



**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:	Millstreet, Cork
Type of inspection:	Unannounced
Date of inspection:	26 March 2024
Centre ID:	OSV-0000575
Fieldwork ID:	MON-0043168

About the designated centre

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

St Joseph's Community Hospital is registered to accommodate 19 residents. The bedroom accommodation comprises of 2 four bedded wards, two three bedded wards, one single room and one twin room. Bathrooms and showers are available throughout the centre. Communal space comprises of a visitors room, conservatory and dining room. St Joseph's Community Hospital provides 24 hour nursing care to both male and female residents aged over 65 years requiring continuing, respite, convalescence and palliative care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
--	----

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 26 March 2024	09:30hrs to 18:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

In general, there was a pleasant atmosphere and residents were relaxed and comfortable in their surroundings. The inspector met with all 17 residents living in the centre and spoke with five residents in more detail to gain an insight into their experience of living in the centre. Overall, residents gave positive feedback with regard to the care they received, and said that staff were very attentive and kind.

On arrival for this unannounced inspection, the inspector completed the sign-in process and hand hygiene. An introductory meeting was held with the person in charge to outline the purpose of the inspection.

St. Joseph's Community Hospital is two storey building located on the outskirts of Millstreet town, Co. Cork. Resident accommodation is all located on the ground floor, and the first floor comprises staff facilities and offices. The centre is registered to accommodate 19 residents, but due to the extension works in progress, 17 residents could be accommodated currently. Bedroom accommodation comprises two four-bedded rooms, two three-bedded rooms, one twin room and one single bedroom. Bedrooms do not have en suite facilities, however, there are communal toilet and shower facilities proximal to residents' bedrooms.

Communal spaces in the centre included Musherá visitors' room, a dining room and a conservatory sun room. In Musherá visitors' room there was a large TV, home style dresser and seating. The dresser displayed old style pharmacy bottles and an old rotary telephone. In the conservatory sun room, several residents watched mass being live-streamed from the local church in Millstreet; following this, a member of staff asked residents' what they would like to watch on TV and the unanimous decision was Daniel O'Donnell. A number of other residents were being assisted with their personal care. One resident was sitting in the dining room watching TV. The dining room had cupboards that contained containers of hand sanitisers; this cupboard was not locked. The fridge in the dining room had a supply of nutritional supplements.

Access to the new extension was via a link corridor in the centre of the old building, and while near completion, it was not yet ready for occupation; access to the new build was not secured. The new extension will comprise 11 single bedrooms with en suite facilities of shower, toilet and handwash basin; communal space of a separate dining room and sitting room, and visitors' room. Residents were looking forward to the building works being completed and said they had chosen their bedroom and were delighted at the prospect of having their own single bedroom.

Flooring to some bedrooms was upgraded since the last inspection. The inspector saw some improvements in relation to storage for residents' personal belongings, with double wardrobes provided to some residents. However, other residents' space for their personal belongings remained limited to small single wardrobes due to the limited space in these multi-occupancy bedrooms. Within one of these four-bedded

rooms there was an additional single wardrobe which stored fresh linen; the placement of this single wardrobe reduced the bedspace of one resident even further. These were removed by the person in charge. While some residents had a television within their bedspace, others did not have a television, and one resident's television was displayed behind their bed and very high so the resident would be unable to see it.

The layout of the three-bedded rooms did not ensure that residents could access their personal belongings and privacy screens in one of these rooms did not close fully around a resident's bed. One resident, with additional mobility needs, had to negotiate their way around two wardrobes to access their bed, another resident was unable to access their bedside locker due to the placement of their wardrobe and the very limited space in their bedroom. While two of the three residents' had double wardrobes, the third resident had just a single wardrobe for their clothing. Some bedrooms could not accommodate a bedside chair. Due to the ongoing building works of the new extension the outdoor space available to residents currently, was very limited. While there was no designated smoking space, a new fire blanket and fire retardant apron were placed at the front door following the findings of the last inspection as the resident that smoked did so outside the front door.

