



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

## Issued by the Chief Inspector

Name of designated centre:	St. Joseph's Centre
Name of provider:	Saint John of God Hospital Company Limited by Guarantee
Address of centre:	Crinken Lane, Shankill, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	04 April 2024
Centre ID:	OSV-0000102
Fieldwork ID:	MON-0043279

## About the designated centre

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

St. Joseph's Centre is purpose built, and consists of a single storey and is divided into 6 houses, with capacity for 61 residents. The centre has one bed for respite and provides day care for members of the community. The centre provides 24-hour care to men and women with dementia over 18 years of age St Joseph's centre provides holistic dementia care and palliative care to persons living with dementia. The philosophy of the Hospitaller Order of St John of God guides the work in the centre, and this philosophy means that residents are viewed as having intrinsic values and inherent dignity.

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

Number of residents on the date of inspection:	59
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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 April 2024	09:45hrs to 17:00hrs	Frank Barrett	Lead

## What residents told us and what inspectors observed

There was a busy atmosphere at the centre when the inspector arrived. Staff were observed being very respectful towards the residents, while assisting with movement and activities throughout the day.

St Josephs Shankhill nursing home is laid out over ground floor only. It is a large building, with 61 registered beds. Accommodation is provided in single and double rooms in various "lodges" which are arranged to accommodate the varying level of dependencies of the residents. All residents at the centre have a level of dementia, and the centre is arranged to accommodate residents through four stages of progression of dementia. Staff were observed assisting residents throughout the day to move through the halls, and into day rooms. There was a varied programme of activities available to residents, with music and singing being heard throughout the day from various day spaces.

Residents who spoke with the inspector reflected their satisfaction with the centre. Residents spoke of the care and attention given to them by staff, and of the work by volunteers at the centre to incorporate community activities and events into the lives of residents. Volunteers and staff provided outdoor activities such as bowling, theatre and sporting events. Within the centre, there were crafts, music, and games facilitated by volunteers with expertise in different areas.

The layout of the centre provided space for residents and visitors to meet, as well as provide a warm and comfortable space for residents themselves. Inspectors noted that different parts of the centre were decorated with varied styles and colours. Staff mentioned that this was to assist in the memory care of the residents, as it provided visual aids for residents to find their way around. The inspector noted some damage to doors, and walls during the walk around as well as some maintenance work required to radiator covers, and some cabinets in bathrooms. Improvement was also required to the storage spaces and the shelving arrangements within these areas.

The external spaces were clear and easily accessible for the residents. External spaces were provided in each of the wings of the centre, with a separate large outdoor garden space to the rear of the centre. A large central hall provided a focal point for the centre, which provided easy access to the chapel area and "community centre" area where much activity took place. Information posted throughout the centre referred to the "butterfly model of care" which the centre had been signed up to. This standard required yearly accreditation and is concerned with "meaningful care matters in the cultural and environmental aspects of the centre".

An ongoing programme of upgrades to bathroom floors was continuing, with refurbishment and rearrangement of some bathroom facilities also underway. Steps had been taken to ensure that noise, dust and disturbance was kept to a minimum during the course of the works. Contractors completing the works had screened off

the work areas, and placed protective covering on routes to and from the work area, however, the inspector noted that in one area, the covering was not complete, and a section of flooring was being impacted with dust as a result.

Residents bedrooms were personalised to their own request, and to their own liking. 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

This inspection was carried out to assess compliance with the Health Act 2007 Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended), with a particular focus on regulation 17 premises, and Regulation 28 fire precautions. Due to concerns raised at previous inspections, two conditions had been attached to the registration of the centre. Both of these conditions were related to premises issues, and this inspection sought to clarify the progress in relation to the upgrade works currently underway.

The findings of the inspection were that the provider had taken adequate steps to improve the environment in the centre, and was on track to complete all works by the condition deadline of May 27th 2024.

The registered provider of St Joseph's Shankhill, is Saint John of God Hospital Company Limited by Guarantee. There was a clear management structure in place, with a person in charge supported by senior nursing staff, administration staff, facilities management and reporting to a board of directors. Resources had been put in place to ensure that improvement works were being completed on time and to a good standard.. There was a low level of staff vacancies at the time of the inspection with little or no use of agency staff at the centre.

