



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

Issued by the Chief Inspector

Name of designated centre:	St Josephs Unit, Listowel Community Hospital
Name of provider:	Health Service Executive
Address of centre:	St Josephs Unit, Listowel Community Hospital, Greenville, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	26 January 2022
Centre ID:	OSV-0000564
Fieldwork ID:	MON-0035706

About the designated centre

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

St Joseph's Unit is a designated centre that is part of the complex of Listowel Community Hospital, located on the outskirts of Listowel town. It is operated by the Health Service Executive (HSE) and registered to accommodate a maximum of 24 residents. It is a single-storey building which also accommodates the 16 bedded short-stay 'District Hospital' and the outpatients department for outreach clinics and allied health professionals. It is set on a large HSE campus that accommodates the ambulance base, therapies, mental health outpatient services and another designated centre. St Joseph's unit can be accessed through the hospital's main entrance via a corridor through the 'District Hospital' short-stay unit. The layout of the centre comprises a long corridor with bedrooms on either side of the corridor. St Joseph's unit provides 24-hours nursing care to both male and female residents whose dependency range from low to maximum care needs. Long-term care and palliative care is provided, mainly to older adults.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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
Wednesday 26 January 2022	09:30hrs to 17:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Residents living in St Josephs Unit, in Listowel Community Hospital were supported and empowered to lead meaningful and engaged lives, and it was evident that they received a high standard of quality care. The staff working in the centre strove to promote a person-centred culture, that promoted residents' rights and dignity. Residents the inspector spoke with praised the kindness, commitment and compassion of staff. One residents told the inspector "you would have to travel very far to find people like the people here".

This was an unannounced inspection that took place over one day. On arrival to the centre, the inspector was met by a member of the administration team, who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checking were implemented, prior to accessing the centre. After an opening meeting with the person in charge, the inspector was guided on a tour of the centre.

Listowel Community Hospital is situated on the outskirts of Listowel town in County Kerry. The hospital is divided into two distinct units which are St. Josephs Unit and "The district". St Josephs Unit is registered as a designated centre for older people and comprises of 24 beds. The District is a 16 bedded short stay unit, which is not part of the registered designated centre, and was not inspected during this inspection. Both units come under the same governance arrangements and have the same management team and catering facilities.

An extensive building and refurbishment project was on-going in St. Josephs Unit at the time of this inspection, and was near completion. The works had been risk assessed and the residents had been kept up to date with on-going building works, and informed of any disruption to their quality of life that the building works may bring. The inspector observed the works had been managed in a way that reduced the disruption to residents. On the day of this inspection there was work to complete on the new family room which was being fitted with a kitchen, two bedrooms were awaiting curtains and furniture, and there was some additional work such as painting and new signage to be erected in the communal areas.

Residents bedroom accommodation in the centre consists of two rooms with four beds, one triple room, one twin room and nine single bedrooms. The inspector saw that multi-occupancy bedrooms, which had accommodated up to five residents on the last inspection of this centre, had been reconfigured and occupancy reduced. This had a positive impact on the quality of life for residents, as they now had more room around their bed which enhanced their privacy and dignity. Rooms also now had en suite facilities, ceiling hoists, new televisions, double wardrobe and lockable storage. The inspector saw that the multi-occupancy bedrooms in the centre were bright, as they had large double doors on one side, that could be opened onto a secure garden.

The provider had also recently increased the size of the designated centre, with the addition of seven single en suite bedrooms, two communal rooms, additional storage and sluicing facilities. The extension had been built to a very high standard and the design and layout of the building promoted residents' independence and safety. Bedrooms were bright, spacious and furnished to a high standard, with large double wardrobes, lockable storage and flat screen televisions. Many residents had personalised their new bedrooms, with pictures and memorabilia from home. Two residents living in these new single bedrooms told the inspector how they enjoyed having their own space. One resident told the inspector they could now watch television at a time of their choosing. Another resident stated that they were "really enjoying an uninterrupted nights sleep" and found their new space very relaxing.

There were 17 residents living in St. Josephs Unit on the day of this inspection. The Inspector met with all of the residents and spoke in more detail with five residents, to gain an insight into what their experience was of living in the centre. The inspector saw that there was a warm and welcoming atmosphere in the centre throughout the day, and staff and resident interactions were respectful and empathetic. It was evident that staff knew residents well and were familiar with the residents' daily routines and preferences for care and support. The inspector saw that residents seemed relaxed and content in the company of the staff, laughing and joking with them. From the observations of the inspector and from conversations with residents, the overall feedback was that the management and staff were kind and respectful and residents were extremely content living in St. Josephs Unit.

There was one activities coordinators on duty on the day of inspection, who was seen to encourage participation and stimulate conversation both at one-to-one and group level. In the large sitting/dining area the inspector observed the activity coordinator facilitating a SONAS session with residents and later that evening a game of bingo. Some other residents were seen reading a newspaper or relaxing in their bedrooms. The inspector saw that residents had access to two enclosed garden-courtyard areas. One resident was observed mobilising independently around the centre and coming and going from the outdoor areas as they wished.

