planning. The inspector found that residents needs were routinely and appropriately assessed and this information incorporated into resident-specific plans of care. It was clear that residents and their representatives were involved in the care planning process. For example, end of life care plans were completed for all residents following sensitive discussions with staff about residents' specific wishes and advanced care preferences. These provided significant detail and were reviewed and updated regularly. Residents were provided with a high level of evidence-based nursing and medical care in the centre. There was good access to medical and other healthcare professionals including speech and language therapy and physiotherapy. There was good overall management of wounds and any other presenting medical or nursing issues.

There was good oversight of restraint use within the centre with a commitment to a restraint-free environment. On the day of inspection, nine residents were using bed rails. The centre's physiotherapist worked in conjunction with the management and nursing staff in the continuous assessment and review of bed rail usage. Similarly to previous inspection, medication management procedures in the centre required strengthening. Overall, the systems in place promoted safety, however, as discussed under regulation 29: Medicines and pharmaceutical services, the inspector identified issues which could lead to medication-related errors occurring.

Regulation 11: Visits

Visits were observed to be facilitated on the day of inspection. The visiting arrangements in place did not place any unnecessary restrictions on residents.

Judgment: Compliant

Regulation 13: End of life

End-of-life decision making incorporated residents and their families, where appropriate. Residents' personal wishes at end of life were recorded, when known, in individualised care plans. Records showed that residents were afforded appropriate care and comfort, and their religious needs were met when approaching end of life. Residents families and friends were welcome to be with the resident and were involved in their care, with the resident's consent.

Judgment: Compliant

Regulation 27: Infection control

The registered provider ensured that the procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. Records showed that management engaged in regular observational audits of hand hygiene and environmental infection control. Good practices were seen on the day in relation to staff use of PPE.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

While overall medication management procedures were good, further oversight of medication administration was required to ensure that best-practice guidance for medication management was followed. The inspector identified the following issues;

- The system of transcribing prescribed medications required strengthening. Transcribed medications were not routinely double-checked or signed by the transcribing nurse. Transcribing is a high-risk practice which could lead to medication errors. For example, a Kardex was in use that had not been signed by a GP. There was no evidence by way of nursing staff signatures that these transcribed medications had been checked
- Medications that were no longer required were not always segregated from

from other medicinal products. For example, a small number of prescribed medications, which were no longer in use, were found in the medication fridge and a medication trolley

- There was no system in place to identify the expiry dates of medications dispensed from the pharmacy which were not in their original packaging. For example, a PRN (Pro re nata) "as-required" medication had been dispensed in June 2020, and the pharmacy had not advised of the expiry date of this medication.

The registered provider undertook to amend these issues on the day of inspection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans and found that they accurately described the interventions necessary to support residents with their assessed needs. Residents' care plans were developed following assessment of a resident's clinical, social and psychological needs using validated assessment tools. Care plans were seen to be person-centred, reviewed at regular intervals, and updated with any changes to a resident's condition.

Judgment: Compliant

Regulation 6: Health care

There was a system of appropriate and timely referral to medical and health and social care professionals. In addition, there was good evidence that the prescribed recommendations were followed which had a positive impact on resident outcomes. For example, the advice of specialist wound care nurses was followed and wounds were seen to be well-managed through the healing process.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restraint use in the centre was well-managed and residents had a full risk assessment completed prior to any use of restrictive practices. Assessments were completed in consultation with the residents and were reviewed regularly to ensure appropriate usage in line with national guidance.

Residents who displayed behaviours that challenge were seen to have appropriate and detailed supportive plans in place to ensure the safety of residents and staff. Appropriate behavioural analysis tools such as the Antecedent-Behaviour-Consequence (ABC) chart were utilised to identify trends and triggers to behaviour.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents rights were upheld in the centre. For example, residents and their family members were invited to complete satisfaction surveys with the aim of identifying any areas for improvement within the service. Additionally, residents were invited to attend regular residents' meetings where they were encouraged to give their feedback and discuss the operations of the centre. Residents were provided with choice in their day-to-day lives, including choosing their preferred time to wake up, what they preferred to eat and what activities they wanted to participate in.

On admission, social assessments were completed and information gathered into each resident's history, hobbies and preferences to inform individual activation care plans. A range of diverse and interesting activities were available for residents including one-to-one activities.

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 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Home OSV-0000245

Inspection ID: MON-0038699

Date of inspection: 07/02/2023

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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>Regarding the practice of nurse transcribing, the prescription kardex will be updated to include additional columns to facilitate the recording of the initials of the second nurse that will independently check the transcription as well as the transcribing nurse and the resident's general practitioner. This will be audited as part of the centre's medication management auditing schedule.</p> <p>Medications no longer in use will be segregated from those medicines in use and the Clinical Nurse Manager shall be appointed to ensure they are returned to pharmacy within reasonable timeframes. In the absence of CNM this task will be undertaken by senior staff nurse or assistant directors of nursing.</p> <p>The centre's designated pharmacy has been contacted regarding the need for as required / prn medications to include an expiry date. Going forward as required / prn medications will be dispensed in their original packaging or where they have been decanted into a pharmacy container, this will include the date of expiry. Where this does not happen, the medications will be returned to the pharmacy. A memo has been issued to all nursing staff requesting them to check incoming medication for expiry dates. This directive will be consolidated at the next nurses meeting on the 15th of March 2023. This will be included in the centre's medication management audit schedule.</p>	

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 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	15/03/2023
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal	Substantially Compliant	Yellow	15/03/2023

	products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
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