



**Health
Information
and Quality
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 Hospital
Name of provider:	Bon Secours Health System CLG
Address of centre:	Mount Desert, Lee Road, Cork, Cork
Type of inspection:	Unannounced
Date of inspection:	08 April 2024
Centre ID:	OSV-0000284
Fieldwork ID:	MON-0041848

About the designated centre

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

St Joseph's Hospital, Mt. Desert is a purpose-built designated centre situated in the rural setting of the Lee Road, Cork city, a short distance from Cork and Ballincollig. It is registered to accommodate a maximum of 103 residents. There is a large comfortable seating area and main 'Village Green' restaurant dining room at the main entrance. Communal areas include the Beech room which facilitates functions, the large activities room and Chapel, and occasional resting areas along corridors for residents' relaxation. Bedrooms accommodation comprises five twin bedrooms and the remainder are single occupancy; all with full en suite facilities of shower, toilet and wash-hand basin, with additional toilet facilities throughout the centre. Accommodation is set out in four wings: 1) Daffodil: 26 bedded unit with two living rooms and seating areas with direct access to the secure garden, and the Patel room dedicated private family room 2) Bluebell: 26 bedded unit with a living room and glass seating area 3) Lee View: 26 bedded unit with living room, two glass seating areas with direct access to the secure garden 4) Woodlands: 25 bedded unit with two living room. St Joseph's Hospital, Mt. Desert provides 24-hour nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care, respite, convalescence and palliative care is provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	97
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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
Monday 8 April 2024	17:45hrs to 20:45hrs	Breeda Desmond	Lead
Tuesday 9 April 2024	09:25hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

There was a lovely relaxed atmosphere within the centre throughout the inspection. The inspector met with many residents during the inspection and spoke with ten residents in more detail, and three visitors. Residents spoken with were complimentary in their feedback regarding staff, the activities programme and food served. Interactions observed were seen to be respectful towards residents and all residents spoken with knew the person in charge (appointed in October 2023) and confirmed their accessibility to her.

There were 97 residents residing in St Joseph's Hospital Mt Desert at the time of inspection. On arrival for this unannounced inspection, the inspector completed the risk management protocols on entry to the centre of a signing in process and hand hygiene.

The inspector arrived to the centre on the evening of the first day of inspection just before 6pm. Residents were seen to enjoy each others company in seating areas along corridors, in day rooms and on the main concourse. Several residents were walking around getting in their 'steps', and two other residents were walking with their visitors. Other residents met with their visitors in day rooms and their bedrooms. One resident enjoyed music in the seating area opposite the activities room where he brought his own music and listened to it; as staff passed by they stopped to chat with the resident, and all actively engaged with him in a normal social manner.

The inspector attended the day staff handover to night duty staff on one of the units. Separate templates were available for nurses and HCAs to provide the relevant information in accordance with their role and responsibility. Comprehensive information was provided by the day duty staff for night duty. Good information sharing and discussion was observed between day and night staff which showed good continuity of care. An agency HCA supported this team; when the hand-over was completed, the rostered HCA introduced himself and welcomed the agency staff to the centre, and then took them on a tour of the unit while providing information on the nightly route.

St Joseph's Hospital Mt Desert is a single-storey building with basement, which accommodates laundry, storage, offices and staff facilities. The main entrance is wheelchair accessible and leads to an expansive foyer with reception, seating area and main dining room; the main fire alarm system, registration certification, suggestion box and complaints procedure are located here. The activities room and church are located beyond the main foyer. The centre is set out in 4 wings namely Daffodil, Bluebell, Woodland and Lee View which radiate off the main foyer. Each wing is self-contained with day rooms, a dining area, pantry, and comfortable seating areas along wide corridors. Corridors and seating areas had lovely photographs, paintings and art decorating the walls. As part of their end-of-life care facilities there are two Potel rooms for families' comfort and privacy. Four secure

well-maintained landscaped gardens are located to the front and back with seating areas throughout, and scenic views of the River Lee Valley and surrounding woodlands. There are rest seating areas along corridors with views of either the enclosed gardens or the avenue leading into the centre; residents were observed enjoying these spaces with their visitors or sitting watching the birds and rabbits.