The inspector observed residents being served their lunch in the dining and in their bedrooms. Residents told the inspector that they were offered choice at mealtimes and were very complimentary regarding the quality of food provided. Meals were observed to be appetising and well presented. The menu choices were written on a board in the dining room. The inspector saw that residents who required assistance were attended to by staff in a dignified, relaxed and respectful manner. Tray service to bedrooms was observed, and while staff actively engaged with residents when serving their meal and providing assistance, the main meal and desert were served together. Some of the deserts were cold, such as jelly and ice-cream, and cream added to others, as the heating was on and the centre was very warm, deserts would not be served at an optimal temperature.

The inspector observed interactions between staff and residents, and saw that residents were treated with kindness and respect. Staff were seen to be supportive of residents' communication needs and were observed listening to residents, giving them time and follow up on their requests.

A member of the care staff was allocated to activities, morning and evening. The inspector saw that a daily schedule of activities was displayed near the sun room. Residents and staff chatted together in the sun room during the day about local news, read the news paper and discussed current affairs. A lively game of cards was observed in the afternoon where staff assisted some residents in playing cards and there was great fun when someone won a 'trick'. Two of the residents were facilitated to attend a "knit and natter" group in the local town. Residents told the inspector of the St Patrick's Day parade that came to the hospital at 10:30am and the band played for the residents; then the younger children came and they really enjoyed their fun and antics. Residents said the local children would be calling again over Easter and they were really looking forward to that. The conservatory sun room

was decorated for Easter with colourful eggs, bunting with Easter greetings and a beautiful handmade Easter wreath made by one of the staff. Residents said each were presented with an orchid for mother's day and thought that was beautiful. Residents said the local priest visits very often and celebrated mass there on a weekly basis. Residents visited the local holy well in Tubrid and they reported that they do like to go there.

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

This was an unannounced inspection to monitor compliance with regulations, to inform the application to renew registration of the centre, and to follow up on the previous inspection of June 2023. The inspector found that some of the findings of the previous inspection had been actioned with improvement in some areas relating to staff training, submission of notifications, aspects of the dining experience for residents, and infection prevention and control. However, overall, findings of this inspection were that management oversight of the service required action to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored as many of the findings of this inspection were repeat findings. Additional areas of concern were noted on this inspection relating to complaints, the risk register, records associated with Schedule 2: Staff files and other records maintained in the centre.

St. Joseph's Community Hospital is a designated centre for older persons that is owned and managed by the Health Service Executive, who is the registered provider. While there was a clearly defined management structure in place within the centre with identified lines of responsibility and accountability, the governance structure to demonstrate the support of the registered provider was not detailed in the statement of purpose. Nonetheless, the person in charge reported to the acting general manager for older persons services in CHO4 and acknowledged their support. There was also the additional support of a clinical development coordinator and an infection prevention and control specialist.

Regarding the statement of purpose, the organisational structure required updating to reflect the governance structure supporting the service; other information as specified under Schedule 1 of the regulations is further detailed under Regulation 3, Statement of Purpose.

Regarding the application to renew registration of the centre, while appropriate fees were paid as part of the application, the application form required updating to reflect the number of buildings associated with the centre. An application to vary Condition 1 was submitted prior to the inspection, to change the purpose and function of two rooms. However, prior to the regulator processing this application,

the purpose and function of these rooms was changed. As this was in violation of their conditions of registration, the office of the Chief Inspector requested that this contravention be addressed, and the issue was regularised immediately by the general manager.

The person in charge was supported in her role by a clinical nurse manager, a team of staff nurses, care staff, household staff and an administrator. Governance meetings such as quality and patient safety meetings, and director of nursing meetings were held regularly with the other HSE centres in the area. Records of these management meetings provided to the inspector showed that issues such as reported incidents, audit planning were discussed, and action plans put in place. Staff working in the centre used a safety pause to promote awareness of any risks to residents and to ensure they were communicated at each handover.

There was more than adequate number and skill mix of staff working in the centre to meet the assessed needs of the 17 residents living in the centre, cognisant of the size and layout of the centre; further details of staffing are outlined under Regulation 15, Staffing. Training records confirmed that mandatory training was facilitated.

The inspector saw that incidents occurring in the centre were recorded and notified through the HSE's incident management systems and associated notifications submitted to the Chief Inspector. Improvement was noted following the findings of the last inspection with the timely submission of notifiable incidents requiring three-day and quarterly notification.

Contracts of care were updated following the findings of the last inspection and were now compliant with specified regulatory requirements. The directory of residents was updated on inspection to enable compliance with regulatory requirements.

