



**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 Hospital
Name of provider:	Health Service Executive
Address of centre:	Lifford Road, Ennis, Clare
Type of inspection:	Unannounced
Date of inspection:	08 December 2022
Centre ID:	OSV-0000613
Fieldwork ID:	MON-0037380

About the designated centre

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

St. Joseph's Hospital is a designated centre for older people. Residents are accommodated in single and multi-occupancy shared accommodation bedrooms. The centre is divided into four units. The Ash unit can accommodate 21 male and female residents. The Hazel unit is a 20-bedded female only unit. The Alder unit is a 24-bedded, male only unit. The Holly unit is a 11-bedded dementia specific unit. There is a refurbished corridor that links the Ash, Alder and Hazel units with a variety of communal rooms provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Ennis town. Residents have access to enclosed garden area. The centre provides accommodation for a maximum of 76 male and female residents, over 18 years of age. Each resident's dependency needs are regularly assessed to ensure their care needs are met. There is a chapel in the centre and residents have access to the community and a wide range of activities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	71
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How we inspect

To prepare for this inspection the inspector or 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 8 December 2022	10:00hrs to 17:30hrs	Una Fitzgerald	Lead
Thursday 8 December 2022	10:00hrs to 17:30hrs	Fiona Cawley	Support

What residents told us and what inspectors observed

This was a well-run centre where the rights of residents were actively promoted and where residents were enjoying a good quality of life. The feedback from the residents who spoke with inspectors was overwhelmingly positive. Many residents had high praise for the staff as individuals and as a group. Residents felt that the staff knew them well. One resident stated, with certainty, that the "staff take care of me". Residents were happy with the length of time it took to have their call bells answered. Residents had high praise for the activity schedules in place, with one resident telling inspectors that the schedule was very busy with lots of choice on how to spend the day.

The atmosphere in the centre was hospitable and inviting. Walking along the corridors was a pleasant experience with artwork displays along all corridors. Many corridors were long and so seating had been placed at regular intervals to allow residents just sit and relax. There is magnificent portrait artwork of individual residents on display. In addition, there were multiple notice boards that display pictures of group activities that had occurred in the centre. The pictures on the walls showed that the residents who attended had enjoyed the events. It was evident throughout the centre that it was the Christmas season. There were decorations throughout each unit and multiple Christmas trees brightly lit. In some units, the decorating of the trees had been completed by the residents.

There was a very high value placed on activities in the centre. All staff spoken with displayed knowledge of the importance of social engagement with residents. The inspectors observed multiple group activities occurring on the day. Several residents told inspectors that they enjoyed the entertainment programme. Staff that facilitated the activities were seen to include all residents that were in attendance.

Residents' rights were well respected. Residents were actively involved in the running of the centre and their feedback was reported back through a residents' survey and the providers annual review of the service. Staff spoken with had excellent knowledge of the residents, their likes and dislikes. For example, staff knew the names of the residents visitors, they were aware of the steps to take when residents became anxious and distressed, and they knew what residents worked at prior to retirement. In addition, staff greeted each resident by name.

This centre is spread out across a large campus. On a tour of the premises, inspectors observed that in the main the premises were clean. On the day of inspection, the communal sitting and dining rooms were observed to be clean and free of clutter. A number of residents stated that their bed spaces are cleaned daily.

Following previous inspection findings in relation to the premises, considerable works had been completed in the Alder and Hazel units. The Alder and Hazel units now have additional showering and bathroom facilities. In addition, each unit has a large communal sitting room that offers residents better choice on where and how

to spend their day. The communal rooms were furnished to a high standard and were homely and inviting spaces. The maximum capacity of the multi-occupancy bedrooms was four residents. The positive impact of this change in the premises was evident on the day, and the changes meant that resident's personal bed space was large enough to allow residents have sufficient space at their bedsides. The space also allowed for resident care to be carried out without impacting negatively on other residents sharing the bedrooms.

Open visiting, in line with visiting arrangements before the pandemic, was in place, which was welcomed by the residents. Friends and families were facilitated to visit residents, and inspectors observed visitors coming and going throughout the day.

In summary, residents were observed receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would enhance the daily lives of residents. The governance and management was well organised and the centre was well resourced to ensure that residents were supported to have a good quality of life. On this inspection, inspectors were assured that the provider was consistently delivering appropriate care to residents.

This one day unannounced risk inspection was carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Inspectors also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in March 2021. Inspectors found full compliance with the regulations reviewed. There were 71 residents accommodated in the centre on the day of the inspection and five vacancies.

The provider of this centre was the Health Service Executive (HSE). There was a clearly defined management structure in place with identified lines of authority and accountability. The management team was observed to have strong communication channels and a team-based approach. The person in charge facilitated the inspection. The person in charge was supported in their role by two assistant directors of nursing (ADON), a team of clinical nurse managers (CNMs) and a full complement of staff including nursing and care staff, activity coordinators, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent. The management team was a visible presence in the centre and were well known to

residents and staff.