Bedrooms were seen to be spacious with good room for their bedside chair, locker, storage facilities for residents' belongings, and use of assistive equipment if required. All rooms had en suites with shower, toilet and wash-hand basin facilities. Many of the bedrooms were decorated in accordance with the resident's preference with book shelves, photographs, flowers, and other memorabilia; some bedroom doors had beautiful colourful wreaths adorning them. Some bedrooms were refurbished since the last inspection and looked well; the décor in other parts of the building was also upgraded, and these rooms comprised bathrooms, communal spaces and corridors. Two of the rest seating spaces on Daffodil and Bluebell were redesigned and this facilitated a more welcome space where the entrance to the garden was better accessible. Easter paintings and bunting decorated these spaces and looked lovely. Residents were seen to access the garden independently and enjoyed walking around.

Orientation signage was mounted on corridors and coloured murals decorated entrances to each wing. These murals were extended to rooms such as the day room on Bluebell, which provided good orientation for residents.

The residents' communication board was displayed outside the activities room; this had the minutes of the most recent residents' meetings displayed. The activities schedule showed the weekly planned activities and this was updated weekly to show the changing entertainment. For example, on Thursday following the inspection, Paddy O'Brien and his All Stars were coming to the centre and these comprised 12 singers. Activities staff explained this concert would be held in the dining room and they were creating a black backdrop painted with golden stars for the stage.

The range of activities had increased and included exercise programmes, chair aerobics, the happy steps walking club, knit and natter, newspaper reading, poetry and book club, movie time, bingo and weekly visits with Ozzie the dog. The schedule had activities over six days of the week, Monday to Saturday. The inspector saw that residents gathered in the activities room or in the seating area by the activities room and had refreshments before mass at 11am. Mass was celebrated Tuesdays to Sundays and a service was facilitated on Mondays. Rosary was held in the chapel every afternoon after dinner.

Several residents were seen to use the exercise bikes in the activities room; residents spoken with said they enjoyed using the bikes and found them beneficial. Staff actively engaged with residents as they assisted them adjust the pedals in accordance with the residents' requirements. After mass which was attended by many residents, a sing-song was followed by an exercise programme. In the afternoon, the activities room was full as there was live music and two of the

activities staff sang and performed for residents, who were seen to have great fun. Staff were seen to encourage residents to do sing along and clap to songs.

Dinner and tea times were observed. Improvement was noted in the dining experience for residents. The majority of resident now dined in either the main restaurant or the dining areas on each unit. Tables were set with cutlery and condiments prior to residents coming for their meal. Menus with choice were displayed on each table. The menu board behind the counter now had the residents' menu displayed. Residents were seen to come to the restaurant counter and decide their menu choice; both hot and cold food was offered. Staff went through the menu with residents requiring assistance, and then staff served residents in line with normal service; a choice of beverage was offered as well. Residents requiring assistance were appropriately supported; staff actively engaged with residents, and mealtime was relaxed.

The bridge club was facilitated in the main restaurant and an activities staff helped residents playing cards. Lovely interaction and fun was observed and the inspector was informed that one of the resident's was a national champion and a 'bit of a shark' at bridge.

Laundry was segregated at source and each unit had their designated laundry trolleys. There were separate trolleys for clean linen for comfort rounds, and new disposable resident wash clothes were seen on these trolleys; these clothes were fit for their intended purpose of personal hygiene care.

The ancillary facilities including housekeeping rooms, the laundry and sluice rooms. Two of the bedpan washers were upgraded since the last inspection; the other two sluice rooms were temporarily closed as the bedpan washers there were being replaced. Overall, the general environment including residents' bedrooms, communal areas and toilets were clean; equipment viewed was also clean. Conveniently located alcohol-based product dispensers were wall-mounted along corridors and within resident bedrooms facilitated staff compliance with hand hygiene requirements. Clinical hand wash sinks were located in sluice rooms and treatment rooms, and while these had hands-free mechanism, some of these had metal outlets.

Emergency evacuation floor plans were displayed on each unit; they were orientated to reflect their relative position in the centre, had room numbers and a point of reference 'You are Here', however, the display was quite small and could be difficult to decipher.