An annual review of the quality and safety of care provided to residents in 2023 was available, however, this did not reflect the change in legislation regarding the requirements set out in SI 628 of 2022 relating to complaints. In addition, complaints were not recorded in line with statutory requirements.

Appropriate fire certificates were available regarding testing and servicing of fire safety equipment. However, daily fire safety checks were not completed comprehensively. Records examined relating to fire drills and evacuations did not provide assurance that these could be completed in a timely and safety manner to protect all residents and staff. These findings are further discussed under Regulation 28, Fire precautions.

In conclusion, while the provider had management systems in place to monitor the quality and safety of care through a schedule of audit, the findings described heretofore were not reflected of an effective monitoring system to enable improvement.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider submitted an application to renew registration of St. Joseph's Community Hospital. The application was timely submitted, appropriate fees were paid and the prescribed documentation submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the experience and qualifications to meet the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was more than adequate number and skill mix of staff working in the centre to meet the assessed needs of the 17 residents living in the centre, cognisant of the size and layout of the centre as follows. The following was the staffing complement for 17 residents from Monday – Friday:

Person in charge and CNM, plus

- Nurses

1. 8 – 8 x 1
2. 8 – 8:30 x 1
3. 8 - 3 x 1
4. 9 – 5 x 1

- Multi task attendants (MTAs)

1. 8 – 8 x 1
2. 8 – 6 x 1
3. 8 – 5 x 1
4. 9 – 5 x 1
5. 8 – 5:15 x 1
6. 2 – 10 x 1

- Chef - 8 – 5:15 x 1
- Laundry - 5 – 5 x 1

- Administration x 1.

Judgment: Compliant

Regulation 16: Training and staff development

Mandatory training was up to date for all staff and all MTAs had completed food preparation and food hygiene training to enable them to be rostered into the kitchen when required.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was updated on inspection in line with specified regulatory requirements as follows:

- cause of death of residents
- dates of temporary transfer of residents to and from the centre.

Judgment: Compliant

Regulation 21: Records

A sample of staff files were examined and the following were identified as requiring action:

- all files reviewed did not have the required references as specified in Schedule 2 of the regulations of two written references, including a reference from a person's most recent employer. One staff had a statement of employment, another staff had a character reference from clergy, and a further staff had one reference from a colleague with whom they had no reporting relationship.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems in place were ineffective to ensure a safe, monitored and consistent service was provided. This was evidenced by:

- relevant staff lacked the understanding of the legislation under which the service is operated. For example, the change of purpose and function of rooms prior to the progression and agreement by the regulator of the application,
- many of the issues identified on this inspection were not identified through the audit process suggesting that the audit process was ineffective
- there was a failure to recognise a complaint as part of the observation audit completed, this is further outlined under Regulation: 34
- systems for oversight of fire precautions required action as further outlined under Regulation 28
- systems for oversight of risk within the centre required action, for example, the risk associated with the extension building works and accessibility of a building that was yet to be signed over to the provider, were not addressed
- the risk register was not updated to reflect risk associated with excavation of an old building and aspergillus
- the lack of appropriate safeguarding protocols regarding employment in the centre (as detailed in Schedule 2, Regulation 21: Records).

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Contracts of care were signed and agreed in writing. Improvement was noted following the findings of the last inspection whereby contracts included the room name and the bed number the resident occupied in line with specified regulatory requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose required updating to reflect the requirements as detailed in Schedule 1, as follows:

- the name of the centre to reflect the registered name, that is, St Joseph's Community Hospital, Millstreet (rather than Millstreet Community Hospital)
- the current number of residents accommodated in the centre to be in accordance with the application to re-register the centre
- room descriptors to reflect the current rooms under which the application to re-register is made (Mushera as a visitors' room and not a ward)

- identify occupancy of each ward of single, twin, multi-occupancy three and four-bedded rooms
- whole-time equivalent (WTE) staffing
- assessment and care planning process descriptor did not demonstrate that this was done in conjunction with residents
- some information was not in an accessible format for people to know and understand, for example, admission criteria with NHSS and form 2.4
- the frequency of the residents' forum
- review the requirement of the GP to give consent for residents to leave the centre
- the complaints procedure was not in line with statutory requirements.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The incident records were examined and these correlated with notifications submitted. This was an improvement following the findings of the last inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

