



**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 Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Mullindrait, Stranorlar, Donegal
Type of inspection:	Unannounced
Date of inspection:	23 March 2022
Centre ID:	OSV-0000625
Fieldwork ID:	MON-0035098

## About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to their holistic needs. This approach involves multidisciplinary teamwork with an aim to provide a safe therapeutic environment where privacy, dignity and confidentiality are respected.

It provides twenty-four hour nursing care in three distinct areas, Barnes View (accommodating up to 26 residents requiring long term care), Woodville (dementia care for 19 residents) and Finn View (22 beds for residents needing short term care assessment, rehabilitation, convalescence and respite care).

The centre is situated on the ground level and located on the outskirts of an urban area.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	42
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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 23 March 2022	10:15hrs to 16:45hrs	Catherine Rose Connolly Gargan	Lead
Friday 25 March 2022	09:00hrs to 15:00hrs	Catherine Rose Connolly Gargan	Lead

## What residents told us and what inspectors observed

Overall residents' nursing needs were being met by a staff team who knew them well. However the inspector found that changes were needed to ensure that care was person centred and that residents, especially those residents accommodated in the dementia unit were facilitated to participate in meaningful social activities in line with their interests and capabilities.

This unannounced inspection was completed over two days and the inspector communicated with several residents during the inspection. Feedback was positive from those residents who spoke to the inspector and residents said that they were satisfied with their accommodation, the opportunities provided for them to participate in social activities and with the quality of the food they were provided with. Some of their comments included 'there's enough to keep me occupied', 'I like living near my family', 'I am happy here', 'the staff are very good to me'. A number of residents told the inspector how they were looking forward to life returning to normal 'the happy times before the virus'.

The inspector was accompanied by the person in charge on a walk about of Barnes and Woodville units on the first day of the inspection where they met with residents and staff. On the second day of this inspection, the inspector visited Finn View unit where all residents were isolating in their bedrooms due to COVID-19 precautions in place.

On arrival to the centre, the inspector was guided through the centre's infection prevention and control procedures which included hand hygiene and temperature checking before proceeding into the units where the residents' accommodation was located. Residents' accommodation was set out in three separate units, each linking into a main corridor that extended the length of the building. Although the front door of the premises was open and the unmanned reception areas was accessible, access to each of the three units was controlled by an electronic key code lock. This arrangement was overly restrictive and meant that residents were not able to leave and re-enter the units unless a member of staff was available to open the locked doors. One resident who liked to go to church each day was not able to access the church on the grounds of the designated centre without the support of staff to let them into and out of the unit on which they were accommodated.

The inspector observed that all parts of the environment in Barnes View and Finn View units were well maintained. Refurbishment works had recently been completed in four bedrooms in these two units and a new shower room was installed in Finn View unit. The communal rooms were bright, spacious and decorated in a domestic style that was familiar to residents. Items of traditional memorabilia and furnishings made the sitting and dining rooms in these two units comfortable and relaxing.

A small number of single bedrooms were available, however at the time of the inspection most of these bedrooms were vacant and the inspector was informed that

single bedrooms were kept vacant so that they could be used for isolation and end-of life care purposes. The person in charge confirmed that residents did not have a choice of single room in the designated centre. Although the provider had revised the layout of the multi-occupancy rooms in the Barnes View unit, the inspector found that the layout and design of these bedrooms and the layout and design of the multiple occupancy bedrooms in Woodville unit did not ensure that residents could carry out personal activities in private. Some residents in Woodville unit could not easily access their personal items and clothes.

Residents could go out into the garden from Woodville unit as they wished. The garden was enclosed, landscaped and had winding paths that were covered in a surface that reduced their risk of injury.

Some bedrooms were personalised with soft fabric blankets, books and ornaments. Shelves had been fitted in some bedrooms and were being used by residents to display their personal items such as photographs and artwork. Residents on Barnes View and Finn View units had their wardrobes beside their beds and this ensured they could maintain control over their clothes and personal possessions. These wardrobes and good sized lockers provided residents with enough storage for their clothes and possessions.

Residents in Barnes View unit confirmed that they felt comfortable and safe in their environment and told the inspector that they liked the layout of their communal rooms. However the inspector observed that the majority of residents ate their meals in the sitting room and only a small number of residents choose to move to the dining room to eat their meals. Residents reported that they liked the dining room environment but the inspector was not assured that all residents were offered the choice to go to the dining room for their meals. This was also a finding on the last inspection.