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

Overall, the findings on this inspection demonstrated improvement, where the registered provider had put systems in place to address the shortfalls identified on the previous inspection regarding staffing, staff training, residents' rights, infection prevention and control, Schedule 5 policies and procedures, human resource (HR), and monitoring and oversight of the service. Nonetheless, assessment and care planning continued to be of concern, and this is further discussed under Regulation 5, Individual assessment and care plan. Other areas identified on this inspection requiring attention included the complaints procedure to ensure it was compliant with Statutory Instrument [SI] 628 of 2022.

St Joseph's Hospital is operated by the Bon Secours Health System Limited. The designated centre forms part of the Bon Secours Care Village which also accommodates Cedar Lodge (comprising apartments for independent living). The governance structure comprises the board of management (BOM), the chief executive officer (CEO) and senior management team. The CEO is the person nominated to represent the registered provider. On site, the structure comprises the person in charge, newly appointed assistant director of nursing (ADON) (now two ADONs in post), clinical nurse managers (CNMs x 5), care team, human resources (HR) and finance department. One CNM rotates on day duty each weekend to provide management oversight and support the service. An on-call system was in operation for management cover on night duty.

The service had access to the national quality manager and paid access to the Bon Secours health safety and well-being officer, both of whom were on site on a regular basis. The consultant geriatrician was clinical director for the service and provided support and direction for residents and staff.

A schedule of audit for 2024 was in place; the ADON and CNMs had responsibility for auditing clinical areas such as infection control, restrictive practice and falls, wound care and pressure ulcers, and medication management for example. Results of these audits were brought by the pertinent CNM to the clinical governance meetings for discussion and actioning, with responsibility and time-lines assigned to enable quality improvement. While improvement was noted in auditing, the scope of audit required expansion to ensure oversight of all aspects of care delivery, as evidenced in the complaints procedure for example.

Clinical governance meetings were facilitated every two months and these were attended by the clinical lead, quality manager and in-house management team. Set agenda items included key performance indicators (KPIs), staffing, committees' updates and complaints for example. Matters were seen to be followed up on subsequent meetings. Quality and safety meetings were convened every six weeks with set agenda of clinical and non clinical matters including fire safety. Heads of Department meetings were facilitated on a monthly basis and minutes from these meetings fed into the governance meetings to enable oversight of the service.

Regarding the premises, the provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and colour coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

There were sufficient numbers of clinical and housekeeping staff to meet the infection prevention and control needs of the centre. Nonetheless, some clinical handwash sinks in clinical rooms were not in compliance with the Department of Health HPN 00-10 Part C Sanitary Assemblies.

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles.

Regulation 14: Persons in charge

The person in charge was full time in post and had the necessary experience and qualifications as required in the regulations. She was involved in the governance, operational management and administration of the service. She positively engaged with the regulator and was pro-active to regulatory findings. Deputising arrangements in place ensured that the service was managed by a suitably qualified and experienced person in the absence of the person in charge.

Judgment: Compliant

Regulation 15: Staffing

Significant improvement was noted in staffing levels in the centre. An additional HCA was rostered on each unit per night; this meant there were now two HCAs per unit per night along with one nurse per unit. Staff reported this was a very positive addition, both to resident care as well as in the event of a fire.

During the day, most of the residents were seen to be out of their bedrooms, in days room or the activities room; this was a significant improvement following the findings of the previous inspection.

Additional activities staff were recruited and huge improvement was seen regarding the variety of activities all over the centre during the day.

Judgment: Compliant

Regulation 16: Training and staff development

Good oversight was demonstrated regarding staff training. Mandatory training was provided and additional training was scheduled to ensure staff training remained current. For example, further training regarding managing behaviours that challenge

was scheduled for 4th and 11th May, safeguarding was completed on the day of inspection and another on-site session scheduled in May.

Professional development was encouraged; one CNM had just completed the 'Lead Practitioner Infection Prevention and Control course and she demonstrated her knowledge and competence in this; other health care assistants informed the inspector they had finished a course on palliative care.

Judgment: Compliant

Regulation 21: Records

A sample of Schedule 2 Staff files were examined. These were updated on inspection to ensure compliance with regulatory requirements set out in Schedule 2 regarding certificates of qualifications declared in employment histories, and gaps in employment history.