Action was necessary regarding complains as follows:

- the complaints procedure displayed in the centre was not in an accessible format, and did not comply with SI 628 of 2022
- the complaints log demonstrated that complaints were not recorded in compliance with SI 628 of 2022
- records of an observational audit completed showed that a resident made a complaint and was upset at what had occurred, however, this was not recorded in the complaints log or followed up to ensure the well-being of the resident concerned.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The following policies required updating as follows:

- policy relating to the creation, access, retention and destruction of records did not reflect the requirements as set out under Regulation 21, Records
- complaints policy did not reflect the requirements of SI 628 of 2022
- while all Schedule 5 policies were available, some were generic and not centre-specific to inform practice in this centre.

Judgment: Substantially compliant

Quality and safety

Residents living in the centre gave positive feedback regarding the quality of the service they received.

The inspector found that residents received a good standard of medical care and services were provided in line with their assessed needs. Residents had good access to general practitioner services, and allied health care professionals such as dietetics, speech and language and physiotherapy. A physiotherapist was on site in the centre twice a week assisting residents to maintain their level of mobility and function. Residents had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. A review of a sample of care plans showed mixed findings and while some had excellent personalised information to inform individualised care, others did not have this information to enable best outcomes for residents. These and other findings are outlined under Regulation 5, Individual assessment and care plan.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. The inspector observed that residents were provided with choice of nutritious meals at mealtimes; meals were well presented and residents gave very positive feedback about their meals. Nonetheless, further improvement was required as outlined under Regulation 18, Food and Nutrition.

The inspector saw that overall, the centre was visibly clean on the day of inspection and there were adequate staffing resources to ensure every room was cleaned each day. Wall-mounted hand sanitisers were available throughout the centre and these were seen to be used by staff. Staff were also observed to complete handwashing before and after procedures such as medication management for example.

The inspector saw that there had been some improvements to the premises since the previous inspection, with some new flooring, however, the current building remained inadequate to enable a social model of care in line with their mission statement endorsed in their statement of purpose, and could not enable or ensure the rights of residents residing in the centre.

Fire safety training was up to date for all staff. Certification available on inspection demonstrated that fire equipment was service annually and emergency lighting and

fire alarm system was serviced quarterly as required. While daily and weekly fire safety checks were been recorded by staff, these were not comprehensively maintained as part of their fire safety precautions. The necessary fire drills and evacuations were not completed to ensure these could be completed in a timely and safe manner; this was a repeat finding and further discussed under Regulation 28: Fire precautions.

The provider was a pension agent for a number of residents and there were robust systems in place for management of residents' finances.

Residents living in the centre had access to advocacy services and the inspector saw that staff engaged in social activities with residents in line with their capacity and capabilities. The centre had close links with the community and this was promoted and encouraged to ensure residents maintained contact with their peers and local community. While the person in charge reported that two residents meetings were facilitated in 2024, minutes of these meetings were not available. Residents' surveys were completed, however, these were neither dated or signed so it could not be determined if the information was current, or who was providing the feedback to inform the service.

Regulation 10: Communication difficulties

Staff were observed to enable residents communicate in accordance with their assessed need and wishes. Staff took the time to actively engage with residents and were seen to be patient and relaxed while providing the necessary support.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors and these were not restrictive. Visitors and residents who spoke with the inspector were satisfied with the arrangements in place.

Judgment: Compliant

Regulation 17: Premises

The premises did not currently conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations as follows:

- there was inadequate storage space which resulted in equipment such as hoists and wheelchairs being stored inappropriately in bedrooms and communal spaces
- inadequate personal storage space in bedrooms with one single wardrobe afforded to residents in a long-stay residential care facility
- residents living in the three-bedded rooms could not easily access their personal storage or have room for a chair beside their beds or within their bed space
- residents did not have access to a bath in line with Schedule 6 of the regulations; the bath in the upstairs staff changing room was worn and cracked and could not be accessed by residents.