An activity coordinator was available on each of the three units and although these staff had responsibility for ensuring residents were facilitated with opportunities to enjoy meaningful social activities that interested them and met their capability needs the inspector found that residents spent a significant amount of time with little in the way of meaningful activities to occupy them especially in Woodville unit. Whilst the residents' daily routine consisted of daily Mass streamed onto the television in the sitting room from one of the local churches it was not clear why residents were not being supported to attend daily mass in the church on site in the designated centre. The residents in the sitting room on Barnes View unit were observed to enjoy chatting with staff, some read their newspaper and one resident was having her hair styled by a staff member in preparation for meeting her visitors later in the day. In another sitting room a member of staff sang for the residents. A number of residents preferred to rest quietly or watch television in their bedrooms.

It was evident that residents and staff knew each other well and residents were comfortable in the company of the staff. Staff interactions with residents throughout the inspection were observed to be kind and caring. There were enough staff on duty to provide care and support for the residents. However, the inspector found that on the second day of the inspection an incident occurred on the dementia unit,

where a resident displayed responsive behaviours towards another resident and staff were not available in the communal room to witness and de-escalate the situation. The absence of appropriate supervision of residents in the communal room placed some residents at risk when other residents were displaying responsive behaviours.

The visitors room was located inside the front entrance during the days of inspection. Visits were being arranged on a scheduled basis and compassionate visiting was facilitated for residents in all three units. The inspector found that the visiting arrangements were overly restrictive and did not reflect the current guidance from the Health Protection and Surveillance Centre. In addition residents and their visitors were interrupted by staff entering this room to access thermometers and the visitor's sign in sheets.

Residents told the inspector that they would talk to the the staff or their family if they were worried about anything or were not satisfied with any aspect of the service. Residents said that they were listened to and any issues they raised were addressed to their satisfaction.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

## Capacity and capability

This was an unannounced risk-based inspection completed over two days by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also followed up on the compliance plan from the last inspection in March 2021 and how the provider had progressed with meeting a condition on the centre's registration to address residents' privacy in four bedrooms in Barnes View and Finn View units by means of reconfiguration or reducing occupancy to be completed by 31 December 2021.

The inspector found that a number of the compliance actions from the previous inspection had not been fully addressed which is reflected in the high levels of non-compliance that were found on this inspection. Although the provider had refurbished the bedrooms in Barnes View and Finn View units to a good standard, the refurbishment works alone had not ensured residents' could carry out personal activities in private. In addition the inspector was not assured that residents could easily move around in their private space in some of these multi-occupancy rooms. The inspector also found that further improvement to the layout and design of the other three and four bedrooms in all of the three units in the centre was necessary to ensure residents' rights were respected.

The inspector also followed up on unsolicited information received by the Health Information and Quality Authority prior to the inspection. This information in relation to visiting arrangements in the centre, supervision of residents in the communal rooms and residents' access to meaningful activities was partially substantiated on this inspection. The inspector's findings are discussed under Regulation 9, Residents' Rights and Regulation 11, Visits.

The registered provider of this designated centre is the Health Service Executive (HSE), and a service manager was assigned to represent the provider. As a national provider involved in operating residential services for older people, St Joseph's Community Hospital benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance. The person in charge was in the role for several years and worked full-time in the designated centre. The person in charge had senior clinical support from an older persons manager and local support in her role from an assistant director of nursing (ADON) who assisted her with auditing, staff supervision and staff training. The ADON deputises during the absence of the person in charge.

There was an established governance and management structure in place and the quality assurance systems included effective monitoring and audit of key clinical indicators such as falls and wounds. There was clear evidence that the provider had allocated significant resources to improve the living environment for the residents. Notwithstanding the benefits gained from works completed since the last inspection this inspection found that residents' bedroom accommodation continued to negatively impact on their privacy, dignity and rights. The impact of the multi-occupancy rooms on resident's quality of life had been recognised and not adequately addressed by the provider and remained a significant non compliance on this inspection.

There were enough staff on duty on the day of the inspection to meet the day-to-day needs of the residents. Staff teams were divided into separate teams for each of the three units, however additional cleaning and nursing staff were not available on Finn View unit to ensure that staff team was cohorted to reduce crossover of staff between those residents who were COVID-19 positive and those who were not.