Judgment: Compliant

Regulation 23: Governance and management

Action was required to ensure the management systems in place ensured the service was safe, appropriate, consistent and effectively monitored:

- the scope of audit required expansion to ensure oversight of all aspects of care delivery, as evidenced in findings relating to care planning and the complaints procedure for example
- management systems did not ensure that all staff were comprehensively mentored in accordance with their roles and responsibilities.

Judgment: Substantially compliant

Regulation 30: Volunteers

The centre had six volunteers to the service. Documentation including vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012; job descriptions and supervision arrangements were detailed. Photographic identification was also available as part of their quality initiative.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of her responsibilities regarding reporting incidents in line with regulatory requirements. Incidents were reported and followed up to ensure and enable best outcomes for residents; actions were taken to implement the necessary controls to mitigate recurrence of similar events.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints records were examined; this showed that while complaints were recorded, the specified information required as part of the changed legislation, was not recorded, such as whether the complaint was followed up, or whether the complaint received a written response for example.

Judgment: Substantially compliant

Quality and safety

Significant improvement was noted in the provision of a rights-based approach to care delivery in the centre as described heretofore. The provider continued to respect the rights of residents to maintain meaningful relationships with people who were important to them and manage and protect residents from the ongoing risk of infection, including COVID-19 infection. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of any type of infection. There were no visiting restrictions in place on the days of the inspection and residents were observed to receive visitors throughout the evening and second day of inspection.

Some improvement was noted in the care records in that all records were now maintained electronically and most hard-copy templates were no longer available; this ensured that records were comprehensively maintained. Nonetheless, one relatively new staff did not receive information as part of their mentoring regarding the template and procedure relating to the national transfer letter when residents were to be transferred to another care setting. This resulted in in-complete records being sent with the resident when transferred acutely to hospital. The person in

charge educated the staff about this during the inspection and committed to follow up with all staff, in particular, newly appointed nurses.

A sample of care documentation was reviewed, including end-of-life care plans and restrictive practice and these showed mixed findings. Some care records were excellent and informed individualised care, others did not. This is further discussed under Regulation 5, Individual assessment and care plan. Regarding restrictive practice, one of the CNMs had undertaken education with staff and this had resulted in a significant reduction in the use of bedrails, from 35 to 15. Nonetheless, the restrictive practice assessment tool available did not inform the decision-making process; this was a repeat finding.

The health care needs of residents were well supported with a doctor on site daily from Monday to Friday. The clinical director was a consultant geriatrician who provided additional support to residents and staff. Documentation demonstrated that residents had access to a range of health care professional with regular reviews by the physiotherapist, occupational therapist (OT), podiatry, tissue viability nurse (TVN), dietitian and the speech and language therapist (SALT). There were no delays in residents being reviewed following referral to specialist services. The service was not a pension agent for any resident.

The pharmacist was facilitated to undertake regular medication management audits and these were completed on a quarterly basis. Reports showed that each resident's medication prescription was reviewed and recommendations made to enable best outcomes for residents. Significant improvement was noted here in that all recommendations made by the pharmacist were actioned to ensure best outcomes for residents along with ensuring that prescriptions were in compliance with current antimicrobial stewardship guidance.

The activities programme was varied and residents reported that they enjoyed the variety, with bridge club, book club, card club, the happy walking club, gardening, and knit and natter for example. One resident had written a poem about the wonderful staff in the centre. Residents meetings were facilitated every two months. Minutes of these meetings were displayed in the residents' notice boards throughout the centre. Meetings were seen to be well attended with 41 residents at the meeting in March. Representatives of care staff, pastoral care, maintenance, catering, cleaning and laundry staff attended. While there was open discussion and feedback from residents, issues highlighted and raised at the previous meeting were not seen to be followed up to confirm that issues raised were addressed to the residents' satisfaction.

Significant improvement was noted regarding oversight of infection prevention and control in the centre. One of the CNM2 had completed the National IP&C practitioner course and had implemented several initiatives such as up-to-date records of residents with previously identified multi-drug resistant organism (MDRO) colonisation (surveillance); discharge letters from acute care and laboratory reports now informed the data set of residents colonised with MDROs including Carbapenemase-Producing Enterobacterales (CPE), Vancomycin-resistant Enterococci (VRE) and Extended Spectrum Beta-Lactamase (ESBL); care plans had

accurate information regarding MDRO colonisation to effectively guide and direct the care of residents with a recent history of MDRO colonisation. The CNM provided ongoing education and training sessions for staff to ensure their understanding of this.