Judgment: Not compliant

Regulation 18: Food and nutrition

As found on the previous inspection, the dining experience for residents required action:

- due to the very limited dining space, some residents' said to the inspector they could not dine in the dining room as there was no room
- tray service to bedrooms was not in keeping with a normal dining experience as both dinner and deserts were served together; as deserts were cold (ice cream, jelly and cream), these would not be enjoyed at their optimum temperature due to the heating in the centre.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Noteworthy information regarding a resident's significant communication needs was not included in the transfer letter when the resident was temporarily transferred out to acute care. Consequently, the receiving staff could not put the necessary controls in place to safeguard both the resident and staff caring for the resident.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was necessary to ensure fire safety precautions were implemented, as follows:

- while fire drills occurred in the centre, simulations of evacuations of compartments (largest compartment had 10 residents) with minimum staffing levels such as night time staffing levels were not undertaken in the centre to be assured that residents could be safely evacuated in the event of a fire. While the provider assured the inspector that this would be undertaken following the previous inspection, this had not been undertaken,
- some of the simulated evacuation records showed prolonged times taken for evacuation, so the safety of residents and staff could not be assured
- daily checks of fire exits showed gaps in monitoring records
- a designated smoking area was not assigned to a resident that smoked.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

A sample of medication charts were examined and showed compliance with regulatory requirements and professional guidelines. Controlled drugs were appropriately maintained, and where a 'patch' was prescribed, twice daily checks were recorded to indicate the patch remained in place to ensure effective medication administration.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of care plans was reviewed and action was required in relation to the following issues in assessment and care planning:

- some care plans were generic and not personalised to inform individualised care
- medical histories did not always inform assessment and care planning to ensure a high standard of professional care and possibly prevent recurrence of such episodes
- on admission, all prescribed medications did not inform assessments and care planning to enable appropriate observation and monitoring.

Judgment: Substantially compliant

Regulation 6: Health care

Residents living in this centre were provided with a good standard of health care and support. Residents had good access to a general practitioner from a local practice and a physiotherapist was on site two days a week to assist residents with maintaining their mobility. Residents also had good access to other allied health professionals such as speech and language therapist, dietitian and specialist medical services such as community palliative care and gerontology as required.

Judgment: Compliant

Regulation 9: Residents' rights

The following required action to ensure a rights-based approach to care was promoted and upheld:

- an additional single wardrobe which stored bed linen, was within the bedspace of a resident in one of the four-bedded multi-occupancy bedrooms; this was a repeat finding. Other issues previously described regarding limited accessibility by residents to their bed-spaces included placement of TVs which were inaccessible by residents while in bed,
- the three-bedded room could not be configured to ensure residents had adequate space to have a chair to sit by their bed in privacy or to access their personal belongings
- while the person in charge reported that two residents' meetings were facilitated in 2024, the minutes of these meetings were not available. Previous minutes of residents' meetings were seen; some showed good information sharing and discussion while other records indicated that the facilitator informed residents of items like the building works but did not reflect an interactive engagement,
- while surveys of residents experience of living in the centre were completed, these were not dated or indicate who may have given feedback such as a resident or relative for example, so it could not be determined whether the feedback was current. There was no evidence to demonstrate that the information contained in the surveys informed the running of the centre.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Joseph's Community Hospital OSV-0000575

Inspection ID: MON-0043168

Date of inspection: 26/03/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • The PIC has reviewed the identified files identified and ensured that • employment history has been updated • two written references have been updated – including reference from most recent employer • Management have devised a review schedule to ensure all staff files contain the information specified in Schedule 2 as per Regulation 21. (Expected date of completion 30/05/2024) 	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulation.</i></p> <ul style="list-style-type: none"> • Nursing management have reviewed the legislation under which the service is operated with specific attention to the procedure with the regulation in relation to the change of purpose and function of rooms. • To guarantee the audit process is effective going forward the PIC will ensure the Clinical Nurse Manager 2 conducts all clinical audits and provide feedback, direction and 	

guidance to all staff.

- The PIC and Clinical Nurse Manager 2 will ensure that all complaints are recognized and recorded as complaints within the designated Centre and actioned in accordance with legislation.(Expected date of completion 10/05/2024)
- A secure door has been installed to address the risk associated with the extension building works and accessibility (Completed 25/04/2024).
- The risk register has been updated to reflect the risk associated with the excavation of the current building and the risk of Aspergillus (Completed 26/03/2024).
- Nursing management have devised a review schedule to ensure all staff files contain the information specified in Schedule 2 as per Regulation 21. (Expected date of completion 30/05/2024)

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

The PIC has updated the statement of purpose to ensure that the following is clearly reflected

