



**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:	Mullindrait, Stranorlar, Donegal
Type of inspection:	Unannounced
Date of inspection:	01 August 2024
Centre ID:	OSV-0000625
Fieldwork ID:	MON-0042958

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to their holistic needs. This approach involves multidisciplinary teamwork with an aim to provide a safe therapeutic environment where privacy, dignity and confidentiality are respected.

It provides twenty-four hour nursing care in three distinct areas, Barnes View (accommodating up to 24 residents requiring long term care), Woodville (dementia care for 19 residents) and Finn View (20 beds for residents needing short term care assessment, rehabilitation, convalescence and respite care).

The centre is situated on the ground level and located on the outskirts of an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	37
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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 1 August 2024	09:00hrs to 16:45hrs	Catherine Rose Connolly Gargan	Lead
Thursday 1 August 2024	09:00hrs to 16:45hrs	Nikhil Sureshkumar	Support

What residents told us and what inspectors observed

Overall, on the day of this inspection, the inspectors observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their needs. However, residents' rights to access their dining room outside of mealtimes on Woodville unit were not being met. Overall feedback from residents was that they were happy with the care they received and that staff were kind, caring and courteous at all times.

This unannounced inspection was carried out over one day. The inspectors met with residents, staff and members of the centre's management team including the manager representing the provider.

Following a short introductory meeting with the Person in Charge, the inspectors walked around the designated centre premises and met with residents and staff. The inspectors observed that there were no residents living in Finn View unit at the time of this inspection. The entrance from the main corridor to this unit was sealed off to prevent unauthorised access. The inspectors observed that works in Finn View unit were taking place and contractors were accessing this part of the designated centre through a fire exit door that exited directly to the exterior of the premises so as to minimise disruption to residents living in the centre.

On the walk around the designated centre, the inspectors observed that there were six patients under care of the acute hospital services being accommodated in two staff changing rooms registered as part of the designated centre. In addition, a communal sitting room for residents' use had been repurposed and was in use as a changing room for staff in the designated centre. A clinical room in the designated centre was repurposed as an office for a community services staff member. The inspectors were told by the person in charge that these arrangements had been put in place to facilitate completion of the fire safety and refurbishment works currently underway in the designated centre. However the changes to these rooms meant that residents did not have access to one of their communal rooms. Furthermore the provider was not operating the centre in line with their conditions of registration.

The inspectors observed that there was a welcoming and generally happy atmosphere in the centre. Many of the residents in each of the units were independently preparing for the day or were getting support from staff to wash and dress. Staff were observed chatting with the residents as they cared for them and it was obvious that residents were enjoying these conversations. Residents who preferred to get up later had their wishes respected and they were observed either sleeping in their beds or enjoying a late breakfast. Residents were participating in a Mass televised in the sitting room in Barnes View unit in the morning and the residents in Woodville unit were being supported by staff with participating in various small group and one-to-one social activities in their sitting room.

Barnes View and Woodville units operated independently of each other with designated staff, different activity schedules and separate outdoor areas. Woodville Unit was a dementia specific unit and the social activities taking place were tailored to meet residents capacities and needs in this unit. The inspectors were informed that the residents in the individual units did not mix for day-to-day scheduled social activities in other unit. The rationale for this segregation was that this arrangement was in line with the provider's infection prevention and control measures in the event of an outbreak in either of the units. However, there was no outbreak in the centre at the time of the inspection. Inspectors found that this arrangement was overly restrictive and did not support residents to meet with residents in the other unit if they wished to do so. Furthermore the segregation of communal space and activities prevented residents from being able to participate in the day-to-day social activities taking place in the other unit that may be of interest to them.

The inspectors observed that residents in both units had unrestricted access to safe outdoor areas. However, the inspectors observed that the dining room for residents' use in Woodville unit was locked in between mealtimes and prevented residents from using this room whenever they wished.

Residents' communal sitting and dining rooms were bright, spacious and well decorated in a domestic style that was familiar to residents. Items of traditional memorabilia, residents artwork and domestic style furnishings made these communal rooms comfortable and relaxing areas for residents. Residents in Barnes View unit enjoyed beautiful views of the surrounding countryside from their communal rooms and most of their bedrooms.