The antimicrobial stewardship programme was implemented and the use of dipstick urinalysis for assessing evidence of urinary tract infection was no longer routine practice with the implementation of 'skip the dip' in line with national guidelines. Staff were educated regarding this and encouraged fluids and other assessments to ensure that other clinical findings did not negatively impact resident well-being. Prevalence of antibiotic use for prophylaxis (prevention) of infection had significantly reduced following the findings of the last inspection, and currently, no resident in the centre was prescribed prophylactic antibiotics, in line with national guidelines and research-based guidelines, resulting in better outcomes for residents. Other initiatives included the daily allocation of one HCA in each unit with the responsibility of the sluice room to ensure cleaning. All residents with urinary catheters had their own catheters bag holder in their bedroom for their individual in line with best practice.

Local infection prevention and control guidelines which covered aspects of standard including hand hygiene, waste management, sharps safety, environmental and equipment hygiene were available. Following the findings of the last inspection, the CNM had implemented the National Clinical Effectiveness Committee (NCEC) Infection Prevention and Control guidelines published in May 2023.

Regulation 10: Communication difficulties

Staff were observed throughout the inspection to actively engage with all residents in accordance with their cognition and their individual communication needs.

Judgment: Compliant

Regulation 11: Visits

Visitors were observed calling to the centre on both the first evening of the inspection and throughout the second day of inspection. Visitors were welcomed to the centre and staff were seen to actively engage with them and provide updates on their relative's condition when appropriate. There was ample places throughout the centre for visitors to meet with their relative in quiet rooms, seating areas along corridors as well as residents' bedroom.

Judgment: Compliant

Regulation 17: Premises

The location, design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs. The centre was clean, bright and welcoming throughout. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to help maintain residents' safety. Orientation signage and use of colourful murals aided residents' independence and orientation throughout the centre. There was ongoing painting, decorating and maintenance to upgrade the physical environment.

Judgment: Compliant

Regulation 18: Food and nutrition

Improvement was noted in the dining experience for residents. The restaurant was re-configured since the last inspection and had reverted to pre-pandemic seating. This enabled residents to sit with their friends together. Menus were on each table, and tables were set appropriately prior to residents coming to dine. There was good choice at each meal and residents gave positive feedback on their food. Residents were seen to be served appropriately whether they dined in the main restaurant, dining areas on the units or in their bedrooms. Appropriate assistance was provided to ensure a respectful and engaging experience for residents.

Judgment: Compliant

Regulation 27: Infection control

Notwithstanding the significant improvement in infection control prevention and precautions evidenced, some clinical handwash sinks were not in compliance with the Department of Health HPN 00-10 Part C Sanitary Assemblies, and this was a repeat finding.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required relating to the evacuation procedures, the building layout and escape routes displayed:

- While emergency evacuation floor plans were displayed on each unit; they were quite small and could be difficult to decipher. The evacuation plans were not labelled to indicate the unit they referred to, or the unit onto which the evacuation would occur. There was a drawing within the evacuation plan showing the entire building as a grey structure, however, this did not provide any additional information to support an evacuation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The pharmacist was facilitated to meet their obligations to residents under current legislation. Appropriate records were maintained of medication related recommendations made by the pharmacist. The pharmacist completed quarterly medication audits and provided staff training and updates on medication changes.

A sample of prescriptions and administration records were examined and these were seen to be appropriately and comprehensively maintained. Controlled drugs were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of assessments and care plans were reviewed and while some were excellent to ensure individualised care, others did not have this detail. Medical histories did not always inform the assessment and care n process, and in one care plan examined, the medical history did not correlate with the resident's medical notes regarding their medical diagnosis. In others, the care plan contradicted the assessment, for example, it was reported in the assessment that the resident was not at risk of falls, yet their care plan stated they had an unsteady gait and a history of falls. The medical history detailed in the resident's personal evacuation plan did not correspond with the medical history and did not accurately inform the assessment and needs, should the resident require emergency evacuation.

A sample of end-of-life care plans were reviewed, and in general these were not comprehensively completed to inform individualised care in accordance with residents wishes, preferences and religious beliefs.