- The name of the designated Centre in the statement of purpose is St Joseph's Community Hospital, Millstreet in accordance with the registered name.
- The current number of residents accommodated in the Centre is 17 in accordance with the application to re-register the Centre.
- The room descriptors within the statement of purpose have been reviewed against the current rooms under which the application to re-register was made. Musher room has now been updated as a visitor's room and not a ward).
- The occupancy of each ward has been updated within the statement of purpose
- The whole-time equivalent (WTE) staffing of 'St Joseph's Community Hospital, Millstreet has been updated within the statement of purpose.
- The assessment and care planning descriptor within the statement of purpose has been updated to reflect the collaborative and consultative process in place within 'St Joseph's Community Hospital, Millstreet'.
- All information is now presented in an accessible format.

- The frequency of resident’s forum, which will be held by the PIC, are now clearly outlined within the statement of purpose.
- The requirement to seek consent from the GP for residents to leave the Centre has been removed from the statement of purpose and practice in ‘St Joseph’s Community Hospital, Millstreet’
- The Statement of Purpose has been updated to reflect compliance with the changed legislation relating to complaints (Completed 15/04/2024).

Regulation 34: Complaints procedure	Not Compliant
-------------------------------------	---------------

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

- A new complaints procedure for display at ward level is currently being devised. This procedure will be in an accessible format and comply with the SI 628 of 2022. (Expected date of completion 10/05/2024).
- The PIC and Clinical Nurse Manager 2 will review all complaints received to ensure all complaints are recorded and reviewed in compliance with SI 628 of 2022.
- The PIC and Clinical Nurse Manager 2 have discussed with staff the legislative requirement to record complaints disclosed during observational audits in the complaints log irrespective of point of care resolution being achieved. The PIC and Clinical Nurse Manager 2 will monitor all complaints and observational audits to ensure this practice is embedded at ward level and that all complaints are recognized and recorded as complaints within the designated Centre and actioned in accordance with legislation. (Expected date of completion 10/05/2024)

Regulation 4: Written policies and procedures	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

- The policy relating to creation, access, retention and destruction of records has been updated to reflect the requirements as set out under regulation 21, Records.
- The complaints policy is currently under review (Expected date of completion 10/05/2024)
- The PIC is reviewing all Schedule 5 policies to ensure Centre specific information is outlined to inform practice in the Centre.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure the premises conforms to the matters set out in schedule 6 of the Health Act</p> <ul style="list-style-type: none"> • Management will ensure that equipment will not be inappropriately stored in communal areas. • Management acknowledge that there is inadequate personal storage space in communal bedrooms as space is limited. • Wardrobe space has been increased for residents however, one resident had declined a new wardrobe. The resident has since accepted the new larger wardrobe. (Completed 15/04/2024) • There has been recent consultation with the design team to include a bath in the refurbishment to bring the center in compliance with Schedule 6. This will be accommodated in the new extension in phase 4 & 5. 	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • All residents are offered the choice to dine in one of three dining areas. While we recognize limited dining space the advancement of the capital project will ensure larger dining space in 'St Joseph's Community Hospital, Millstreet'. • Nursing management have directed all catering staff to ensure that dinner and desserts are not served at the same time. The PIC will ensure that the Clinical Nurse Manager 2 will supervise mealtimes to ensure this practice is embedded at ward level. 	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

- The PIC and Clinical Nurse Manager 2 have reminded all nursing staff to the necessity of including all important and relevant information in nursing transfer letters or supplementing the letter with an additional detailed record. This will allow the receiving staff the opportunity to put in place necessary controls to safeguard both the resident and staff (Completed 15/04/2024).
- The Clinical Nurse Manager 2 will monitor and supervise all nursing transfer letters to ensure this practice is adhered to and embedded in practice.

Regulation 28: Fire precautions

Not Compliant

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

• Fire evacuations took place of the largest compartment of 7 residents plus 3 (10 total) which includes the full compartment on two dates with the fire officer (28/03/2024 and 30/03/2024) Evacuations of all compartments were undertaken with night time staffing levels of two staff and day time staffing levels. Weekly fire evacuations now take place as outlined

- 23/04/2024 (9mins 8 secs) (morning)
- 23/04/2024 (5mins 05secs) (afternoon)
- 24/04/2024 (7Mins 14secs)
- 30/04/2024 (8mins 40secs)
- 03/05/2024 (5mins 40secs)
- 07/05/2024(8mins)

All have been timed and learning opportunities identified and shared with all staff.