The inspector found that staff on the Woodville unit were not being adequately supervised to ensure that they carried out their work to the required standards. This was evidenced by the absence of staff who had been allocated to supervise residents in the communal room on this unit. In addition the inspector was not assured that the current supervision of staff who were responsible for providing activities was adequate to ensure that activities were being made available to all residents in line with their preferences and capacity to engage.

Staff training records had improved since the last inspection and assurances were available that all staff had attended mandatory training including safe moving and handling procedures, safeguarding residents from abuse and fire safety. In addition a wide programme of professional development training was available for staff to ensure that they had the necessary skills and competencies to meet the complex needs of residents. However the inspector identified that staff would benefit from



further training in the assessment of resident's social care needs and in care planning. This is discussed under the relevant regulations.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified to the Health Information and Quality Authority as required by the regulations. Staff working in the centre had completed satisfactory Garda Vetting procedures. The provider was a pension agent for a small number of residents, and procedures were in place to ensure this process was managed according to the legislation and best practice.

There was a low number of complaints received and procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy. Some improvements needed in record keeping detail were identified.

### Regulation 15: Staffing

The numbers of nursing and cleaning staff provided in one unit were not adequate to ensure residents' infection prevention care plans were met.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

Staff needed additional knowledge and skills to ensure that residents' social care needs were assessed and that residents' social care plans were delivered in line with the resident's preferences and capacity to participate.

Staff were not appropriately supervised to ensure that they carried out their work to the required standards. This was evidenced by;

- Staff who were allocated to supervise residents on the Finn View unit communal room not being present when an incident occurred.

Judgment: Substantially compliant

### Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was available and updated in line with regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had failed to adequately address the non compliances in relation to Regulations 17 and 9 in the multi-occupancy rooms identified on the previous inspection before the required date of 31.12.2021 and was in breach of their conditions of registration..

The management and oversight systems in place to ensure compliance with the Health Act 2007 (Care and Welfare of resident in Designated centres for Older People ) Regulations 2013 were not effective which is evidenced by the high number of non-compliances found on this inspection.

The inspector also found that the provider did not have effective management and oversight systems and processes in place to ensure the lived environment for residents in the specialist dementia unit on Woodville supported residents' safety, and quality of life and that their lived environment reflected best standards in dementia care and design. For example, some residents were unable to access their clothes and personal possessions, residents did not access to a nurse call bell in their bedrooms, the communal toilets or communal sitting and dining rooms and residents social activity needs were not assessed and a meaningful social activity programme developed to meet their interests and capability needs.

Judgment: Not compliant

### Regulation 31: Notification of incidents

While notifications were submitted within the specified timeframes and as required by the regulations, quarterly reports required improvement to include detail of any occasion where prn (as required) psychotropic medicines were administered to control behaviours and restriction to residents posed by doors secured by electronic keycode/fob.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Although there were records available to reference investigation of complaints received by the service, the outcomes, and whether or not the complainants were satisfied, this information was entered in a template that limited the detail of the investigation process and communications with complainants. Information regarding any learning identified that required implementation was not clearly outlined.

Judgment: Substantially compliant

## Quality and safety

Overall, residents were provided with good standards of nursing and health care in line with their assessed needs. However significant focus and actions were required to ensure the quality of residents' lived experiences in the centre in terms of ensuring that care was person-centred and that residents' rights, privacy and dignity were upheld. Improvements were also necessary to ensure residents' were supported to engage in meaningful activities in accordance with their interests and capacities.

The inspector acknowledged that the centre's management and staff had controlled and confined a COVID-19 outbreak to one unit at the time of inspection and were committed to preventing transmission to the other two units. Infection prevention and control policies in place covered aspects of standard precautions, transmission-based precautions and guidance in relation to COVID-19. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control training for all staff. The provider had improved infection prevention and control processes and procedures in the centre since the last inspection. Notwithstanding the infection prevention and control improvements made, further improvements to ensure residents' safety from risk of COVID-19 infection were found to be necessary and are discussed further under Regulations 27 in this report.

Residents were provided with good standards of nursing care and timely health care to meet their needs. This optimised their continued good health and clinical well being. Residents' care plans were for the most part, reflective of their individual preferences and wishes regarding their nursing and health care needs. However the inspector found that behaviour support care plans did not provide sufficient detail to guide staff. In addition staff did not use the behaviour monitoring charts to monitor those behaviours that did not require a psychotropic medication and this information was not readily available for subsequent medical reviews.