Judgment: Not compliant

Regulation 6: Health care

Residents had good access to medical cover with a GP on site Monday to Friday. Residents had access to specialist medical services such as consultant geriatrician and palliative care for example. Allied health professionals such as dietician, speech and language, tissue viability nurse specialist were available to residents when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Action was necessary to ensure that restrictive practices were implemented in line with national policy, as:

- the restrictive practice assessment did not enable appropriate assessment of risk associated with individual residents, so decision-making was subjective and not evidence-based.

Judgment: Substantially compliant

Regulation 8: Protection

Staff training was up to date for all staff regarding safeguarding residents. This service was not a pension agent for any resident. Systems were in place for times when a resident died and their account was in positive balance, whereby the accounts person immediately returned monies to the resident family or estate.

Judgment: Compliant

Regulation 9: Residents' rights

Action was necessary to ensure the service enabled a rights-based approach to care as follows:

- minutes of residents' showed that while there was open discussion and feedback from residents, issues highlighted and raised at the previous meeting were not seen to be followed up to confirm that issues raised were addressed to the residents' satisfaction; this was a repeat finding,
- while activities had improved significantly throughout the daytime, there was very little activity after tea-time at 5pm for residents to look forward to and enjoy.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Joseph's Hospital OSV-0000284

Inspection ID: MON-0041848

Date of inspection: 09/04/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The person in charge (PIC) will nominate an EpicCare champion for each unit and provide care planning education for all champions. EpicCare champion will be a resource for all nursing staff on documentation and care planning. • The PIC will review the current documentation audit to ensure it is robust and encompasses all aspects of care planning. • The PIC will review current resident assessments and ensure they are comprehensive, concise, and relevant and informing individual care plans. • The PIC will review all complaints to ensure compliance with Statutory Instrument. Education will be provided to all clinical staff on up-to-date complaints procedure. • The PIC will conduct a review of induction procedures for incoming staff members. Induction templates will be enhanced, and new staff will be mentored effectively through their roles and responsibilities. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ul style="list-style-type: none"> • The PIC will review all complaints going forward to ensure full compliance with local complaints policy and current legislation. • The PIC will ensure that all complaints are investigated fully, followed up and a written response provided to the complainant as appropriate. This will be documented accurately. The resident’s care plan will be updated as appropriate. • Education will be provided to all clinical staff on up-to-date complaints procedure. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The PIC will review all clinical handwash sinks in conjunction with maintenance lead. Any clinical handwash sinks that are not in compliance with the Department of Health HPN 00-10 Part C Sanitary Assemblies will be replaced or correct fittings installed. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The PIC in conjunction with the Health & Safety Officer will review and update all emergency evacuation floor plans to ensure they are easily interpreted. • All evacuation plans will be labelled to indicate locations. All evacuation routes will be clearly labelled to indicate the unit onto which the evacuation would occur. • The evacuation plan will no longer display the entire building structure. 	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The person in charge (PIC) will nominate an EpicCare champion for each unit and provide care planning education for all champions. EpicCare champion will be a resource for all nursing staff on documentation and care planning. • The PIC will review resident assessments to ensure the correct assessments are in place to inform the care plan and ensure that care plans are reflective of the residents' needs, capabilities and dependency levels. • The PIC will ensure that a comprehensive assessment of the health, personal and social care needs of the resident is complete and that this is reflected in the care plan. The PIC will ensure that resident's preferences in relation to end-of-life care are discussed with them, documented in their care plan and respected. This may include 	

preferred place of care, symptom control, religious beliefs and nutrition and hydration preferences.	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • The PIC will implement a new restrictive practice assessment that will ensure accurate assessment of risk for residents and ensuring that decision making is evidence-based and not subjective. This will ensure that restrictive practices are implemented in line with national policy. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The PIC will review minutes of residents' meetings and create an action plan on all issues raised to ensure that all issues are addressed to the residents' satisfaction. • The PIC will ensure that a member of care staff on each unit is allocated to resident activity each day post supper. This will ensure resident engagement and activity each evening. 	

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/05/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	01/07/2024

	reviewing fire precautions.			
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	31/05/2024
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Substantially Compliant	Yellow	31/05/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and	Substantially Compliant	Yellow	31/05/2024

	distinct from a resident's individual care plan.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	30/06/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	30/06/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/05/2024

Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/04/2024
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	31/05/2024