



**Health
Information
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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 Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Patrick Street, Trim, Meath
Type of inspection:	Announced
Date of inspection:	14 May 2024
Centre ID:	OSV-0000542
Fieldwork ID:	MON-0038520

About the designated centre

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

The designated centre is registered to accommodate up to 50 residents. It provides 24 hour nursing care to male and female residents, who require long term and respite care. A day hospital adjoins the centre. Although the building is two storey residents are accommodated on the ground floor in two distinct units. Butterstream is a 14 bed dementia specific unit completed in October 2019, providing single bedrooms with shower en-suites for all residents and Camillus has 36 single bedrooms of which 34 have full shower en-suite facilities. Camillus unit is decorated and furnished to a high standard with spacious corridors, a variety of sitting/quiet rooms and seated areas, two dining and day rooms, a spacious chapel, an activity room, a library with computer facilities and a hair salon is available for residents' use. A secure and accessible courtyard is also available. Butterstream is specifically designed to meet the needs of residents with dementia providing a range of well thought out internal and external living spaces. The centre's philosophy is one of upholding the rights of residents, promoting independence, health and well-being and aimed at facilitating residents to receive a safe therapeutic environment where privacy, dignity and confidentiality are respected. Involvement of family and friends is encouraged to enrich care and contribute to a happy homely atmosphere.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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
Tuesday 14 May 2024	09:10hrs to 16:50hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

The inspector observed that staff were working towards improving the quality of life and promote the rights and choices of residents in the centre.

The inspector met with many residents during the inspection, and spoke with approximately 30 per cent of residents and 10 per cent of visitors in more detail to gain insight into their experience of living in St Joseph's Community Nursing Unit.

Overall, residents reported that the service was good and that they were happy living in the centre. All of the residents and visitors who were spoken with were complimentary of the staff. One resident informed the inspector that 'staff were kind and caring', while a visitor said 'staff go above and beyond for all the residents'.

Throughout the morning of the inspection there was a busy but calm atmosphere in the centre. The inspector observed that many residents were up and dressed participating in the routines of daily living. Staff were observed attending to some residents' requests for assistance in an unrushed, kind and patient manner. It was clear that staff were familiar with residents' care needs and that residents felt safe and secure in their presence.

The premises was designed and laid out to meet the needs of the residents and was pleasantly decorated. It had sufficient private and communal space for residents to relax in. It was spacious with surfaces, finishes and furnishings that readily facilitated cleaning. While fire exits were free of obstructions, not all escape pathways were noted to be clear from obstruction and this will be discussed further in the report.

Residents private spaces were found to be well-maintained. They were observed to have items of personal significance on display such as photographs, soft furnishings and ornaments which gave the room a homely atmosphere. However, while most residents said they were happy with the size, layout and décor of their bedroom accommodation, one resident said they would like a bigger room for storage of all their valuables and ease of access to outdoor spaces. The inspector highlighted these views to management on the day of the inspection and assurances were given the following day that they were actively working with the resident to resolve the issues.

The inspector observed that the provider was proactive in maintaining and improving the facilities and physical infrastructure in the centre, through ongoing maintenance and renovations. For example, a family room was recently renovated and updated to incorporate a small kitchen, living area and ensuite bedroom. Residents could use this room to entertain their guests at any time. Visitors could use this room, particularly at end of life times, allowing them privacy and the opportunity to rest and freshen-up, while remaining in the centre and close to their loved one. Other improvements in the home included a newly created 'snug' where

residents could host their visitors and a recently landscaped front courtyard where residents were observed enjoying a rest on the bench after their morning walk.

The inspector observed the lunchtime experience and found that the meals provided appeared appetising. Residents were complimentary about the food served and confirmed that they were always afforded choice. The menu was displayed and the tables were laid out with cutlery and condiments for the residents to access easily. The inspector observed adequate staff offering encouragement and assistance to residents.

The inspector observed that residents were supported to enjoy a good quality life in the centre. Activity staff were on site to organize and encourage resident participation in events. Residents had access to television, radio, newspapers, and telephones to ensure they were informed regarding current affairs and connected to their community.

The inspector saw that there was a varied schedule of activities displayed on the boards throughout the centre such as bingo, exercises and card games. The centre's hairdresser was in attendance on the day of inspection. The hairdressing room was well-equipped and residents were seen enjoying this as a social occasion. On the day of inspection, the inspector observed a visit from a singer entertainer. It proved very popular with residents as the entertainer appeared very enthusiastic and encouraged resident participation. Residents and staff were observed playing the tambourine, while others were enjoying a gentle dance.

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

The inspector observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed they were welcome to the home at any time. Visitors informed the inspector that they were pleased with the level of care their loved one received and any concerns were dealt with promptly and satisfactorily.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

On the day of inspection, the inspector found that residents in the centre benefited from well-managed resources and facilities. The centre had a strong history of compliance with the regulations and this inspection found that the provider had sustained the good levels of care and oversight of service across all regulations

reviewed, with some further improvements required in respect of fire precautions which will be discussed in more detail under the relevant regulation.