The inspector found that residents' wounds were managed in line with evidence based wound care procedures and with the guidance of a tissue viability specialist, a dietician and residents' general practitioners (GPs). A variety of pressure relieving mattresses and other interventions were available and in use.

Residents' records and their feedback confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. Records showed that effective arrangements were in place to ensure treatment and care recommendations made by members of the multidisciplinary team were implemented and monitored.

Although there were visiting arrangements in place at the time of this inspection these were not in line with public health guidance and were overly restrictive.

The provider had completed an extensive refurbishment of the units including the installation of additional shower facilities and the relocation of handwash basins in the multi-occupancy rooms. However the layout and design of the multiple occupancy bedrooms continued to negatively impact on residents' privacy and access. In addition the residents in some multi-occupancy rooms did not have access to a television which they could easily see from their beds. The one television in these bedrooms did not ensure that all residents accommodated in the room could choose what they wanted to watch and when.

Residents did not have a nurse call bell in their bedrooms and in the communal rooms in Woodville unit.

While, measures were in place to protect residents from risk of fire, procedures for storage of oxygen needed improvement to ensure residents' safety.

Residents' meetings were regularly convened and issues raised for areas needing improvement were addressed. Residents had access to local and national newspapers.

Measures were in place to protect residents from risk of abuse and while there was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours, the inspector observed that supervision of these residents by staff especially in communal rooms needed improvement. While, the person in charge and staff team demonstrated commitment to a minimal restraint use, restrictions posed by key coded doors on the doors into each unit and the door to the outdoor garden for residents in two units in the absence of individual risk assessments for residents was not in line with national restraint policy guidelines.

## Regulation 11: Visits

Residents could not meet with their visitors in private as the visitor's room was used to store the thermometers and the visitor's sign in sheet and residents were interrupted when staff entered the room to collect these items.

Visiting arrangements were overly restrictive. This was evidenced by;

- families were required to make a scheduled appointment to meet with residents.
- families could not meet with residents in their private space.
- visiting arrangements were not in line with the national guidance from the Health protection and Surveillance Centre.

Judgment: Substantially compliant

## Regulation 12: Personal possessions

Two residents in each of four bedrooms with four beds in each in the Woodville unit could not maintain control over their clothing or other personal belongings as their wardrobes were located outside of their bed area along the opposite wall adjacent to the two other residents' bed areas. In addition most residents' wardrobes were locked and the keys were held by staff.

In a number of the multi-occupancy bedrooms residents did not have shelf space to display their photographs and other personal items.

Judgment: Not compliant

## Regulation 17: Premises

The layout and design of some multi-occupancy rooms was not appropriate to the number and needs of the residents in those bedrooms. This was evidenced by;

- The space available between each bed was not sufficient to allow the resident to sit by their bed without obstructing access to their wardrobe or locker.
- Circulating space available between the bottoms of beds on each side of these rooms was limited and did not provide enough room for residents who needed assistive equipment to manoeuvre in their bedroom without impacting on the other residents in that room.

Some areas of the premises did not conform to the requirements set out in schedule 6 of the regulations as follows;

- There was insufficient storage for residents' assistive equipment in Finn View and Woodville units. For example, as observed again on this inspection, there was storage of linen trolleys in a communal toilet/shower for use by residents and storage of a hoist, weighting chair and vital sign monitoring equipment along a corridor in Finn view unit.
- Call bells were not available at residents' beds or in the communal areas in Woodville unit.

- The surfaces of wooden sink units in two of the multi-occupancy bedrooms in Woodville unit were damaged and did not support effective cleaning.
- Grab rails were not fitted in some showers and in one toilet used by residents. This posed a risk of falling to residents

Judgment: Not compliant

### Regulation 27: Infection control

Although a number of infection prevention and control measures had been implemented since the last inspection, further improvements were required to ensure compliance with the national infection prevention and control standards and to protect residents from risk of infection as follows;

- There were not sufficient clinical hand wash basins to support effective clinical hand washing procedures. For example, staff were observed carrying out clinical hand hygiene procedures in a domestic-style sink in a clinical room in Barnes View unit.
- There was not sufficient hand wash basins outside of the residents' bedrooms and communal bathrooms. Therefore, sinks in residents' bedrooms and communal toilets/showers were serving a dual purpose for both residents' use and hand wash basins for staff.
- A suitable hand hygiene sink was not available in the cleaner's room.
- There was no hand wash basin in a communal shower/toilet used by residents in Woodville unit.
- There was a crack in the sink in one of the multi-occupancy bedrooms in Woodville unit.
- There was no appropriate facility for filling clean water receptacles clean disposing of used water in the cleaner's room in Woodville unit.
- Clinical waste management required improvement to ensure timely collection and appropriate storage of clinical waste awaiting collection. The procedures observed by the inspection did not ensure unauthorised access to hazardous clinical waste was prevented.
- There was storage of utilities on open shelves in the sluice and cleaner's rooms. This posed a risk of cross infection.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The oversight of fire precautions was not adequate. This was evidenced by:

