



**Health  
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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:	Announced
Date of inspection:	07 March 2024
Centre ID:	OSV-0000613
Fieldwork ID:	MON-0042609

## 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:	72
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 7 March 2024	09:30hrs to 17:30hrs	Una Fitzgerald	Lead
Friday 8 March 2024	09:45hrs to 15:00hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Residents living in St Joseph's Hospital were very satisfied and highly complimentary of the quality of care they received from staff. Residents described the staff as caring, patient, and kind. When asked about the centre one resident stated "I love it here". Another resident stated "everything we need, we get". Based on the observations of the inspector, and from speaking with residents, it was clear that the staff were committed to providing person-centred care to residents. The only source of dissatisfaction voiced to the inspector was with the timely availability of physiotherapy assessment. This is a repeated finding from the last inspection in October 2023.

The inspector walked through the centre meeting with staff and chatting with residents. There was a relaxed atmosphere as evidenced by residents moving freely and unrestricted throughout the centre. The centre was spread out over four units. The Ash, Hazel, Alder and a dementia specific unit named Holly unit. There was a wide bright spacious corridor linking all units. Along this corridor were multiple communal rooms that were occupied by residents. Corridors were sufficiently wide to accommodate residents with mobility aids, and there were appropriate handrails available to assist residents to mobilise safely. There was a real sense of activity when walking along corridors. Staff greeted residents by name as they passed.

In the main, the centre was visibly clean. Housekeeping staff were observed to clean the centre according to a schedule, and cleaning practices were observed to be consistent to ensure all areas of the centre were cleaned. Some surfaces could not be cleaned due to their state of repair. The inspector observed that corridor and bedroom walls were chipped and peeling. Two completed resident survey forms had referenced that the walls needed to be painted. In addition, flooring in parts of the centre was in a very poor state. Exposed floor coverings in residents' accommodation, communal areas, and corridors were visibly damaged and lifting away from the wall creating a gap. This impacted on effective cleaning of the floors.

Over the course of the two days of inspection, the inspector spoke with ten residents in detail about their experience of living in the centre. Some residents were unable to articulate their experience of living in the centre. However, those residents appeared comfortable and relaxed in their environment. Staff were observed spending time with those residents to ensure they were comfortable in their surroundings.

There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. During the morning, staff were observed to respond to residents requests for assistance promptly. Staff paced their work so that they had time to engage socially with residents, when providing care. Staff were observed giving residents choice. Residents described how staff were prompt to answer their call bells and reported that they were not rushed by staff. Residents told the inspector that they enjoyed engaging with staff, and that they spent time chatting with them

throughout the day.

Residents expressed a high level of satisfaction with regard to the quality and quantity of food they received, and confirmed the availability of snacks and drinks at their request. Some residents attended the dining rooms while others chose to have their meals at their bedside. Staff were available to provide discreet assistance and support to residents. Some residents reported that the evening meal times were very early but had not yet brought this to the attention of the management.

Residents told the inspector that they looked forward to activities as they were the most enjoyable part of their day. Residents told the inspector about the variety of activities they could choose to attend. This included arts and crafts, bingo, and music activities. The activities staff were observed engaging with residents throughout the inspection. On the day of inspection, one of the communal dayrooms was decorated with green, white and gold bunting and decorations in preparation for St Patrick day celebrations. In the afternoon, a small group of residents were observed making Easter bunny teddies in preparation for the Easter celebrations. The inspector observed that there was an easy flow of conversation within the group, with lots of enjoyment and laughter observed.

Overall, the inspector found that residents in this centre received good quality health and social care from a team of staff that were committed to supporting resident to have a good quality of life. Person-centered care was observed throughout the two days. Staff spoken with had excellent knowledge of the residents in their care. The following sections of this report detail the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

The inspector found that the residents living in St Joseph's were receiving a good quality service in a care environment that was safe and met their social care needs. The governance and management structure and systems in place were effective in ensuring that the service was appropriately monitored. With the exception of timely access to physiotherapy assessment, residents were very satisfied that their needs were met. As described above, parts of the premises were in a poor state of repair and required attention to bring the centre into compliance with Regulation 17; Premises. This non-compliance was identified by local management who were awaiting approval for funding to complete upgrades to the centre.

This was an announced inspection conducted over the course of two days to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended and to inform the application for the registration renewal of the centre. The Health Services Executive is the registered provider of St. Joseph's Hospital. The centre was registered to accommodate 76 residents. Within the centre, the person in charge

was supported by two assistant directors of nursing, a team of clinical nurse managers, a team of nurses, healthcare assistants, multi task assistants, activities staff and support staff. This structure was found to be effective for the current number of residents. On the day of inspection there was 72 residents living in the centre.

On the days of the inspection, there were sufficient numbers of suitably qualified nursing and household staff available to support residents' assessed needs. Staff files contained all of the information required under Schedule 2 of the regulations. All new staff went through a process of induction into the centre. The documentation to support this induction process was completed on all files reviewed. The inspector found that staff had access to education, appropriate to their role. This included infection prevention and control training, manual handling, and safeguarding training. Staff responses to questions asked displayed a good level of knowledge.

Policies and procedures were available in the centre providing staff with guidance on how to deliver safe care to the residents.

The provider had implemented an auditing schedule as part of the system in place to monitor the service. The clinical nurse managers supported by the person in charge were completing audits. The system included monitoring of wound care, weight management, care plan documentation and infection prevention and control practices. The inspector found that the audit system in place was effective to support identification of risk and deficits in the quality and safety of the service. For example, the risk associated with the flooring and the inability of staff to ensure the surfaces were appropriately cleaned was identified in environmental audits. This risk was identified on the local risk register and had been escalated to the provider for review.