Residents' bedrooms and bed spaces were personalised with their family photographs, soft furnishings, books and ornaments. Residents displayed their personal photographs and other items on shelves fitted by each resident's bed. Residents' wardrobes and lockers provided them with enough storage for their clothes and possessions. Residents' wardrobes were located within their bedspaces which facilitated them to maintain control over their clothes and personal possessions. However, circulatory space around the beds was limited which meant that when residents were sitting in chairs by their beds they could not easily access their bed side locker as the chair was in front of the locker.

Residents ate their meals in either the dining or sitting rooms in the units. The inspectors observed that residents had a varied choice of menu and were appropriately supported and assisted by adequate numbers of staff with eating their meals. Residents told the inspectors that they could have alternative food to the menu if they wished and the food was 'always delicious' and the food 'had a lovely flavour'.

The inspectors observed that residents and staff were comfortable in each others company. Staff were attentive to residents needs for assistance and staff interactions with residents throughout this inspection were observed to be kind and caring. Staff remained with residents in the communal rooms at all times to ensure they were available to respond to residents' needs for assistance as necessary.

Residents told the inspector that they were satisfied with the service they received in St Joseph's Community Hospital and they would talk to staff or to their family, if they were worried about anything or were not satisfied with any aspect of the service. Residents said they were listened to and were confident that any issues they raised would be addressed without delay.

The next two sections of the report describe the findings of the inspection under the capacity and capability and the quality and safety pillars. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

Overall, inspectors found that management and oversight systems were not effectively ensuring that the service provided to residents was safe, appropriate, consistent, and effectively monitored. Progress with completing a programme of works to address the significant fire safety risks identified in a fire safety risk assessment report dated 17 January 2024 were delayed by two months. Consequently, these risks to residents' safety continued as they were not effectively mitigated, as committed to by the provider.

Furthermore, the provider was not operating the designated centre in line with their statement of purpose and conditions of registration. The provider had breached Condition 1 of their registration as they had changed the registered purpose of a number of rooms without the agreement of the chief inspector. The rooms involved are described under Regulation 23: Governance and Management.

This announced inspection was completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspectors also followed up on the actions the provider had committed to take in their compliance plan following the previous inspection in January 2024 including progress with completing the programme of necessary fire safety works, statutory notifications and other information received since the last inspection. The provider had applied to the Chief Inspector for renewal of the registration of St Joseph's Community Hospital and this application was in progress.

The registered provider of St Joseph's Community Hospital is the Health Service Executive (HSE), and a service manager was assigned by the provider to represent them. As a national provider involved in operating residential services for older people, St Joseph's Community Hospital benefits from access to and support from centralised departments such as human resources, information technology, fire and estates, staff training and finance.

The designated centre's management structure consisted of a person in charge who was supported locally by an assistant director of nursing and six clinical nurse managers who oversaw the work of a staff team of nurses, health care assistants,

activity staff and catering and cleaning staff. The quality assurance systems in place included monitoring and auditing of key clinical indicators such as falls and wounds which were being effectively addressed. However as found again on this inspection, effective oversight and monitoring of fire safety precautions and the quality of the lived environment for residents required significant improvement. Furthermore the provider had failed to ensure that, a programme of works to which the provider had committed to address the significant fire safety risks to residents and to ensure the premises met residents' needs was being progressed in line with the time frames submitted to the Chief Inspector.

The provider had ensured there were adequate numbers of staff available with appropriate skills to ensure consistency of the staff team and continuity of care for the residents. The person in charge had a system in place to monitor staff training and all staff were facilitated to complete mandatory and professional development training. The inspectors' observations of staff practices and discussions with staff gave assurances that they were familiar with residents' needs. However, actions to ensure staff were appropriately supervised to ensure they completed cleaning as scheduled and residents' care and support documentation and records to a satisfactorily standard.

Arrangements for recording accidents and incidents involving residents in the centre were in place and were notified as required by the regulations to the Health Information and Quality Authority within the specified timeframes.

Regulation 15: Staffing

The inspectors reviewed the rosters and found that there were sufficient numbers of staff with appropriate skills available to meet the assessed needs of the residents taking into account the size and layout of the designated centre. Staff were knowledgeable regarding residents' individual needs and responded without delay to residents' needs for and assistance and care.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised to ensure they carried out their roles and responsibilities to required standards. This was evidenced by the following inspection findings;

- scheduled cleaning procedures were not completed by staff in line with national infection prevention and control standards and this had not been identified by senior staff.