- Oxygen cylinders in a storeroom in Woodville and in a clinical room in Finn View units did not have signage to indicate the presence of oxygen in those store rooms.
- Neither of these rooms were suitably ventilated and both contained combustible materials.
- The risks associated with storing oxygen in these areas had not been identified until it was brought to the attention of the person in charge by the inspector during the inspection.

The provider did not make adequate arrangements for evacuating residents in the event of a fire emergency. this was evidenced by

- The floor plans of the centre layout indicating fire compartments and exit routes that were on display in the designated centre were out of date and did not accurately reflect the current layout of the centre.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Residents did not have a comprehensive assessment of their social care needs to ensure they were provided with a care plan that set out meaningful activities in line with their interests and capacity.

Not all residents had a social care plan in place to inform staff regarding the care and support they needed to meet their social needs and to access meaningful activities and recreation.

Some residents' behaviour support care plans lacked information regarding the resident's requirements for supervision. The inspector observed an incident of responsive behaviours where a resident was not appropriately supervised and when the care plan was reviewed the details of supervision needs were not included in the record to alert staff.

Care plans did not include information regarding the content of care plan reviews and how the resident and/or their representative had participated in the review process.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had timely access to a general practitioner (GP), allied health professionals, specialist medical and nursing services including psychiatry of older

age, community palliative care and tissue viability specialists as necessary. An on-call medical service was accessible to residents out-of-hours if needed. Recommendations made by allied health professionals were implemented in residents' care and support interventions by staff with positive outcomes for residents' ongoing health. Residents were supported to safely attend out-patient and other appointments.

Staff were monitoring residents for symptoms of COVID-19 on an ongoing basis including twice daily temperature checks.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Some practices in relation to locked doors were overly restrictive and these restraints were not being used in accordance with national policy as published by the Department of Health. This was evidenced by:

- The locked doors at the entrance to each of the three units meant that residents could not mobilise independently around the designated centre and could not access the church on site.
- In Barnes View and Finn View units the residents could not access the outdoor garden area without the assistance of staff to unlock the door to the garden.

Judgment: Substantially compliant

### Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded. Staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place.

Judgment: Compliant

### Regulation 9: Residents' rights



Although efforts were made since the last inspection to ensure residents' rights were respected, further improvements were found to be necessary on this inspection.

The residents living with dementia did not have access to opportunities for meaningful social engagement.. For example, there was limited evidence that residents living with dementia had opportunities to participate in an accredited sensory programme described as being available to them in the centre's statement of purpose.

The inspector observed that there was a high reliance on television viewing for residents on both days of the inspection and while some residents enjoyed a sing-song session, watching television, reading the newspapers, others spent their time sleeping, sitting quietly in their chairs or walking without purpose around the unit their unit.

Due to a COVID-19 infection outbreak on Finn View unit residents were required to remain in their bedrooms. The records of the activities that residents on this unit participated in showed that their levels of engagement were minimal and did not provide assurances that residents had opportunity to participate in meaningful social activities that met their individual interests and capabilities.

Residents in the multi-occupancy bedrooms on Barnes View and Finn View units were required to share one television. No television was available for residents' use in the multiple occupancy bedrooms in Woodville unit. Although, the inspector was told that portable televisions were available to residents in these bedrooms the inspector found that the space available around each residents' beds did not provide sufficient room for this additional equipment without cluttering the area and hindering residents' access. For example, the inspector observed that one resident sitting in an assistive chair while watching the main television in one of the multi-occupancy rooms was preventing the other residents being able to access their own bed spaces.

While, multiple occupancy bedrooms were refurbished and residents' wardrobes were located by their bed areas in Barnes View and Finn View units since the last inspection, the overall positive impact on improving residents privacy and space was minimal. As a result residents in these rooms were not able to carry out personal activities in private. In addition two cubicle style communal toilets provided for residents' use did not ensure that residents' privacy was maintained whilst using these facilities.

Judgment: Not 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Substantially compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for St Joseph's Community Hospital OSV-0000625

Inspection ID: MON-0035098

Date of inspection: 25/03/2022

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Adequate nursing and cleaning staff are rostered to ensure that the resident's infection prevention care plans are in place. The Clinical Nurse Manager will ensure that the resident's infection prevention care plans are in place. The Person in Charge will monitor and ensure that adequate staff are in place to meet the needs of the residents on a daily basis: completed on 30/05/2022</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            Activity Coordinators will be facilitated with further training – Imagination Gym /Activity Therapy for Dementia Care- QQI Level 1 by 30/11/2022, and Online Therapeutic and Recreational Activity training from the Open College by 31/10/2022, to provide them with additional knowledge and skills to ensure residents social care needs are assessed and that care plans are delivered in line with resident's preferences and capacity to participate. 90% of nursing staff have completed HseLand online care planning training and all nursing staff will have completed this training by 15/07/2022            Staff are supervised to ensure that they carry out their work to the required standards. Staff who are allocated to supervise residents in Woodville Unit Communal Room have been advised of the importance of being present in the Communal rooms at all times. Clinical Nurse managers in each unit will monitor this daily.</p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>As per Condition 4 of the Registration, Ward B6 and B7 in Barnes View four bedded rooms have been reduced to three beds, this was completed on 10/06/2022. Ward 5 and 6 in Finn View four bedded rooms have been reduced to three beds, this was completed on 14/06/2022.</p> <p>In order to facilitate this required bed reduction, Finn View will now accommodate 2 long term residents in Ward 1 Main Corridor, until such time as beds become available on Barnes View.</p> <p>The Statement of Purpose has been updated on 14/06/22.</p> <p>The residents in the Dementia Unit have access to their clothes and personal possessions. Wardrobes will be relocated within each resident's bed space by 31/08/2022. The Nurse Call Bell System will be in place in all bed rooms, communal rooms, toilets, sitting and dining rooms by 30/09/2022.</p> <p>Activity Coordinators will be facilitated with further training – Imagination Gym /Activity Therapy for Dementia Care- QQI Level 1 by 30/11/2022, and Online Therapeutic and Recreational Activity training from the Open College by 31/10/2022, to provide them with additional knowledge and skills to ensure residents social care needs are assessed and that care plans are delivered in line with resident's preferences and capacity to participate.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Quarterly notifications will be submitted in detail, this will include physical, chemical and environmental restraints.</p>	
Regulation 34: Complaints procedure	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  Complaints documentation template will be reviewed to include the detail of the investigation process and communications with complainants to ensure that any learning identified that requires implementation will be actioned. This will be completed on the 31/08/2022 with ongoing review.</p>	
Regulation 11: Visits	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 11: Visits:  Residents are able to meet their visitors in private. Visiting arrangements are now in line with National guidance from the Health Protection and Surveillance Centre.</p>	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:  Wardrobes will be placed within the resident's bed space by 31/08/2022 and are unlocked as per consultation with the residents. Consultation has occurred with residents regarding the installation of shelves for additional display and all multi- occupancy bedrooms will be provided with shelf space to display personal items of residents by 31/08/2022.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  As per Condition 4 of the Registration, Ward B6 and B7 in Barnes View four bedded rooms have been reduced to three beds, this was completed on 10/06/2022.  Ward 5 and 6 in Finn View four bedded rooms have been reduced to three beds, this was completed on 14/06/2022.</p> <p>In order to facilitate this required bed reduction, Finn View will now accommodate 2 long term residents in Ward 1 Main Corridor, until such time as beds become available on</p>	

Barnes View.

The Statement of Purpose has been updated on 14/06/22.

Equipment that was located on the corridor in Finn view on the day of inspection has been removed to a storage area: completed on 28/03/2022.

Call bells will be provided in bedrooms and communal rooms in Wood Ville unit by 30/09/2022.

Wooden sink units that were damaged in Wood Ville unit will be replaced by 31/8/2022 and a daily cleaning schedule is now place.

Grab rails are fitted where required in showers and toilet areas, this was completed on 30/05/2022.

The capital approval for major refurbishment of St Joseph's Hospital has been approved for €4.05m. The proposed plan was prepared in compliance with HIQA regulations and the drawing includes a summary of the requirements such as room areas etc.... including 3 bed wards in the long stay accommodation, some of which are ensuite. Please see the drawings for review.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

A Clinical hand wash basin will be provided in the Clinical room in Barnes view by 31/08/2022.

