



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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Supported Care Home
Name of provider:	St Joseph's Supported Care Home CLG
Address of centre:	Kilmoganny, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	04 July 2024
Centre ID:	OSV-0000555
Fieldwork ID:	MON-0039275

About the designated centre

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

St. Joseph's Supported Care Home commenced operations in 1982 to offer accommodation, in a homely environment, to residents from surrounding parishes who have low to medium dependency needs. It is managed by a voluntary non-profit organisation. It can accommodate 19 residents, both male and female, over the age of 18 years. Nursing care available is for low to medium dependency needs as there is not a nurse on duty on the premises over a 24-hour period. Healthcare assistants provide care under the supervision of the nurse and manager. It is constructed over two floors and is well decorated and maintained. Two stairwells provide access to the first floor and both are serviced by stair-lifts. The centre has 17 single and one twin room. There are two sitting rooms and a dining room off the kitchen. There is also a small church where mass is celebrated regularly. There is a parking area to the front and side of the premises with extensive gardens to the front.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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
Thursday 4 July 2024	10:00hrs to 16:30hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over one day. Based on the observations of the inspector, and discussions with residents and staff, St Josephs Supported Care Home was a nice place to live. Residents' rights and dignity were supported and promoted by kind and competent staff. The inspector spoke with 8 residents in detail on the day of inspection. Residents spoken with were very complimentary in their feedback and expressed satisfaction with 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 and confirmed their accessibility to her.

St Joseph's Support Care Home is a two storey building located in the village of Kilmaganny, Co.Kilkenny. The design and layout of the centre promoted a good quality of life for residents. Residents had access to communal spaces which included a dining room, two sitting rooms and a conservatory on the ground floor. Residents had access to a hair salon, and chapel. There were two separate first floor levels both had stair lift access. The environment was clean and nicely decorated. Armchairs and tables were available in the sitting rooms and the conservatory. Corridor areas were sufficiently wide with an assistive handrail on one side. Alcohol hand gels were available in all corridor areas throughout the centre to promote good hand hygiene practices.

Residents had access to a mature garden from the main entrance door and conservatory room entrance porch. There was a central court yard which had level paving, comfortable seating, tables, and attractive garden ornaments.

The inspector observed the lunchtime experience and found that the meals provided appeared appetising. Residents were highly complementary of the food served and confirmed that they were always afforded choice. The menu was displayed and the tables were laid out with cutlery and condiments for the residents to access easily.

Residents had access to television, radio, newspapers, and telephones to ensure they were informed regarding current affairs and connected to their community. The inspector saw that there was a varied schedule of daily activities displayed on the notice board near dining room such as bingo, exercises, quizzes and games. Residents told the inspector that they enjoyed the weekly live music entertainment, mindfulness session and Mass in the chapel. Residents had access to advocacy services and information leaflets were available in the entrance hall. A number of residents had their own car and one resident had an electric bicycle which allowed the residents to maintain their independence and visit family and local towns. Residents were seen enjoying walking around the garden throughout the inspection.

Laundry facilities were provided in the centre and residents informed the inspector that they got their clothes back clean and fresh every day. Clothing was labelled with residents' names to ensure it was returned to the residents.

The inspector observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Residents whom the inspector spoke with confirmed that their relatives and friends could visit anytime.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The inspector found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in November 2023, and improvements were found in Regulation 5: individual assessment and care planning, Regulation 16: staff training and development and Regulation 27: infection prevention and control. On this inspection, the inspector found that actions was required by the registered provider to comply with areas of Regulation 4: Written policies and procedures, Regulation 21: Records, and Regulation 34: Complaints procedure. The inspector followed up all statutory notifications received by the Chief Inspector of Social Services since the previous inspection.

St Joseph's Supported Care Home CLG is the registered provider of St Joseph's Supported Care Home. The registered provider is operated by a voluntary board of management. The chairperson of the board is the registered provider representative. The centre was established for the supported care of older people from the local, and surrounding areas. The centre provides long-term, and respite care for residents' who require minimal assistance only, in a homely environment. The centre is registered on the basis that the residents' do not require full-time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The person in charge was supported by a team consisting of a registered nurses, health care assistants, kitchen staff, housekeeping and maintenance staff. There were good management systems in place to monitor the centre's quality and safety. There were clear reporting structures and staff were aware of their roles and responsibilities. There were sufficient staff on duty to meet the needs of residents living in the centre on the day of inspection. The centre had a well-established staff team who were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and the person in charge had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was mostly up to date. There was a high level of staff attendance at training in areas such as fire safety, manual handling, safeguarding vulnerable adults, medication management, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safeguarding procedures.

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; infection prevention and control, care planning and medication management audits. Audits were objective and identified improvements. Records of meetings showed evidence of actions required from audits completed which provided a structure to drive improvement. Regular board of management meeting and staff meeting agenda items included key performance indicators (KPI's), training, fire safety, care planning, and resident's feedback. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from resident's and audits. The annual review for 2023 was submitted following the inspection. It set out the improvements completed in 2023 and improvement plans for 2024.

All records maintained in the centre were in paper format. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available for each member of staff. Improvements were required in the centre's staff personnel files which is discussed further under Regulation 21: records.