Attention and support was evident to ensure residents safety and comfort was being prioritised and disturbance was kept to a minimum. There was a facilities manager on site, who maintained audits of the environment and fire safety services throughout the day. There were good management systems in place to ensure residents were protected from the risk of fire. Extensive auditing of fire safety systems was being completed at the centre with issues being raised in these audits which were being actioned appropriately. Improvement was required to ensure that all staff were up-to-date in their training records, as a number of staff did not have mandatory fire safety training in line with the centres own policy. Fire safety is discussed under regulation 28 fire precautions.

## Regulation 23: Governance and management

Governance and management reviewed at this inspection was in relation to fire safety, and premises.

Overall the provider had improved the governance and management of fire safety and premises at the centre, however, further improvement was required in relation to fire safety.

There was a good system in place to identify maintenance concerns. Premises audits were being completed by facilities management at the centre, to include environmental audits, which reviewed all aspects of the living environment of the residents and staff at the centre. Improvement was required to ensure that issues noted during these audits were being actioned as outlined under regulation 17 Premises.

There were appropriate systems in place to ensure oversight and management of fire safety systems at the centre. All fire safety systems were serviced and up-to-date, with a clear programme of audits on escape routes, fire alarm, fire detection and storage of fire risk items to mitigate the risk of fire at the centre. However, improvement was required to ensure:

- Staff had up-to-date in fire safety. Assurances were sought from the provider that staff rostered for duty during times of low staffing, were fully trained. Staff practice around the wedging open of doors also required review as discussed under regulation 28 Fire Precautions.
- The audits relating to fire safety did not identify areas of improvement with bedroom fire doors, for example smoke seals were painted over and some bedroom doors had large gapping on the perimeter which would reduce their effectiveness at containing fire, smoke and fumes in the event of a fire.

Judgment: Substantially compliant

## Quality and safety

Overall there was good practice visible in the centre in relation to oversight of premises and maintenance. Staff were aware of their responsibilities in the event of a fire.

Management of the centre were ensuring, through upgrade works, that the centre would comply with regulations to provide adequate sanitary facilities, and this improvement was on track to be completed within the providers set timeline. There were some wear and tear maintenance issues which had been overlooked during

environmental audits of the centre, which are discussed further under regulation 17 premises.

Arrangements in place at the centre to protect residents from the risk of fire was examined. During the walkaround of the centre, the inspector spoke to staff in relation to their understanding of fire safety. Staff were knowledgeable on the evacuation procedures, the fire fighting equipment, and the dependencies of residents. Residents' mobility levels were assessed in their own personal emergency evacuation plans (PEEPs) which were used to identify the level of assistance that residents required for evacuation. These PEEPs were used by staff during fire evacuation drills, however, all the important information relating to the evacuation of residents was not available on the evacuation reports viewed by the inspector. Evacuation of the largest compartment of 10 required continued improvement to ensure that staff could evacuate all residents from this area in a timely manner during times of low staffing levels for example, at night.

Overall, fire containment measures were in place at the centre, with some areas that required improvement. Some fire and smoke seals were missing or damaged on bedroom doors. Seals were also noted as being painted over which would reduce the effectiveness of the seal in the event of a fire. A fire door was not fitted in the location shown on the evacuation plan in the Glendalough lodge. The door was fitted in a wall opposite, which could impact on horizontal evacuation in the event of a fire.

Storage issues were impacting on fire safety in the centre. While it was noted that flammable items were stored separately within store rooms, the area in which these were stored did not have fire safety separation from the main storage space. These items included cleaning products, aerosols and hand gels.

Fire safety is discussed further under regulation 28 fire precautions.

## Regulation 17: Premises

The premises was suitable for the needs of the residents living there. Works was on track to ensure the centre was in compliance with regulations to provide suitable sanitary facilities and showers for residents. The provider had also implemented additional upgrade works to ensure that condition 5 of the registration was fulfilled which included:

- to ensure that the premises is of sound construction, in a good state of repair and suitably decorated by carrying out the following:
- Repairing the tiles and fixtures in communal bathrooms
- Completing the painting of the designated centre
- Repairing all water damaged areas including the oratory ceiling and floors



Notwithstanding the renovation works noted, improvement was required to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example

- Some radiator covers in bedrooms required repair or replacement as they were in poor condition, with paint peeling, and some sections of timber damaged
- Cabinets in two bathrooms were in a poor state of repair. Management at the centre noted this item was on a planned system of upgrade works for 2024.
- A section of dust control sheet was missing from an ongoing works area. This could impact residents and staff in that area. Management committed to ensuring this was put back in place for the duration of the works.
- Storage spaces including the racking and cabinets in store rooms required review. Some of the timber was not suitable as it was not sealed, and therefore could not be effectively cleaned

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had generally taken adequate precautions against the risk of fire, and had put in place robust management systems to maintain the fire safety systems at the centre.