A review was conducted by the Infection Prevention and Control Nurse Manager regarding hand wash basins. Where multi-occupancy rooms do not have en-suite facilities, the hand wash basin in the bedroom area is for the residents use. Therefore additional clinical hand wash basins will be put in place outside of the residents rooms / communal toilets and showers by 31/10/2022 and will clearly display the use for Staff Only as per Infection Control Guiding principles in community settings May 2022.

A Hand hygiene sink will be provided in the cleaner's room in Woodville by 31/08/2022.

The cracked sink in Woodville will be replaced in the multi- occupancy bed room by 31/08/2022.

Appropriate facilities will be put in place for filling clean water receptacles and clean disposal of used water in the cleaner's room in Woodville by 31/10/2022.

The Clinical Waste Management Procedure has been reviewed and measures put in place to prevent unauthorized access to hazardous clinical waste. This was completed on 28/03/2022.

Closed Cabinets will be placed in cleaner's rooms and sluice rooms by 31/10/2022.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Signage is in place to indicate where oxygen cylinders are stored in suitably ventilated rooms, this was completed on 28/03/2022. The main oxygen storage is external to the unit. A Risk Assessment regarding the Storage of Oxygen has been completed on 08/06/22.

The Fire Consultant will be completing the Fire floor plans to reflect the layout of the Centre, this will be completed by 01/07/2022.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

A Comprehensive Assessment of Social Care Needs is in place for each resident and will be reviewed to ensure the provision of meaningful activities. All residents will have a social care plan based on the review of this assessment and will be completed by 30/06/2022.

Behavior support care plans are updated to provide adequate information. This was completed on 30/05/2022

Care plans will include the information regarding the participation of resident's / resident representative's in the review process and this will be completed by 30/06/2022.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant



Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

A new security system will be put in place to replace the key codes of the doors in two units, which will enable the main entrance to be kept closed and secured. Therefore the residents will be able to mobilize independently around the designated center and have access to church on site. This will be completed by 31/07/2022.

A review has been conducted on the security system which will ensure Barnes view residents will have free access to the outdoor garden and this will be completed by 31/08/2022.

A new Garden will be available for Finn View residents by 31/10/2022.

Regulation 9: Residents' rights

Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Staff will be provided with additional training- Activity Coordinators will be facilitated with further training – Imagination Gym /Activity Therapy for Dementia Care - QQI Level 1 by 30/11/2022, and Online Therapeutic and Recreational Activity Training from the Open College by 31/10/2022, to provide them with additional knowledge and skills to ensure residents social care needs are assessed and that care plans are delivered in line with resident's preferences and capacity to participate. A program of meaningful social activity will be developed to meet the interest and capability needs of each resident. Multi – occupancy bed rooms in the Dementia unit will be provided with televisions by 30/09/2022. A T.V engineer will assess this requirement.

As per Condition 4 of the Registration, Ward B6 and B7 in Barnes View four bedded rooms have been reduced to three beds, this was completed on 10/06/2022.

Ward 5 and 6 in Finn View four bedded rooms have been reduced to three beds, this was completed on 14/06/2022.

In order to facilitate this required bed reduction, Finn View will now accommodate 2 long term residents in Ward 1 Main Corridor, until such time as beds become available on Barnes View.

The Statement of Purpose has been updated on 14/06/22.

Two cubicle style toilets will be replaced to ensure additional privacy and this will be completed by 31/10/2022.

## 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 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Substantially Compliant	Yellow	30/05/2022
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in	Not Compliant	Orange	31/08/2022

	particular, that a resident uses and retains control over his or her clothes.			
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/08/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	30/05/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/11/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/05/2022

Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/10/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/08/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/10/2022
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	Not Compliant	Orange	30/05/2022

	effectively monitored.			
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	31/10/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/05/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	01/07/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set	Substantially Compliant	Yellow	30/05/2022

	out in paragraphs 7(2) (k) to (n) of Schedule 4.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/08/2022
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/08/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an	Substantially Compliant	Yellow	30/06/2022

	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.			
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.	Substantially Compliant	Yellow	30/06/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/06/2022
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned	Substantially Compliant	Yellow	31/07/2022

	or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
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	31/08/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/11/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/11/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure	Not Compliant	Orange	30/11/2022



	that a resident may undertake personal activities in private.			
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