Incidents were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents, in line with the statement of purpose. There were

satisfactory levels of health care staff on duty to support nursing staff.

The staffing compliment included catering, activities staff and administration staff. There was adequate levels of staff allocated to cleaning of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up-to-date mandatory training in safeguarding of vulnerable people, fire safety, and manual handling. Staff had also completed training in infection prevention and control.

There were arrangements in place for the ongoing supervision of staff through senior management presence, and through formal induction processes.

Judgment: Compliant

### Regulation 21: Records

Records set out in Schedules 2, 3 and 4 were kept in the centre, stored safely, and available for inspection.

Staff personnel files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had an established and effective governance and management structure in place where lines of accountability and responsibility were clearly defined. This structure supported the management systems in place to monitor, evaluate and improve the quality of the service provided to residents.

Judgment: Compliant



### Regulation 3: Statement of purpose

There was a statement of purpose which had been updated and contained the information as required in Schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge notified the Chief Inspector of all incidents, as required by the regulations.

Judgment: Compliant

### Regulation 4: Written policies and procedures

A review of the policies and procedures in the centre found that the provider had up-to-date policies in place, in line with the requirements of Regulation 4.

Judgment: Compliant

## Quality and safety

Overall, resident's health and social care needs were delivered to a high standard of evidenced-based care. The findings of this inspection were that, with the exception of timely access to physiotherapy assessments, residents were highly complimentary of the care they received. The inspector found that insufficient progress had been made in the overall state of repair of parts of the premises. This impacted on the overall cleanliness of the building.

Each resident had a comprehensive assessment of their health and social care needs prior to admission to ensure the centre could provide the appropriate level of care and support. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident, which reflected their assessed needs. The inspector found that, overall, care plans that were in place were holistic and contained person-centred information. Daily progress notes demonstrated good

monitoring of care needs and effectiveness of care provided to residents.

A review of residents' records found that residents had timely access to a general practitioner (GP) as requested or required. The recommendations of health and social care professionals was observed to be implemented. For example, advice received from a tissue viability specialist on the management of a wound was implemented which resulted in healing of the wound.

Following the previous inspection, the system on how to access physiotherapy services had been reviewed. The inspector found that the revised system was not fully effective. Records evidenced that the local nursing management team were repeatedly making referrals for residents to have physiotherapy assessments completed. The provider had failed to ensure that residents had timely access to treatment. Residents and family members spoken with expressed dissatisfaction with the waiting times.

Residents who experienced responsive behaviours had appropriate assessments completed, and person-centred care plans were developed that detailed the supports and intervention to be implemented by staff to support a consistent approach to the care of the residents. Care plans included details of non-pharmacological interventions to support the resident to manage responsive behaviours. Interactions observed between staff and residents was observed to be person-centred and non-restrictive.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and resident concerned.

The inspector found that parts of the premises were in a poor state of repair. Multiple areas of the premises such as bedrooms, bathroom facilities, and communal areas were not maintained to an appropriate standard. Walls were visibly damaged and stains were evident along corridors.

Residents had access to an independent advocacy service. There were regular residents' meetings held which provided residents with opportunities to consult with management and staff on how the centre was run. Minutes of recent meetings showed that relevant topics were discussed. The centre had prepared a residents guide that outlined the services and facilities that were provided in the centre. Friends and families were facilitated to visit residents, and the inspector observed visitors coming and going throughout the two days of inspection.

The provider had systems in place to monitor fire safety precautions and procedures within the centre. The centre was had an appropriate fire detection and alarm system. The fire alarm was serviced. There were records of simulated drills. Records documented the scenarios created and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Annual fire training had taken place.

## Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation, or in a designated visiting area.

Judgment: Compliant

## Regulation 17: Premises

There were areas of the premises that were in a poor state of repair. This is a repeated finding from the last inspection in October 2023. For example,

- Floor coverings in residents accommodation, and resident bathrooms were visibly damaged and lifting away from the wall creating a gap. This impacted on effective cleaning of the floors.
- Throughout the centre, walls along corridors and communal areas were visibly chipped and damaged with exposed plaster
- Storage facilities were inadequate. For example, the newly refurbished resident communal sitting rooms in two units was being used for the storing of multiple items of resident personalised seating. This made the room uninviting as a place for resident to sit and relax.

Judgment: Substantially compliant

## Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. Records documented the scenarios created, and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred, and updated at regular intervals.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that access to physiotherapy services for residents remained inadequate. While the system on how to access the service had been reviewed following the last inspection, the provider had failed to ensure timely access for residents. For example, residents that had been identified as requiring physiotherapy in 2023 were still waiting for a physiotherapy assessment.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Restrictive practices, such as bed rails, were managed in the centre through ongoing initiatives to promote a restraint-free environment. Restrictive practices were only initiated following an appropriate risk assessment, and in consultation with the multidisciplinary team and the resident concerned.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day. A variety of daily national and local newspapers were available to residents.

Catholic mass was celebrated daily in the church.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. Joseph's Hospital OSV-0000613

Inspection ID: MON-0042609

Date of inspection: 08/03/2024

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Funding has been secured to address the flooring and painting of the designated centre. The time scale to complete these works July 2024.</p> <p>The communal sitting rooms have been cleared of all stored items and is now more inviting for residents to use.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: A review of access to Physiotherapy Services for the residents has been carried out. In order to meet the need for timely access to this service, a Physiotherapy Service has been put in place and will commence on 3rd May 2024.</p> <p>Residents can be referred to this service on request.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	03/05/2024