The Inspector saw that a variety of drinks and snacks were offered throughout the day. The daily menu was displayed on the dining tables, which offered a choice. Residents told the inspector that that they were consulted regarding their preferred choice of meal and mentioned how they could get whatever they liked to eat.

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 on the quality and safety of the service being delivered.

Capacity and capability

St Josephs Unit, in Listowel Community Hospital was a well managed service with

established governance and management systems in the centre, which were robust and ensured that residents received good quality, safe care and services. Both the management team and staff had a clear vision of their service, and the inspector observed how staff implemented that vision in their day to day practices. It was evident that the residents were at the heart of all the decisions in how the service was run, and that they were actively consulted and informed.

The provider of this centre is the Health Service Executive (HSE). There was a clearly defined management structure and both staff and residents were familiar with staff roles and their responsibilities. The Person in Charge worked full time in the centre and was supported by a Clinical Nurse Manager and a staff team of nursing, health care, household, catering, activity and maintenance staff. There were sufficient resources to provide care in line with the centre's statement of purpose. The person in charge reported to a General Manager in the HSE, who was available for consultation and support on a daily basis. The service is also supported by centralised departments, for example, human resources, fire and estates and practice development. The management team had good oversight of the quality of care being delivered to residents. An electronic audit schedule was in place, which was being adhered to, and there was clear evidence of learning and improvements being made in response to these reports and other feedback.

There were suitable staffing levels to meet the needs of residents. The staffing rosters reflected the staff on duty in the centre on the day. The inspector found that call bells were answered promptly and that residents did not wait to have their needs attended to. There was a strong focus on training and developing staff within the centre. Training was well monitored by the management team and all staff were up to date with mandatory training. Human rights training was a mandatory course for staff working in the centre and all staff had completed this training, which enabled them to implement a rights-based approach to care.

There was an annual review of the quality and safety of care to residents, which incorporated feedback from residents obtained through residents' meetings and surveys. The review was available to residents and their families along with the resident information guide and the most recent inspection report. Regular management and staff meetings were scheduled. Issues such as staffing, risk management and infection control issues were discussed and documented. A daily safety pause meeting was held to communicate any on-going risks or care issues that staff needed to be aware of.

The incident and accident log was examined, and records showed notifications were submitted as per regulatory requirements. Incidents were well documented and included residents' clinical observations, reviews of occurrences and actions to mitigate recurrences. Complaints were managed in line with the centres complaints policy and all concerns and complaints, brought to the attention of staff, were addressed in a timely manner.

Regulation 14: Persons in charge

The person in charge was well known to the residents and demonstrated a very good knowledge of each residents individual assessed care needs. They had the required managerial and nursing experience, as required by the regulations, and were knowledgeable regarding their statutory responsibility.

Judgment: Compliant

Regulation 15: Staffing

Staff were knowledgeable and demonstrated competence in their work. This inspection found that the number and skill mix of staff was appropriate, having regard to the needs of the residents and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had completed mandatory training. A range of other training courses were also attended by staff and included infection prevention and control training and cardiopulmonary resuscitation. Staff spoken with were knowledgeable about how to carry out their role, and were seen to implement training in practice.

Judgment: Compliant

Regulation 23: Governance and management

Overall, this was a well managed centre. There were sufficient resources to ensure that care and services were provided in accordance with the centre's own statement of purpose. The staff team were committed to providing a safe and high quality service for the residents. There were comprehensive quality assurance systems in place, to ensure that care and services were safe, appropriate and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector viewed a sample signed contracts of care, detailing the services provided to each resident. The type of accommodation, for example a single or multi-occupancy occupancy room, was stated, along with any additional fees for services. However, further detail was required in relation to the exact room occupied by each resident, and where relevant, the number of other occupants in the room.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was well maintained. All notifications were submitted to the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The HSE concerns, complaints and compliments policy was in place in the centre, and was being adhered to. The small number of complaints that had been raised were dealt with in line with the policy, and records showed the steps taken to address the concern and the outcome. One complaint was opened at the time of this inspection in relation to the absence of phone coverage in the new extension, which resulted in residents having to leave their room to make or receive a phone call in some instances. The inspector saw that the management team had contacted the relevant departments to address this issue and were awaiting assessment of the premises by the estates department.

Judgment: Compliant

Quality and safety

The findings of this inspection were that overall, residents living in St. Josephs Unit enjoyed a good quality of life and were receiving a high standard of quality care. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. Management and staff promoted and respected the rights and choices of resident's in the centre.

The centre has very good access to local general practitioners, which remained unrestricted throughout the pandemic period. Residents are also supported by allied health care professionals such as physiotherapy, dietitian, speech and language

therapy, palliative care supports and psychiatry of later life. Each resident's needs were comprehensively assessed on admission and regularly thereafter, using a variety of accredited assessment tools. The sample of care plans and assessments reviewed demonstrated that they were updated every four months, or if care needs changed. Good end-of-life care plans were seen, with evidence of collaboration with residents and their families, to determine the personal preferences of each resident.