Improvements were required to ensure that adequate precautions were in place against the risk of fire, for example:

- Oxygen cylinders were stored in a store room, however, there was no measures in place to secure the cylinders and prevent collision. Oxygen enrichment as a result of damaged cylinders would increase the risk of fire.
- Flammable items such as cleaning chemicals and hand gel were stored alongside combustible items such as cardboard boxes, linen in store rooms. There was no fire safe separation of the items and the timber material used, would increase the risk of fire.

Improvement was required by the registered provider to make adequate arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout, and escape routes. For example:

- Staff training in fire procedures was not fully up-to-date. Three staff members were not trained in mandatory fire safety training. These staff members had been scheduled for night duty, however, the provider gave assurances that they would not be placed on night duty until training was complete. Due to the lower staffing levels at night, assurances were required that all staff were trained that were scheduled for night duty. Further training was required for

all staff in respect of evacuation routes, and in the evacuation of the largest compartment, to reflect times of low staff numbers..

- Layout plans posted on the walls did not fully reflect the compartment lines. There were differences in where the compartment doors were in reality as opposed to where they were on the layout plans. This could cause confusion in the event of a fire.

Improvements were required to ensure that adequate arrangements were in place for containing fires for example:

- Two doors were observed as being wedged open. This could prevent effective containment of fire smoke and fumes in the event of a fire and was contrary to policy at the centre.
- Issues were noted with some fire doors throughout the centre, for example:
  - Excessive gapping was noted around some compartment doors and bedroom doors.
  - Smoke seals were noted as being painted over in some areas which would reduce their effectiveness in the event of a fire.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

# Compliance Plan for St. Joseph's Centre OSV-0000102

Inspection ID: MON-0043279

Date of inspection: 04/04/2024

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <ul style="list-style-type: none"> <li>• Fire training will be given to new staff members during the induction period and staff won’t be rostered for night shifts without completing mandatory fire training.</li> <li>• A detailed assessment of all bedrooms fire doors has been completed and identified areas of improvement required. Necessary repair work has commenced and will be completed by 31st December 2024.</li> <li>• The quarterly fire door visual inspection audit tool will be updated by 30th August to specifically include condition of locks, hinges, smoke seals and gap size. Audit outcome and actions will be monitored by the risk management committee.</li> </ul>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> <li>• All radiator covers are assessed and repaired. Radiator covers will be assessed regularly as part of the environmental hygiene audit.</li> <li>• Cabinets in two bathrooms are on a planned system of upgrade work and the work will be completed before the end of the year 2024. Necessary repair work is completed by closing of the cabinet speces with panels.</li> <li>• The missing section of the dust control sheet was replaced and monitored regularly through a risk assessment.</li> </ul>	

• Storage spaces are in a planned system of refurbishment. A review and reorganisation of the storage spaces are commenced and will be upgraded by the end of the year 2024.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

• One Oxygen cylinder stored on the floor was removed immediately, all oxygen cylinders are stored securely on a trolley now.

• All flammable items stored inappropriately were removed and stored in the appropriate storage area. Household manager and staff informed and monitoring the same.

• Fire training will be given to new staff members during the induction period and staff won't be rostered for night shifts without completing mandatory fire training. Evacuation drills are conducted and documented on a regular basis and evacuation drill for the largest compartment with least number of staff are also included.

• Layout plans will be updated to fully reflect the compartment lines by 30th June 2024.

• The door wedges are removed and staff informed and will be monitored by line managers regularly. A detailed assessment of all bedrooms fire doors has been completed and identified areas of improvement required. Necessary repair work has commenced and will be completed by 31st December 2024.

• The quarterly fire door visual inspection audit tool will be updated by 30th August to specifically include condition of locks, hinges, smoke seals and gap size. Audit outcome and actions will be monitored by the risk management committee.

## 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 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.	Substantially Compliant	Yellow	31/12/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	31/12/2024

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/06/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/06/2024



Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2024
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