The inspector was informed that there had been no complaints reported by the residents or their families in the centre since 2020. Residents said they were aware they could raise a complaint with any member of staff or the person in charge. Further improvements were required to integrate the update to the regulations (S.I 628 of 2022), which came into effect on 1 March 2023, into the centre's complaints policy and procedure. This will be discussed under Regulation 34 of this report.

Regulation 15: Staffing

On the inspection day, staffing was found to be sufficient to meet the residents' needs. There was a minimum of one health care assistant on duty in the centre between 22:00 and 8:00 for the number of residents living in the centre at the time of inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding, and infection prevention and control. 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. Staff were appropriately supervised and supported.

Judgment: Compliant

Regulation 21: Records

Improvements were required in staff records. In a sample of staff files viewed, one of the files did not have a satisfactory history of gaps in employment and two did not have references in line with schedule 2 requirements.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Audits were routinely completed and scheduled, for example; infection prevention and control, care planning and medication management. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the office of the Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

The centres complaints policy and procedure required revision to meet the amendments to the regulations that had come into effect in March 2023 (S.I. 628 of 2022). For example:

- The complaints procedure and policy did not include the nominated complaints officer or the nominated review officer.
- The complaints procedure and policy did not include information of an independent advocacy service who could assist the complainant with the making of a complaint.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place and available to all staff in the centre. However; a significant number of policies required updating in line with regulatory requirements.

Judgment: Substantially compliant

Quality and safety

Residents were supported to have a good quality of life in St Joseph's Supported Care Home which was respectful of their wishes and choices.

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were supported to attend safeguarding training and were knowledgeable of what constituted abuse and what to do if the suspected abuse. All interactions by staff with residents were observed to be respectful throughout the inspection.

Improvements were found in individual assessment and care planning. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, bed rail usage and falls. Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

The centre was clean, tidy and well maintained. Communal spaces and bedrooms were homely and comfortable. There were sufficient housekeeping resources were in place. The inspector observed good practices with regard to infection prevention and control, which included good hand hygiene techniques, and procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). Staff had access to hand sanitisers at locations that

supported hand hygiene at the point of care. The inspector visited the laundry and sluicing facilities in the centre and found them to be suitable for their intended purpose.

This inspection found that the governance and management of fire safety and fire safety training in the centre had improved since the last inspection in November 2023. There were records indicating that preventive maintenance of fire safety equipment was conducted at appropriate intervals. Staff had received fire safety training. Residents had a personal emergency evacuation plan (PEEP) in place which were updated regularly. Fire drills took place regularly and records contained details of full evacuations into the next compartment and how long the evacuation took. One emergency evacuation sign on the first floor was found not working. However; assurances were received from the person in charge that the bulb would be replaced as soon as possible.

There was a rights based approach to care in this centre. Residents had the opportunity to meet together and discuss relevant issues in the centre. Residents had access to an independent advocacy service. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Residents has access to daily national newspapers, weekly local newspapers, Internet services, books, televisions, and radio's. Mass took place in the centre weekly which residents said they enjoyed.

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

Regulation 27: Infection control

The registered provider was implementing procedures in line with best practice for infection control.

Judgment: Compliant

Regulation 28: Fire precautions

Measures were in place to ensure residents' safety in the event of a fire in the centre and these measures were kept under review. Fire safety management

servicing and checking procedures were in place to ensure all fire safety equipment was operational and effective at all times. Daily checks were completed to ensure fire exits were clear of any obstruction that may potentially hinder effective and safe emergency evacuation. Each resident's evacuation needs were regularly assessed and the provider assured themselves that residents' evacuation needs would be met with completion of regular effective emergency evacuation drills. All staff had completed annual fire safety training specific to St Joseph's Supported Care Home home and were provided with opportunities to participate in the evacuation drills.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs. Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns. The provider was not a pension agent for any of the residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. There was a focus on social interaction led by staff and residents had daily opportunities to participate in group or individual activities. Access to daily newspapers, television and radio was available. Details of advocacy groups was on display in 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	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Supported Care Home OSV-0000555

Inspection ID: MON-0039275

Date of inspection: 04/07/2024

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Manager will seek the documentation required to complete the records outlined as soon as possible.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: The complaints procedure will be amended immediately where adjustments are required such highlighting who the review officer is, who the designated officer is, and so on. The statement of purpose will also be amended to clarify the complaints procedure.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Manager, Board of Management had been in the process of updating the policies at the time of inspection. The Manager, board of management and Nurse will go through all policies over the next 3 months until completed.</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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	15/08/2024
Regulation 34(2)(a)	The registered provider shall ensure that the complaints procedure provides for the nomination of a complaints officer to investigate complaints.	Substantially Compliant	Yellow	30/07/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred	Substantially Compliant	Yellow	30/07/2024

	to at paragraph (c).			
Regulation 34(5)(b)	The registered provider may, where appropriate assist a person making or seeking to make a complaint, subject to his or her agreement, to identify another person or independent advocacy service who could assist with the making of the complaint.	Substantially Compliant	Yellow	30/07/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	15/10/2024