• The PIC will ensure the safety of residents and staff by continuing weekly simulated evacuations so all are aware of the procedure to be followed in the event of a fire. These are being reported to the General Managers office for oversight.

• 28 staff received training on the 28th and 30th March. Another 7 staff received training on the 23rd and 24th April. All staff members will be trained by 21/05/2024.

• The PIC has directed all night duty staff to ensure they complete the fire equipment checklist when on night duty. The Clinical Nurse Manager 2 will monitor and review the fire equipment checklist to ensure this practice is embedded in practice.

• A designated smoking area was not assigned to a resident that smoked. Management have spoken with maintenance foreman and a portable hub will be in place by 21/05/2024

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>To ensure compliance the PIC will ensure the following is undertaken:</p> <ul style="list-style-type: none"> • The Clinical Nurse Manager 2 is overseeing a review of all care plans to ensure that all care plans • are personalized to inform individualized care(Completed30/03/2024) • contain medical histories that inform the assessment and care planning to ensure a high standard of professional care (Completed30/03/2024) • that all prescribed medications inform assessment and care planning to enable appropriate observation and monitoring(Completed30/03/2024) • The Clinical Nurse Manager 2 has ensured the activation of all care plans in the identified care plan and discussed the implications of same not having been undertaken with all nursing staff. The Clinical Nurse Manager 2 will monitor all new care plans to ensure that activation for care plan is undertaken in accordance with legislation. 	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The single wardrobe, which stored bed linen, was removed on the day of the inspection. • The three-bedded rooms have limited space to have a chair at each bedside but staff are monitoring and are always available to facilitate it. Chairs are available. • The PIC held a resident forum on the 16th April 2024 and the minutes of this forum have been actioned. The PIC has scheduled quarterly resident forum meetings. • All satisfaction surveys inform the running of the Centre. The summary reports viewed on the day of inspection captured a period of time rather than the individual times and dates. Going forward all summary reports will show the exact dates, time, and specify whether the feedback came from a resident or relative. 	

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(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	27/03/2024
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	15/04/2024
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate	Substantially Compliant	Yellow	01/05/2024

	quantities of food and drink which are properly and safely prepared, cooked and served.			
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/05/2024
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.	Not Compliant	Orange	10/05/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving	Substantially Compliant	Yellow	15/04/2024

	designated centre, hospital or place.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	21/05/2024
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.	Not Compliant	Orange	21/05/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	21/05/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	15/04/2024

Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Not Compliant	Orange	10/05/2024
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that website.	Not Compliant	Orange	10/05/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that	Not Compliant	Orange	10/05/2024

	decision, any improvements recommended and details of the review process.			
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Not Compliant	Orange	10/05/2024
Regulation 34(2)(f)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant of the outcome of the review.	Not Compliant	Orange	10/05/2024
Regulation 34(5)(a)(i)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to understand the complaints process.	Not Compliant	Orange	10/05/2024
Regulation 34(5)(a)(iii)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to (iii) request a	Not Compliant	Orange	10/05/2024

	review in a case where he or she is dissatisfied with the decision made in relation to his or her complaint.			
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Not Compliant	Orange	10/05/2024
Regulation 34(6)(b)(ii)	The registered provider shall ensure that as part of the designated centre's annual review, as referred to in Part 7, a general report is provided on complaints received, including reviews conducted.	Not Compliant	Orange	10/05/2024
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in	Not Compliant	Orange	10/05/2024

	accordance with the designated centre's complaints procedures.			
Regulation 34(7)(b)	The registered provider shall ensure that all staff are aware of the designated centre's complaints procedures, including how to identify a complaint.	Not Compliant	Orange	10/05/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	10/05/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an 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.	Substantially Compliant	Yellow	30/03/2024

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	30/03/2024
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	07/05/2024
Regulation 9(1)	The registered provider shall carry on the business of the designated centre concerned so as to have regard for the sex, religious persuasion, racial origin, cultural and linguistic background and ability of each resident.	Not Compliant	Orange	26/03/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure	Not Compliant	Orange	29/03/2024

	that a resident may undertake personal activities in private.			
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	16/04/2024