This inspection took place during the COVID-19 pandemic. The provider had a centre-specific COVID-19 contingency plan in place which was reviewed and updated regularly by the management team. Protocols were in place to ensure infection prevention and control measure could be maintained. All staff were monitored for symptoms prior to entering the centre. The centre was cleaned to a high standard with sufficient facilities for hand hygiene observed in convenient locations throughout the building. Personal protective equipment (PPE) was readily available to staff, and was used in line with the national guidance. The inspector spoke with the cleaner on duty on the day of the inspection and they were knowledgeable about the cleaning process and schedule. The centre had managed an outbreak of COVID-19 well, in early 2021, and it had implemented its comprehensive COVID-19 contingency plan.

Measures to ensure residents' safety in the event of a fire in the centre were adequate. Fire safety systems and equipment were maintained and regularly checked. Residents' support needs were clearly documented in their personal emergency evacuations plans which were updated regularly.

The inspector observed that staff were respectful of the privacy and dignity of residents, and addressed residents by their preferred title. Residents informed the inspector that they were happy living in the centre. Resident meetings were frequent and well attended. Residents had access to independent advocacy and were facilitated to make independent choices in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities. A dedicated activities coordinator implemented a varied and interesting schedule of activities and there was an activities programme over seven days per week. One-to-one activities were based on individuals' needs, which were regularly re-assessed and updated.

Regulation 10: Communication difficulties

The inspector saw that residents with communication difficulties were facilitated to communicate freely; for example via individual communication boards. Communication care plans reviewed provided detail regarding the residents care requirements and methods in place to enhance and assist communication. They also included multi-disciplinary input where appropriate.

Judgment: Compliant

Regulation 11: Visits

Visits to the centre were operating in line with current Health Protection and Surveillance Centre (HPSC) guidance. The inspector did not have an opportunity to meet with any visitors during the day of this inspection. Screening measures were in place for residents visiting indoors. Visits were generally scheduled in advance, however, there was flexibility in the arrangements.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had been allocated new double wardrobes and bedside lockers with lockable storage. This provided residents with sufficient space to store and maintain their clothes and personal possessions.

Judgment: Compliant

Regulation 17: Premises

Significant improvements to the premises had taken place since the previous inspection, and works were ongoing on the day of this inspection. The provider had reduced the occupancy of bedrooms, which had a positive impact on the quality of life of residents. The premises was appropriate considering the needs of residents, and it conforms with Schedule 6 of the regulations.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured that a residents guide was prepared and made available to residents, which contained a summary of services and facilities, the terms and conditions of residence and the complaints procedure.

Judgment: Compliant

Regulation 27: Infection control

There were effective infection control procedures in place which included arrangements to keep up to date on developing guidance, clear guidance on cleaning procedures and training for staff. There was good oversight of the infection prevention and control arrangements in the centre, to ensure they were being adhered to.

Judgment: Compliant

Regulation 28: Fire precautions

There were comprehensive fire safety precautions in place in the centre which included regular staff training and a comprehensive range of fire safety checks. Fire alarms, emergency lighting and fire fighting equipment were serviced at appropriate intervals. Staff demonstrated an awareness of what to do in the event of a fire and signage identifying compartments, was available throughout the centre. Fire drills took place on a regular basis, including the evacuation of compartments, with reduced staffing levels.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents care plans were in place for identified needs. They set out, using a person centred approach, what residents skills and abilities were, as well as what care and support was required. Records showed there were reviews of residents needs at least every four months, or more frequently as required. Where there were changes to care requirements, records were seen to be updated, for example in relation to residents who required additional support with nutrition. There was evidence of residents being involved in the development of their care plan and their review.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that residents received a high standard of evidence-based nursing care. A review of residents medical notes found that

recommendations from the residents doctors and allied health care professionals were integrated into the residents care plans. There was a very low incidence of pressure ulcers in the centre. Residents' temperatures were checked and recorded twice daily, and staff were actively monitoring for signs and symptoms of infection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector was informed that there were not any residents living in the centre with responsive behaviours. All staff had attended training in this area, which was a mandatory requirement. There had been reduction in restraint usage since the previous inspection and a number of residents were currently being trialled without bed rails. Regular safety checks were seen to be in place.

Judgment: Compliant

Regulation 9: Residents' rights

Care was person centred in St. Josephs Unit, and residents' rights were upheld. Residents were supported to maintain their links with family, friends and their local community. Residents had access to television, newspapers and other media. Residents' privacy and dignity were maintained. It was evident that the staff knew residents well and respected their choices. Residents had access to advocacy services and were frequently consulted with in relation to the running of 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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 Josephs Unit, Listowel Community Hospital OSV-0000564

Inspection ID: MON-0035706

Date of inspection: 26/01/2022

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 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: All admissions from the 26th of January 2022 will have the exact room number occupied and where applicable the number of occupants in the room stated on their contract of care.	

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 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	26/01/2022