This was an announced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The Health Service Executive (HSE) was the registered provider of St Joseph's Community Unit. A senior management team was in place to provide managerial support at group level. The person in charge was responsible for the local day to day operations in the centre and was supported in the role by the director of nursing (DON), clinical nurse managers (CNMs), a team of nurses, healthcare, catering, activity, housekeeping, administrative and maintenance staff.

There were robust management systems in place to monitor the centre's quality and safety. There was evidence of comprehensive and ongoing schedule of audits in the centre. These audits were found to be objective and identified areas for improvements.

The annual review of the quality and safety of the service for 2023 and quality improvement plan for 2024 was available for review. There was evidence that it was prepared in consultation with residents and their families.

Staffing levels were adequate to the size and layout of the centre and the number of residents accommodated at the time of inspection. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Staff training records were maintained to assist with monitoring and tracking completion of mandatory and other training completed by staff. A review of these records confirmed that mandatory staff training in manual handling procedures, safeguarding and fire safety had been completed.

Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if they needed to.

Overall, the documents reviewed met the legislative requirements including written policies and procedures, contract for provision of services, complaints procedures and information for residents.

Regulation 15: Staffing

The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of

staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training. All staff had attended the required mandatory training to enable them to care for residents safely. There was good supervision of staff on the day of the inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication. There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed six contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any additional fees. The contract also clearly stated the bedroom to be occupied, and the occupancy number of the room.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the

complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. They were easy-to-read and understand so that they could be readily adopted and implemented by staff.

Judgment: Compliant

Quality and safety

The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their healthcare needs were well met.

Residents' care plans and daily nursing notes were recorded on an electronic documentation system. Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. There was a good standard of care planning in the centre, with a focus on person-centred care. Care interventions were specific to the individual concerned and there was evidence of family involvement when residents were unable to participate fully in the care planning process.

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours. Residents were facilitated to access the National Screening Programme, in line with their assessed needs.

A risk management policy and risk register was available and reviewed regularly. A risk register contained both clinical and non-clinical risks. It included potential risks identified in the centre and the management of risks such as abuse, unexplained absence and accidental injury.

Suitable fire systems and fire safety equipment were provided throughout the centre. Training records demonstrated that all staff received annual training in fire safety. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person. There were comprehensive Personal Emergency Evacuation Plans (PEEPS) developed for each resident and

these included residents' mobility needs to inform staff of residents' needs in the event of an emergency evacuation. Fire exits were clear from obstruction however an escape pathway in one bedroom was not clear from obstruction and will be discussed under Regulation 28: Fire precautions.

The inspector was assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out. There was evidence of good oversight of multi drug resistant organisms (MDRO) and antibiotic stewardship.

Regulation 11: Visits

The registered provider had arrangements in place for residents' to receive visitors. Visits were not restricted and there was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate means of escape was not maintained in all areas within the designated centre. For example,

- The fire escape pathway in one bedroom was obstructed with furniture and clothing. In the event of an emergency, this could delay an evacuation, causing serious risk to residents and staff.

The inspector acknowledges that this had been identified by management in a fire safety risk assessment and were actively working with fire safety professionals to resolve the issue.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. A sample of resident care plans were reviewed. Each resident had a pre-admission assessment carried out to ensure the centre could meet the residents' needs. Assessments were completed within 48 hours of admission and all care plans updated within a 4 month period or more frequently where required.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to multi-disciplinary healthcare professionals as required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant

Compliance Plan for St Joseph's Community Nursing Unit OSV-0000542

Inspection ID: MON-0038520

Date of inspection: 14/05/2024

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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The fire escape pathway in the identified bed room is now cleared and there is no obstruction to the nearest fire exit door. Furnitures, clothing and other equipments from the escape pathway were removed, that allows the Resident to freely mobilise in the Bedroom- Action completed on 23/05/2024 and ongoing review. • Resident will be facilitated with additional safe storage area in Bedroom- Expected time of completion- 31st September 2024. • We continue to have mock evacuation drill which addresses any new issues and implement appropriate actions immediately- Completed on 03/06/2024 and Ongoing review. • Personal Emergency Evacuation Plan (PEEP) updated - Completed on 23/05/2024 and ongoing review. • Risk assessment and Risk Register Updated – Completed on 24/05/2024 and ongoing review. <p>Management, Maintenance officer, Fire Officer & Estates Risk Management and H&S are actively involved in meeting the National fire regulations and standards. We also explore long term solutions to manage mobile and immobile Bariatric Residents in the Centre – Expected time of completion- 31st May 2025.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/05/2024