- documentation in residents' care plans and records of residents' social care were not completed to a satisfactory standard in one unit in the designated centre. This is a repeated finding from the previous inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider was not operating the designated centre in line with their statement of purpose and conditions of their registration. The provider had breached Condition 1 of their registration as they had changed the purpose of two rooms registered as staff changing rooms to bedrooms, a residents' communal room to a staff changing room and a clinical room to an office for a member of staff who did not work in the designated centre.

The provider's oversight and management of fire safety in the centre was not effective. Consequently, the timelines for completion of required fire safety works as committed to by the provider were not completed or effectively mitigated.

The quality assurance and management systems in place for monitoring the quality and safety of the service were not effective and consequently a number of the inspectors' findings on this inspection had not been identified by the provider through their own oversight and auditing processes. Furthermore a review of audit records found that action plans were not consistently developed to address the deficits that were identified in some audits and subsequent follow up and evidence of completion of the improvement action plans was limited.

The provider had not made sufficient resources available to effectively address the layout of a number of the multiple occupancy rooms that did not meet residents' needs. This finding is repeated from previous inspections. The impact on the residents is set out under Regulation 17 and Regulation 9.

Judgment: Not compliant

Regulation 31: Notification of incidents

A record of accidents and incidents involving residents in the centre was maintained. Notifications and quarterly reports were submitted within the timeframes specified by the regulations.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The provider notified the Chief Inspector of a period of absence by the person in charge of greater than 28 days from 03 June 2024 to 03 July 2024. Suitable deputising arrangements were put in place until the person in charge returned on 03 July 2024.

Judgment: Compliant

Regulation 21: Records

Daily care records of the enhanced care and supports delivered for one resident to meet that resident's social needs were not being completed. Consequently, the provider could not be assured that this resident was provided with the enhanced care supports to meet their needs.

Judgment: Substantially compliant

Quality and safety

Overall, residents were provided with good standards of nursing and timely health care in line with their assessed needs. However, residents rights to access their communal spaces and to privacy in their personal bedroom space were not being upheld. Furthermore the significant delays to the fire safety works and refurbishment works that were ongoing in the centre was having a significant impact on both the safety of residents and on their quality of life.

Although, the provider had some measures in place to protect residents from risk of fire, fire stopping measures were not effective and posed a significant risk of spread of fire and smoke in the event of a fire in the centre. This findings concurred with the significant findings in a fire safety risk assessment completed by the provider in January 2024 and forwarded to the Health Information and Quality Authority. This inspection found that the timelines for completion of the necessary fire safety works as committed to by the provider were significantly delayed, Consequently residents' safety in the event of a fire was not assured.

Works were running concurrently with fire safety works to refurbish the residents' private and communal spaces and improve their lived environment. This inspection found that the provider had failed to ensure the resources were available to

complete these works in a timely manner and these failures continued to negatively impact on the resident's lived environment and their comfort and dignity.

The provider had carried out previous works to ensure the requirements of the National Standards for Infection Prevention and Control in Community Services (2018) were met and that residents were protected from risk of infection. These works included installation of additional hand hygiene sinks. However, this inspection found that not all areas of the centre were effectively cleaned in order to protect residents from risk of infection. These findings are set out under Regulation 27 Infection Prevention and Control.

Residents were provided with good standards of nursing care and supports to meet their assessed needs. Residents' records and their feedback to the inspector confirmed that they had timely access to their general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. Effective arrangements were in place to ensure treatments and recommendations for residents' care made by members of the multidisciplinary team were implemented and monitored.

With the exception of behaviour support care plans for two residents the inspectors found that, residents' care plans were sufficiently detailed to direct staff regarding the care and supports they required to meet each resident's needs. Residents' care plans were regularly updated and residents or, where appropriate, their families were consulted with regarding any changes made.

Inspectors found that residents were provided with opportunities to participate in a variety of meaningful social activities facilitated by staff and external contractors. However, a more flexible approach to sharing activities across the units would ensure that residents had more choice of activities and more opportunities for social interactions with other residents.

Residents were supported to maintain contact with their families and friends and their visitors were welcomed into the centre. Residents had access to local and national newspapers radio and to televisions.

Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents' meetings were convened on a regular basis and issues raised as needing improvement were addressed.

Measures were in place to protect residents from risk of abuse and residents told the inspectors that they felt safe and could talk with staff if they were worried about anything.

Improvements were still required to ensure that where restrictive equipment or measures were being used that these were implemented in the least restrictive manner for the shortest period of time. This inspection found that the locked door to the dining room was overly restrictive and the provider was issued with an urgent compliance plan to remove the restriction and give residents access to their dining space as they wished. The provider submitted satisfactory assurances to the chief

inspector that residents' rights to access their dining room as they wished were being met in the days following the inspection.

There was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to maintain a positive and supportive person-centred approach with residents who experienced responsive behaviours.

Regulation 12: Personal possessions

A number of residents could not access their personal possessions in their lockers if they wished as the resident's bedside chair was blocking their access to the locker.

Although individual wardrobes were provided for residents, those residents accommodated in the multi-occupancy rooms could not maintain control of their possessions in their wardrobes as the wardrobes could be accessed by other residents sharing the bedroom.

Judgment: Substantially compliant

Regulation 17: Premises

Some areas of the centre were not appropriate to the number and needs of the residents. For example:

The residents on Woodville unit did not have access to sufficient communal space as one of their communal rooms had been repurposed as a staff changing facility.

- The inspectors were not assured that the layout of a number of multi-occupancy rooms was suitable to meet the needs of the residents accommodated in those rooms.
- As the layout of some bed spaces in these rooms did not facilitate the safe manoeuvring of large equipment, such as assistive chairs and were unsuitable for residents with higher dependency levels who needed to use this type of equipment.

Furthermore, some areas of the premises did not conform to the requirements set out in Schedule 6 of the regulations as follows;

- Gaps and holes were visible in the ceilings in areas of the corridors and in Barnes View and Woodville Units.

- The floor covering on areas of the corridors and in three bedrooms were worn and damaged and in need of replacement. This meant that these surfaces could not be effectively cleaned and posed a risk of trips and falls. This is a repeated finding from the previous inspection.
- Areas of the wall surfaces in a store room off Barnes View Unit and in the residents' dining room in Woodville Unit were damaged and missing. This meant that these surfaces could not be effectively cleaned and is a repeated finding from the previous inspection.
- Handrails were not available on either side of one part of the main corridor which posed a risk of fall to residents and did not promote their independence with moving around the centre.
- The reading lights over most residents' beds were not easily accessible to them. Firstly, the switch to turn on the lights was not clearly identified for the resident amongst other switches on the wall. Secondly the light fittings required some manual adjustment to ensure the position of the light was correctly positioned for each resident. Inspectors were not assured that the overbed light fittings met the residents needs and this observation was validated by one resident who told the inspectors that they could not operate their overbed reading light.
- Grabrails were not fitted on one side of one toilet for use by residents. This finding did not support residents' independence and safety.
- The floor tiles were not secure in one area of the oratory used by residents and posed a risk of trip to them. This finding had already been identified by the provider but other than signage on the entrance door, the risk posed to residents' safety was not effectively mitigated.
- The inspectors found that the floor space available to residents in several bed spaces in the three and four-bedded rooms was below the minimum floor space requirement of 7.4 square meters. Furthermore, the bed spaces did not allow for a comfortable chair beside the bed and a bedside locker for each resident.

Judgment: Not compliant

Regulation 27: Infection control

Actions by the provider were necessary to ensure residents were protected from risk of infection and that the centre was in compliance with Regulation 27.

- A large storeroom off Barnes View Unit used for storage of residents' assistive equipment and supplies was not clean. This posed a risk of the transmission of infection to residents. The inspectors observed there was visible dust and particles including dead insects on the surface of the window sills and on areas of shelving. There was dust and grit on the floor. There was storage of boxes of supplies directly on the floor in this room and did not support effective floor cleaning. Cobwebs and dust were visible on areas of the walls and ceiling surfaces and around the light fittings in this storeroom.

- The inspectors observed that there were gaps in the staff signature records to confirm that cleaning was completed in line with the cleaning schedules.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had not ensured that residents were protected from risk of fire as follows;

Necessary works to address the red and amber rated fire safety risks identified in the provider's own Fire Safety Risk report dated 17 January 2024 had not been progressed in a timely manner to ensure the safety of residents living in Barnes View and Woodville Units., The provider had previously committed to having phases one and two of the planned works completed by the end of June 2024. This included works to address the red rated fire safety risks in residents' living accommodation. This inspection found that phase one of the works was still in progress and was not due for completion until 03 September 2024. Furthermore the provider could not give a clear timeframe for the completion of phase two of the works. As a result the following risks had not been addressed;

- The provider had not ensured that effective fire stopping was in place around a number of service penetrations (plumbing, electrical, gas, or telecommunication pipes, wires, and cables). For example, gaps were visible in the walls and ceilings in many areas of the centre, including in the the corridors, store rooms and the dining room in Woodville Unit.
- Fire doors including at the entrance to the chapel, and the communal room in Barnes View Ward did not meet required fire door specifications and were fitted with standard lever handles with key-operated locks. These fittings further impacted on the efficiency of these doors to prevent spread of fire and smoke.
- Oxygen cylinders were not stored safely. The inspectors observed oxygen cylinders were stored in a clinical room off Barnes View Unit that contained potentially combustible materials.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Improvements continued to be required to ensure residents' behaviour support care plan documentation clearly detailed the known triggers to their responsive behaviours and the most effective de escalation interventions that were required to support these residents. As this pertinent information was not documented, there

was a risk that not all staff would be aware of the specific interventions required for each resident. This is a repeated finding from the last inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Residents' nursing and healthcare needs were met to required professional standards and residents had timely access to their General Practitioner (GP). An on-call GP service was accessible to residents out-of-hours as needed.

Residents were appropriately referred to allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists and their recommendations were implemented. A physiotherapist attended the centre each week and their consultations included assessment of residents' mobility needs and supporting their rehabilitation post falls and hospital admissions.

Residents were supported to safely attend out-patient and other appointments to meet their ongoing healthcare needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The dining room registered for residents' use on Woodville unit was locked by means of a keycode lock to prevent residents from accessing this communal room outside of their mealtimes. Staff could not provide an adequate rationale for this overly restrictive practice which prevented residents from accessing their dining room as they wished to. This finding was not in line with national restraint policy guidelines. As a result the provider was issued with an urgent action plan following the inspection to ensure the restrictions were removed.

Judgment: Not compliant

Regulation 8: Protection

Appropriate measures were in place to ensure residents were safeguarded from risk of abuse and the procedures to be followed by staff were set out in the centre's policies and in individual resident's safeguarding plans. These measures included arrangements to ensure all incidents, allegations or suspicions of abuse were

addressed and managed appropriately to ensure residents were safeguarded at all times. There was evidence that learning from investigations was implemented to protect residents from abuse.

All staff were facilitated to and had completed training on safeguarding residents from abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had not ensured that residents' rights were respected as follows;

- The practice of locking the resident's dining room on Woodville unit did not ensure that residents' rights to access the communal rooms in their home were upheld.
- Residents on Woodville unit could not access one of their communal spaces as the room had been repurposed as a staff changing facility. There was no evidence that these changes to their home had been discussed and agreed with residents. Neither was there any evidence that the provider had sourced alternative communal space for the residents on this unit
- A number of residents' privacy needs could not be met in five multiple occupancy bedrooms as the privacy curtains surrounding the residents' bed spaces in these shared bedrooms could not be fully closed either because there was insufficient curtain available or due to the location of the ceiling hoist units. This meant that these residents could not carry out personal activities in private.
- Residents in the three and four bedded bedrooms in Barnes View and Woodville units in the centre were required to share one television. Although, the inspectors were told that portable devices were available to residents in these bedrooms, inspectors were not assured that these devices were effective in ensuring residents were able to view their preferred television programmes. This is a repeated finding from the last three inspections.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Joseph's Community Hospital OSV-0000625

Inspection ID: MON-0042958

Date of inspection: 01/08/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The provider will ensure compliance with Regulation 16: Training and staff development by ensuring the following:</p> <ol style="list-style-type: none"> 1. Scheduled cleaning procedures are in place as directed by Infection Prevention and Control guidelines. The Clinical Nurse Manager/senior nurse on duty ensures that cleaning schedules are completed as per schedule. 2. The Person in Charge as part of the Infection Prevention and Control audits also reviews the cleaning schedules as to ensure each unit is compliant with the schedule in place. 3. A Person centred approach to care planning is completed for all residents. On a monthly basis residents care plans are audited by the Clinical Nurse manager and data is submitted to the Assistant Director of Nursing. The ADON reviews the data and a quality improvement plan is developed in conjunction with the Clinical Nurse Manager. This quality improvement plan has time bound actions and the management team ensure that actions are completed as appropriate. 4. Social care provided to residents is documented on a daily basis by the Activity Co ordinator. The Clinical Nurse Manager/Senior Nurse provides the Clinical oversight to ensure that residents care plans/daily notes are completed to ensure a person centred approach. 	

Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management:	
The register provider will ensure compliance with Regulation 23: Governance and Management by:	
1. The Registered Provider following the inspection has repurposed all rooms to their original function as outlined in Condition 1. The Registered Provider had informed the Regulator of the repurposing of the room prior to the inspection via email but had failed to submit the required Application to Vary. An Application to Vary was submitted by the HSE following the inspection dated 01/08/2024.	
2. The Registered Provider has submitted timelines to the Regulator outlining the timelines associated with each phase of the Fire Safety works. This was submitted via letter to the Regulator on the 17/09/24.	
Fire upgrade works have been completed in Finn View ward. This ward is now separated from the remainder of the building with an upgraded/new one hour compartment wall. This ward is now fire compliant	
3. The following is the schedule of planned works which will address the remaining fire safety issues within the centre.	
<ul style="list-style-type: none"> • Finn View Ward- the works have been completed. Residents have now moved from Barnes View to Finn View to allow the works to commence in Barnes View. (The transfer of residents from Barnes View to Finn View was delayed by two weeks due to a Covid 19 outbreak in which residents could not transfer as per IPC guidelines) 	
<ul style="list-style-type: none"> • Barnes View- Fire Safety works have commenced within the unit as of the 23/09/24. The Registered Provider has been given a timeline of ten weeks approximately for the completion of works by 11/12/24. This timeline is dependent on matters outside the control of the HSE i.e. weather, further IPC outbreaks, delays in supplies etc. The Registered Provider has emphasized to the contractor the necessity of the works being completed within the associated timelines. The Person in Charge will update the Regulator if any delays occur with the above timelines 	
<ul style="list-style-type: none"> • Woodville- It is planned that the works in Woodville will commence as soon as the works in Barnes View have been completed and will be completed by 11/12/24. When the works in Barnes View have been completed residents from Woodville will move to Barnes View – which will be fully compliant from a fire safety perspective. It is proposed that the works in Woodville will take approximately three months and will be completed by 31/03/25, (some delays may occur due to IPC outbreaks, weather and supply issues) 	
4. Additional fire safety measures have been put in place and will remain until the Centre is fully compliant with Fire Safety Regulations. Those fire safety mitigation measures include:	
<ul style="list-style-type: none"> • All staff are trained in fire evacuation procedures and fire equipment handling • Regular servicing conducted on firefighting equipment and fire detection equipment • Fire evacuation drills are conducted weekly in each unit • An additional staff member has been deployed nightly to complete the fire checks as are prescribed by the Fire Officer 	
5. Monthly on site meetings have been arranged with the Register Provider, the Person in Charge, Estates, Fire Officer and the contractor as to ensure that works remain as per	

the schedule ahead. If any deviations occur to the timelines above this will be communicated to the Regulator.

6. A review of the audit cycle has taken place within the Designated Centre. A monitoring and oversight arrangement has been implemented since June 2024 which now ensures that all audits completed and associated quality improvement plans are implemented within the allocated timelines. This is overseen by the ADON and Person In Charge. The Register Provider will also review audit schedules and quality improvement plans during site visits these reviews will provide oversight and assurances to the Provider

7. A review of the overhead reading lights has taken place 09.09.2024. Additional free standing bed lights have been ordered and will be completed on the 25/10/24. This will ensure that all residents have access to overhead lights.

8. A review of bedroom layouts has taken place 02.08.24 for the residents who are accommodated in multi- occupancy rooms. This review ensures that residents accommodated in these rooms have access to their personal storage space and can sit at their bed side as they so wish.

Regulation 21: Records	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:

The register provider will ensure compliance with Regulation 21: Records by ensuring the following:

1. The daily care records of the enhanced care and supports delivered to one resident is now clearly documented in the residents notes as of the 02.08.2024. This ensures that the provider is assured that this resident is provided with the enhanced care supports required to meet their needs.
2. The oversight of the records is monitored by the Clinical Nurse Manager/Senior Nurse on duty and overseen by the Person in Charge.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

The Person in Charge will ensure compliance with Regulation 12: Personal possessions by:

1. A review of the resident's bed space has taken place 02.08.2024. This review ensures

that residents can access their personal possessions as they wish and in so far as is reasonably practical the person in charge ensures that each resident retains control over his or her clothes

2. All residents wardrobes are fitted with a lock. Each resident has the choice to lock their wardrobe if they wish. This ensures that residents living in multi-occupancy rooms can maintain control over their own possessions. This also ensures that no other resident can gain access to another resident's wardrobe.

3. Each resident within their bedspace has access to their personal possessions as per schedule 6 of the Regulations

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The Registered Provider will ensure compliance with Regulation 17: Premises by:

1. Residents in Woodville have access to sufficient communal space as the communal rooms have been restored to its original purpose.

2. A review of bedroom layouts has been completed as of the 02.08.24. This review ensures that residents accommodated in these rooms have access to their personal storage space and can sit at their bed side as they so wish. Additional reconfiguration to residents' bed spaces will take place as per the phased works. Finn View completed 12.09.2024, Barnes View completion date is 11.12.2024, Woodville completion date is 31/03/25.

3. Once all the works to the ward areas have been completed it is proposed that Barnes View and Finn View will become the Residential Care Unit accommodating 27 residents in 2/3 bed rooms. This will provide additional space in the bedrooms and also dining and sitting areas and will enhance the quality of life for residents' privacy, dignity and rights. Woodville ward will reduce in bed numbers from 19 to 16, this will also provide additional space in the Dementia Unit, 3 of the existing 4 bedded rooms will become 3 beds.

4. The gaps and holes in the ceilings in areas of the corridors in Barnes View will be addressed during the phased works starting 23.09.24, and will be completed by 11/12/24. This unit is vacant to residents at present. The ceiling in Woodville Unit will be repaired at the next phase of the building upgrade works. A hole in the Staff dining room will be repaired and completed by 25/10/24.

5. Some of the floor coverings have been replaced in Finn View ward as part of the phased works, this was completed on 21.09.24. The other floor covering in areas of the corridors and in three bedrooms in Barnes View will be replaced as part of the phased works commencing 23.09.24 and will be completed by 11/12/24.

6. All areas of the wall surfaces in a store room on Barnes View will be repaired as part of the phased works commencing the 23.09.24 and will be completed by 11/12/24.

7. The area of wall space in the residents' dining room in Woodville Unit will be replaced

and completed by 25/10/24

8. Handrails had been fitted to both sides of the main corridor as of the 27/09/2024

9. A review of the over head reading lights has taken place 09.09.2024. Additional free standing bed lights have been ordered 16.09.2024 and will be completed by 25/10/24.

This will ensure that all residents have access to overhead lights. Any further adjustments in the other wards will be remediated as part of the phased works.

10. A review of the floor tiles in the Oratory has taken place. The flooring will be addressed as part of the phasing of the building works and will be completed by 31/01/25.

Once all the works to the ward areas have been completed it is proposed that Barnes View and Finn View will become the Residential Care Unit accomodating 27 residents in 2/3 bed rooms . This will provide additonal space in the bedrooms and also dining and sitting areas and will enhance the quality of life for residents privacy , dignity and rights . Woodville ward will reduce in bed numbers from 19 to 16 , this will also provide additional space in the Dementia Unit , 3 of the existing 4 bedded rooms will become 3 beds .

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The register provider will ensure compliance with Regulation 27:Infection Control by:

1. On the day of inspection the large storeroom off Barnes View Unit was decluttered and cleaned. This room has been added to the units cleaning schedule. The Clinical Nurse Manager and the Person in Charge ensures that cleaning schedules are implemeneted and adhered to

- The Clinical Nurse Manager and Person in Charge provides oversight as to ensure that Cleaning Schedules are completed in full with no gaps in staff signatures.

Regulation 28: Fire precautions

Not Compliant

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

The Registered Provider will ensure compliance with Regulation 28: Fire precautions by:

1. All gaps relating to Fire Doors in the Centre will be remediated as part of the phased works. This will ensure effective fire stopping is in place.

2. The Fire door at the Woodville dining room adjacent to the staff dining room has been fitted with a new fire door, completed on 18/09/24. A hole in the staff dining room adjacent to Woodville dining room will be repaired and completed by 25/10/24.

3. The Fire door in the communal room in Barnes View has been fitted with a thumb turn mechanism and was completed on 30/09/24. The Fire door at the entrance to the Chapel will be completed by 18/10/24.

4. Fire upgrade works have been completed in Finn View ward. This ward is now separated from the remainder of the building with an upgraded/new one hour compartment wall. This ward is now fully fire compliant

5. The following is the schedule of planned works which will address the remaining fire safety issues within the Centre. This schedule was sent to the Regulator on the 17/09/24

- Finn View Ward- the works have been completed. Residents have now moved from Barnes View to Finn View to allow the works to commence in Barnes View. (The transfer of residents from Barnes View to Finn View was delayed by two weeks due to a Covid 19 outbreak in which residents could not transfer as per IPC guidelines)
- Barnes View- Fire Safety Works have commenced within the unit as of the 23/09/24 The Registered Provider has been given a timeline of ten weeks approximately for the completion of works 11/12/24. . This timeline is dependent on matters outside the control of the HSE i.e. weather, further IPC outbreaks, delays in supplies etc. The register provider has emphasized to the contractor the necessity of the works being completed within the associated timelines. The Person in Charge will update the Regulator if any delays occur with the above timelines
- Woodville- It is planned that the works in Woodville will commence as soon as the works in Barnes View have been completed- currently estimated to be 11/12/24. When the works in Barnes View have been completed residents from Woodville will move to Barnes View. This will ensure that all residents within the Centre will be accommodated in units which are fire compliant.

It is proposed that the works in Woodville will take approximately three months and will be completed by 31/03/25 (some delays may occur due to IPC outbreaks, weather and supply issues)

6. Additional fire safety measures have been put in place and will remain until the Centre is fully compliant with Fire Safety Regulations. Those fire safety mitigation measures include:

- All staff trained in fire evacuation procedures and fire equipment handling
- Regular servicing conducted on firefighting equipment and fire detection equipment
- Fire evacuation drills conducted weekly in each unit
- An additional staff member deployed nightly to complete the fire checks as are prescribed by the Fire Officer

7. Monthly on site meetings have been arranged with the Register Provider, the Person in Charge, Estates, Fire and the contractor as to ensure that works remain as per the schedule ahead. If any deviations occur to the timelines above this will be communicated to the Regulator

8. A review of oxygen storage has taken place within the Centre in line with the HSEs oxygen audit which was completed in April 2024. As per the quality improvement plan one Oxygen cylinder is stored in the clinical room of Barnes View, as it is a prescribed medication, to be used in the event of an emergency. This room is clearly marked to show that Oxygen is stored within. All other oxygen cylinders are stored external to the building in the allocated manifold area.

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>The register provider will ensure compliance with Regulation 5: Individual assessment and care plan by:</p> <ol style="list-style-type: none"> 1. A review of residents' behaviour support care plans has been completed. These now clearly detail the known triggers to their responsive behaviours and the most effective de escalation interventions that are required to support these residents. 2. The Clinical Nurse Manager and Person in Charge as part of the audit process will review and provide oversight that individual assessments and care plans include known triggers and de escalation interventions 	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>The person in charge will ensure compliance with Regulation 7: Managing behaviours that is challenging by:</p> <ol style="list-style-type: none"> 1. The Person in Charge and the management team have reviewed the number of residents with full length bedrails in place. The Clinical Nurse Manager has spoken to all residents whom have requested the use of bedrails as a comfort/safety measure requesting that the residents trail alternative less restrictive equipment including modified length bed rails which are available in the Centre. The outcome of these discussions is clearly documented in the resident's personal notes. While the management team are supportive and encouraging to residents to trail alternative measures, resident's preferences have to be upheld. 2. The key code on the door of the dining room at Woodville has been removed as of the 2nd August 2024. This ensures that residents are able to access the Dining room at all times as they wish. 	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The register provider will ensure compliance with Regulation 9: Residents Rights by:</p> <ol style="list-style-type: none"> 1. The code lock at the Woodville dining room door has been removed. This ensures that residents have access to the dining room at all times as they wish 2. The communal space in Woodville has now been restored to its original purpose 3. A review of the privacy curtains has taken place in the multioccupancy rooms. This review ensures that all privacy curtains close sufficiently which ensures that residents can carry out personal activities in private 4. 4. A review of televisions has taken place in each bedroom. As per the Regulations this review will ensure that in so far as is reasonably practical each resident will have access to a television when they so wish. Portable televisions are available within the centre for use as residents so wish. 	

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 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	11/12/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	02/08/2024
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	Not Compliant	Orange	02/08/2024

	the statement of purpose prepared under Regulation 3.			
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	11/12/2024
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	02/08/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	02/08/2024
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	Not Compliant	Orange	11/12/2024

	effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	02/08/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/03/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2025
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	Substantially Compliant	Yellow	02/08/2024

	the resident concerned and where appropriate that resident's family.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	02/08/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Red	11/12/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	22/09/2024