Staffing and skill mix were appropriate to meet the assessed needs of the residents. The team providing direct care to residents consisted of at least one registered nurse on duty at all times in each of the four units of the centre and a team of healthcare assistants. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with the residents. The person in charge, ADONs and CNMs provided clinical supervision and support to all the staff. Staff, whom inspectors spoke with, demonstrated an understanding of their roles and responsibilities. While there was a high level of agency staff, this did not negatively impact on the care delivered to the residents as the staff were regularised. Teamwork was evident throughout the day.

The provider had systems in place to monitor and review the quality of the service provided for residents. A range of audits had been completed which reviewed practices such as care planning, risk and incident management, health and safety, and infection prevention and control practices. Where areas for improvement were identified, action plans were developed and completed. There was an annual review of the quality of the service provided for 2021 which included input from residents. A quality improvement plan was in place for 2022.

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

The provider had developed an emergency plan which included a comprehensive COVID-19 contingency plan with controls identified in line with current public health guidance.

There was evidence that there was effective communication with staff in the centre. Minutes of meetings reviewed by inspectors showed that a range of topics were discussed such as infection prevention and control, falls prevention, risk and incident management, human resources and other relevant management issues. The clinical team met daily for a 'safety pause' and discussed a range of safety and quality issues to ensure any identified risks to any resident was addressed in a timely fashion.

There were policies and procedures available to guide and support staff in the safe delivery of care.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding and infection prevention and control training.

Inspectors found that records were managed in line with the regulatory requirements.

The centre had a complaints policy and procedure which clearly outlined the process

of raising a complaint or a concern.

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection staff were appropriately trained. While there were minor gaps in the training, a plan was in place to address this. Staff responses to questions asked were detailed and displayed a good level of knowledge.

Judgment: Compliant

Regulation 21: Records

Staff files reviewed contained all of the information required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The centre was found to have adequate staffing resources in place to provide safe and effective care to the current residents. While there were staffing vacancies there was an active recruitment staffing strategy in place.

The person in charge was organised and familiar with the systems in place to monitor the care. Care audits had been completed.

The annual review of the quality and safety of the service had been completed.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Inspectors reviewed the complaints records. While inspectors found gaps in the detail recorded, the information was then located in separate folders. Inspectors acknowledge that appropriate action was taken to address complaints received. The recording and storage of the detail of complaints was discussed on the day of inspection and inspectors were assured with the actions taken.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and the management team were in the process of reviewing all policies to ensure that they were in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that residents living in the designated centre received a high standard of direct care. Residents who spoke with inspectors said that they felt safe and that they were well cared for by staff in the centre. Inspectors found that the quality and safety of the services provided in this centre were of an appropriate standard. Collectively these measures meant that the provider's arrangements were promoting the health and wellbeing of residents living in this centre.

A sample of eight residents' files were reviewed by inspectors. Residents' care plans and daily nursing notes were recorded through an electronic record system. A comprehensive assessment on admission ensured that residents' individual care and

support needs were being identified. Inspectors found evidence that residents' care plans were developed within 48 hours following admission to the centre to guide the care to be provided to residents. Care plans were developed and were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity, malnutrition and to establish the resident's dependency needs. Care plan reviews were carried out at regular intervals. Care plans were person-centred and guided the care.

The centre had good access to a general practitioner with daily visits from Monday to Friday and weekend cover through an external provider. Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals had been implemented to ensure best outcome for residents.

Residents were appropriately assessed and monitored for risk of malnutrition. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways had been established to ensure that those residents identified as being at risk of malnutrition were referred for further assessment by an appropriate health and social care professional. Inspectors also reviewed wound management practices and found clear evidence that interventions taken had ensured the healing of wounds.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, were only initiated after an appropriate risk assessment and in consultation with the multidisciplinary team and resident concerned.

All residents who spoke with the inspectors reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Residents were provided with national newspapers. There were televisions in communal rooms. Residents had access to advocacy services and information regarding their rights. Residents were supported to engage in activities that aligned with their interests and capabilities.

Inspectors spoke with multiple visitors who confirmed that there were no restrictions in place with visiting their loved ones.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. All care plans reviewed were person centered and guided care. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with residents and when appropriate their families.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to medical and health and social care professional services as necessary. In addition, there was good evidence that advice received was followed which had a positive impact on resident outcomes.

Judgment: Compliant

Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. All staff had appropriate vetting completed by an Gardai Siochana prior to commencement of work in the centre. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection.

Judgment: Compliant

Regulation 9: Residents' rights

All residents who spoke with the inspectors reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Independent advocacy services were available. Residents expressed high levels of satisfaction with the activities in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant