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St Joseph's Hospital, Bon Secours Care Village, Mount Desert, Lee Road, Cork

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**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	St Joseph's Hospital
Centre ID:	OSV-0000284
Centre address:	Bon Secours Care Village, Mount Desert, Lee Road, Cork.
Telephone number:	021 454 1566
Email address:	carevillage@bonsecours.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Bon Secours Health System Limited
Provider Nominee:	William Maher
Lead inspector:	Mary O'Mahony
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	66
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
01 March 2017 08:30	01 March 2017 18:30
02 March 2017 10:45	02 March 2017 17:15

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was the seventh inspection of St Joseph's Hospital by the Health Information and Quality Authority's (HIQA) Regulation Directorate. The purpose of this inspection was to inform an application to renew the registration of the centre. As part of the inspection process, the inspector met with residents, relatives, the person in charge and her deputy, the clinical nurse managers (CNMs), the pastoral care manager, the hospital accountant, the general practitioner (GP), the facilities co-coordinator, the

health and safety lead, staff members of all grades and administration staff. The inspector observed practices and reviewed documentation, such as, care plans, medication records, training records, policies and plans for new developments. A number of staff files were checked for compliance with regulatory requirements. The findings of the inspection are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland, 2016. The centre was found to be fully compliant with the regulations on this inspection.

The actions required from the previous inspection had been addressed. The inspector found the premises; fittings and equipment were of a high standard. The décor varied in the four, themed sitting rooms and residents' bedrooms were personalised and comfortable. The centre was very clean and there were lovely, peaceful views over the Lee Valley, from various vantage points, in the centre. Items of personal bed linen and furniture from home were seen by the inspector in individual resident's rooms. Residents in the centre were seen to be empowered and enabled to maintain their independence, to develop new skills and to participate fully in the running of the centre. They were consulted about any proposed changes and they were assisted to go out to various events. Residents had been made aware of the upcoming building works and how this would impact on their daily lives in the centre. Residents were found to be living fulfilled lives and their holistic needs were met. The inspector spent time talking with residents about their experience, including the admission process. Residents were forthcoming, welcoming of the inspector and understanding of the role of HIQA, in regulating the sector to drive high-quality, safe care for residents.

Questionnaires, sent out by HIQA, had been completed by residents and relatives. These were viewed by the inspector. The feedback from residents and relatives was positive and there was a high satisfaction rating given to the service, the care and the food provided. Respondents praised the staff, the medical attention, the facilities and the level of communication in the centre. Residents' needs were assessed and relevant care plans had been developed to guide care.

The person in charge was involved in the centre on a daily basis and was found to be easily accessible to residents, relatives and staff. She had recently been joined by an assistant director of nursing, to enhance the management team, in preparation for the proposed 30 bed extension.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The statement of purpose was viewed by the inspector. It clearly described the service and facilities, provided in the centre. It identified the staffing structure and staff skill mix. It also described the aims, objectives and ethos of the centre. This ethos was reflected in the manner in which staff interacted with residents and provided care.

The statement of purpose included the registration date, expiry date and the conditions attached by the Chief Inspector, to the designated centre's registration, under Section 50 of the Health Act 2007.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge worked full time in the centre. She informed the inspector that there were sufficient resources in place to ensure the delivery of safe and quality care to residents. The person in charge was supported by a suitably qualified and

knowledgeable, assistant director of nursing and three experienced clinical nurse managers (CNMs). There were clear lines of authority and accountability, in the centre. The provider was available for consultation, when required and he attended monthly meetings with the senior management team. He was interviewed by the inspector following the inspection and was found to be knowledgeable of the responsibilities of his role under the regulations.

An annual review of the quality and safety of care was undertaken. Improvements were instigated as a result of the learning from this review. Audits of falls, medication management, antibiotic prescribing, health and safety, infection control and risk assessments formed part of the review. The person in charge stated that the review was developed in consultation with residents. Customer satisfaction surveys and the minutes of resident and family meetings were incorporated into the review. Catering was outsourced and the catering manager explained that the company carried out their own audit with residents to ensure that choice and preferences were met. The clinical nurse managers spoke with the inspector in relation to the clinical audits which they conducted. Records were seen which documented the outcome and actions taken following these audits. Management meetings were held regularly and there was a team approach to the delivery of staff training and supervision, as well as, to the delivery of care and support for residents.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The residents' guide was seen by the inspector and this was available to all residents. It contained the information required under section 20 (2) of the regulations.

Contracts of care had been implemented for residents and a sample of these contracts was viewed by the inspector. The contracts were comprehensive and were agreed within a month of admission.

There was extensive information available in relation to services for residents and interesting events in the residents' newsletter, the organisation newsletter- 'BONSBEAT' and on notice boards in the centre.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge was experienced and suitably qualified. She was actively involved in the management and organisation of the service. She was well known to residents who described her to the inspector as being kind and approachable. She was an experienced nurse manager and was found to be committed to providing a resident-centred service. She was engaged in continuous professional development and was found to have clinical knowledge and knowledge of her responsibilities, under the regulations and standards.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, were maintained accurately and were easily accessible to the inspector. The designated centre was adequately insured against accidents or injury to residents, staff and visitors. Insurance certification was viewed by the inspector.

The policies required under Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) were in place and were seen to be reviewed regularly. Staff were aware of the policies and the person in charge stated that these were implemented in practice, for example, the policy on the prevention of elder abuse and the policy on advocacy. Complaints and incidents were documented. Copies of medication errors were maintained in the centre. A copy of the statement of purpose, the residents' guide and previous inspection reports were available to residents.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The provider was aware of the statutory duty to inform the Chief Inspector, of the proposed absence of the person in charge from the designed centre and the arrangements in place, for the management of the designated centre, during her absence. There was a suitably qualified assistant director of nursing in place, to deputise in the absence of the person in charge.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Measures were in place to protect and safeguard residents. There was an updated policy

in the centre that set out the protocol in place for the prevention, detection and investigation of allegations of elder abuse. Staff spoken with by the inspector were aware of the procedure to follow in this event. Training records reviewed by the inspector confirmed that staff had received relevant, mandatory training, from a suitably qualified person. Staff confirmed that training was updated yearly, by the in-house trainer. Residents spoken with said they felt safe in the centre and said that staff were supportive and helpful. Relatives informed the inspector that they had no concerns about the care of their family member. One relative said that she felt that the resident, whom she visited was safely "in a nest" when she left the centre, each evening.

There was a policy in the centre to support staff in approaches for residents who exhibited behaviours that challenge, which were related to the behavioural and psychological symptoms of dementia (BPSD). Nursing and care staff confirmed that this training had been provided to them. A sample of care plans reviewed, was found to be personalised. They described the behaviour, the support which was to be provided to the resident and outlined interventions to de-escalate the situation. PRN (taken as required) psychotropic medicine had been prescribed, for some residents. The CNM explained to the inspector that the use of this psychotropic medicine was audited regularly and it was reviewed by the GP. The inspector observed staff interacting appropriately with residents and intervening with patience and kindness, if necessary.

Risk assessments had been completed for residents who required bed rails, bed sensor mats or security bracelets. These restraints were checked regularly when in use and a sample of records was viewed by the inspector. There was evidence that consent of the resident, or a representative, had been sought. Consent was seen to be documented in relevant files. The inspector found that residents' finances were managed robustly in the centre. Two staff members signed for financial transactions and the sample of records checked was seen to be in order.

Judgment:
Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
A comprehensive emergency plan was in place. It specified the arrangements for the evacuation of residents and identified an external location for the temporary placement of residents. The emergency plan was found to meet the requirements of legislation.

The fire prevention policy was viewed by the inspector and was found to be detailed and centre-specific. Evacuation procedures were displayed prominently around the centre to alert staff and residents to the procedure to follow in the event of a fire. The emergency lighting and fire equipment was checked and serviced at regular intervals and related records were found to be in order. Fire safety training was provided to staff and fire evacuation drills were undertaken at suitable intervals. Fire evacuation blankets were positioned on beds and the fire alarm and fire doors were checked in accordance with relevant guidelines. The centre-specific health and safety statement dated 2017, was seen by the inspector. The risk management policy was reviewed and was seen to comply with Regulation 26 (1).

The inspector viewed the record of accidents and incidents. Learning that had occurred as a result of each incident was documented. Clinical risk assessments were undertaken for residents, including falls risk assessment, assessments for dependency and skin integrity, continence, moving and handling and BPSD. The inspector found that, where appropriate, plans of care were drawn up following completion of these clinical assessments.

Infection control guidelines were followed. The inspector found that staff engaged in regular hand-washing and were seen to wear personal protective equipment, such as gloves and aprons. Hand sanitizers and hand washing facilities were in place around the centre. The centre had outsourced its cleaning arrangements. The inspector observed that the centre was very clean and that staff maintained documentation which indicated the times and details of the cleaning regime in each room and bathroom. The person in charge informed the inspector that the centre had been awarded the "Gold Cap" award (Quality Improvement Programme, UK) in housekeeping.

The person in charge informed the inspector that there were currently no residents who smoked, living in the centre.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there was a policy for medicines management in place which outlined safe procedures for the administration, recording and disposal of medicines. Staff maintained an accurate and up-to-date register of controlled drugs. Two nurses checked and recorded the controlled drug balance twice a day. Residents had a choice

of GP. Staff informed the inspector that the GPs reviewed each resident's medicine, as necessary.

Residents who required medicines to be crushed were clearly identified. Photographic identification for residents was present on each medicine administration sheet. Medicines were stored securely in the centre. Evidence of medicines audit was seen by the inspector. Medicine errors were recorded in a medicines incident form and reviewed by the Clinical Nurse Managers (CNMs).

The person in charge informed the inspector that the pharmacist provided educational sessions for nurses and was available to speak with residents. Medicines were returned to the pharmacy when not in use. A record of all medicines delivered to the centre was signed by staff and the pharmacist.

Nursing staff had attended the required, relevant training.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A record was maintained of all incidents which occurred in the centre. Quarterly notifications were submitted to HIQA, as required. The person in charge was found to be aware of the relevant notification regulations.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge informed the inspector that each resident had a pre-admission assessment was carried out. This was done so as to ensure that residents' needs could be met, in the centre. Care plans were developed for each resident on admission. Residents were consulted, in developing these care plans. Appropriate clinical assessments were in place to address residents' needs. Residents had a choice of GP. Most residents were under the care of one GP. Staff stated that he visited the centre three days a week and when required. A daily, narrative record of nursing care was recorded in residents' care plans.

Care plans were, in general, stored electronically. In the sample of residents' care plans reviewed, there was evidence of timely access to allied healthcare professionals. Dental and optical services were provided through a referral system. There was evidence of access to and use of chiropody, speech and language therapy, physiotherapy and dietician services. The dietician and the speech and language therapist provided regular training to staff, on the care of residents with swallowing difficulties or other nutritional needs.

Hairdressing and beauty services were available to residents. Residents were observed throughout the days of inspection availing of this service. Staff informed the inspector that they could also avail of the services of the beautician, during their break time. Staff stated that this added to their sense of wellbeing.

Residents' social care needs were addressed and enhanced, in the centre. This was addressed further under Outcome 16: Residents' rights, dignity and consultation. Relatives and friends were seen to visit residents throughout the two days of inspection. They informed the inspector that they were very happy with the high standard of care in the centre. They said that they were welcome to avail of the dining room facilities throughout the day, including joining residents for meals. The inspector observed that there were lovely, plentiful, spacious sitting rooms, dining rooms, alcoves and bedrooms for private visits, where required.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

St Joseph's Hospital was a purpose built residential centre caring for the needs of 67 residents. Similar to findings on the previous inspection, the entrance was bright and spacious. The dining room, administrative offices, hairdressing and beauty room, sitting rooms, chapel and activities rooms were easily accessible for residents. The centre had 57 registered single bedrooms and five double bedrooms. All bedrooms in the centre had ensuite facilities and there were two assisted baths in the centre.

Sitting rooms were decorated in a 'reminiscence' style which created a comfortable and homely atmosphere for residents and their visitors. Décor and furniture were of a high standard. Bedrooms were spacious, personalised and well equipped with modern furniture. All bedrooms had large wardrobes, bed side lockers and a comfortable bed side chair. The inspector observed that suitable assistive hand rails were in place. Call bells and over-bed lights were in place in all bedrooms.

The bedroom areas were laid out in six corridors. These were interconnected by large central hallways and nurse stations. The hallways were decorated with interesting items of furniture and memorabilia for residents to observe and interact with. There was adequate signage in the centre and the inspector observed that memory aids and signage were used to aid residents' orientation. Some residents had brought in their own furniture, such as flower pots and plants, duvet covers, books, pictures and ornaments. Personal electric wheelchairs, wheelchairs, walking sticks and walking frames were seen to be used depending on the assessed needs of residents.

Plans were in place to extend the centre. These plans were demonstrated on Powerpoint, in a very professional manner, to the inspector. The proposed date for commencement of the work was March 2017. This extension would provide an extra 30 bedrooms for residents. The person in charge stated that all residents would now be offered well equipped, spacious, single rooms. New, more extensive gardens, raised flower beds, and a larger dining room were among some of new, additional, improvements designed to support the expansion. The provider informed the inspector that sufficient resources were available to provide for increased staffing when the development works were completed.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre had an up-to-date policy and procedure for the management of complaints. This procedure was displayed in a prominent place and a copy was included in the residents' guide. Residents and relatives were aware of the complaints process. The person in charge was the complaints officer. The provider monitored the complaints.</p> <p>Residents and relatives spoken with by the inspector stated that they could raise any issue or concern with the person in charge or staff.</p> <p>The inspector reviewed documentation which confirmed that all complaints were documented. The documentation included the details of the complaint, the results of any investigation, actions taken and whether or not the complainant was satisfied.</p>
<p>Judgment: Compliant</p>

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: A sample of care plans, viewed by the inspector, in relation to end-of-life care indicated that residents' wishes were recorded. There was evidence that, where appropriate, relatives were involved in formulating the care plan. The centre had a policy on end-of-life care which guided staff on providing care at the end of life. Residents had access to specialist palliative care.</p> <p>Family and friends could be facilitated to be with the resident at this time. Overnight accommodation was available, if necessary. Residents of all religious denominations received end-of-life care appropriate to their beliefs according to the person in charge and the pastoral care manager.</p> <p>Staff spoke with the inspector about how residents were supported to grieve for their friends and stated that an annual memorial mass was held. Religious and cultural practices were facilitated daily and weekly. The person in charge stated that the pastoral team had been shortlisted for a Bon Secours group award, this year.</p>
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Judgment:
Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

The centre had been awarded a "Gold Cap" award (Quality Improvement Programme, UK) for the catering service. Catering was outsourced to a professional company. The inspector met with the regional manager and the chef from this company. They explained that residents were central to the development of menu choices. The managers of the company engaged in audit and annual surveys. The results of these were then reviewed. Any improvements which were required were put in place. The chef engaged with residents on a daily basis. He stated that residents were encouraged to come to the serving counter to choose their food, where this was possible. In addition, the person in charge informed the inspector that the chef had recently spent a long period of time with one resident who had very specific dietary needs. This resulted in a better understanding of the resident's requirements and a more enjoyable dining experience for the resident. Residents described the dining experience as a social event and stated that it was like "being in a hotel". The majority of residents ate their dinner and tea, in the main dining room. A number of residents were also accommodated to eat in their bedrooms, if that was their choice. Relatives were also seen to sit with residents and enjoy meals in the bright, spacious dining room.

Residents were empowered to take ownership of the facilities in the dining room. For example, during the two days of inspection, the inspector observed residents helping themselves to 'lattes' and other coffee choices, from the coffee machine. The coffee machine was set at wheelchair height to make it accessible for all residents. Residents who used wheelchairs to aid mobility were also seen to independently fill water cups from the water dispenser in the dining room. One female resident stated that she never drank coffee before she came in to stay in the centre, however, she told the inspector that she now liked to have a 'latte' before her lunch.

During dinner time each day a volunteer came to the centre, to play suitable piano tunes during the meal. Residents said they really enjoyed this attention to detail on their behalf.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The management team stated that they were committed to engaging residents in consultation, to ensure that they had a sense of autonomy and involvement. There was a policy on providing information to residents and a guide on the services and care available. Residents' meetings took place and minutes of these meetings were documented and retained for reference. Advocacy services were accessible and relevant contact details were displayed throughout the centre. Surveys and questionnaires reviewed by the inspector were consistently positive. Where areas for improvement were identified the management team were responsive. The inspector saw that measures were put in place to implement change for example, change in menu choice, following a review of the findings.

There was a comprehensive policy in place on addressing the communication needs of residents in place. During the two days of inspection, staff demonstrated appropriate communication techniques, including for those residents who had a cognitive impairment. Important events were celebrated such as, match finals, positive ageing week, the Christmas party and St. Patrick's Day. Relatives were encouraged to attend birthday parties and family gatherings. A sample of care plans reviewed were person-centred and contained relevant information on the life experience of residents. Members of staff spoken with by the inspector demonstrated a good knowledge of residents' interests. Appropriate arrangements were in place, to support residents to vote, or to go out to visit friends.

The centre had adequate staff resources for managing the activities programme. The financial manager informed the inspector that there was no extra charge for activity provision in the centre. Residents were seen to use their land line phones and mobile phones during the inspection. The inspector observed residents engaging in a newspaper reading session, a sing along and music session, a reminiscence session and watching appropriate DVDs. The weekly programme was available for all residents to see. Twenty residents were seen to attend the music session.

The activity coordinators had devised a timetable which outlined a wide variety of activities, such as, Sonas, reminiscence therapy, bridge, bingo, music, fitness, piano playing, knitting and a mobile library. Residents were facilitated to meet their religious and spiritual needs in the centre. Daily mass, rosary and other services were provided in the beautifully equipped chapel. Residents were observed participating in these activities. In addition, residents of different beliefs and religious persuasions were enabled to access their appropriate ministers. Residents were seen walking about independently and other residents were assisted to walk around the centre and to go to the sitting rooms and the dining room. One resident informed the inspector that he was being supported to go to attend a family memorial mass.

The inspector spoke with the activities coordinator. She was found to be enthusiastic about her role. She outlined the charity work in which residents had been involved, such as raising money for St Vincent de Paul by making and selling Christmas cards and knitting a 'HOPE' blanket. The centre had also raised money for a Cork charity. The activities coordinator had attended relevant courses such as "Creative Exchanges" a reminiscence programme, and "Art and Alzheimer's". She utilised this learning to enhance residents' lives. She explained her ethos of having "positive regard" for each resident.

Residents expressed to the inspector that they were very happy with the privacy and the space available to them in their well-equipped single rooms. One resident stated that she loved having her "clutter" around her and having adequate space for this. She said "my home is my room".

Judgment:
Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents maintained control over their personal property and possessions. The inspector viewed the policy on personal possessions and clothing. There were adequate laundry facilities in the centre with systems in place to ensure that residents' personal clothing was marked and safely returned to them. Personal clothing was washed at home, by residents' representatives for a number of residents.

There was adequate space for each resident to store and maintain their own clothes and other possessions. Each resident had been supplied with a locked drawer in their bedroom for personal items.

Judgment:
Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector viewed the staff rota which correlated with the number of staff on duty, according to the person in charge. She assured the inspector that there were sufficient staff and a suitable skill-mix on duty to meet the needs of residents. There were two CMNs on duty from Monday to Friday. In addition, one CNM worked in the centre each weekend. The person in charge and the assistant person in charge were available in the centre five days a week.

Staff training records were viewed during the inspection and these were seen to be in order. A range of mandatory and appropriate training was provided to staff. A sample of staff files reviewed contained the requirements of Schedule 2 of the Health Act 2007 (Care and Welfare Regulations in Designated Centres for Older People) Regulations 2013.

Nursing staff had up-to-date registration with their professional body. Staff informed the inspector that that they were well supported in their roles with clear lines of accountability and job descriptions in place. The centre had a detailed policy to guide the recruitment and induction of staff. Records of the probationary period were documented for new staff.

The provider and person in charge informed the inspector that last year, the staff of St Joseph's Hospital had won an award within the Bon Secours centres for Overall Best Team. They stated that an awards' night was held to thank staff. The provider also stated that three major initiatives had been introduced for staff:

- 1) A leadership development programme for senior managers.
- 2) A specific 'clinical nurse manager' leadership programme.
- 3) A staff awards scheme.

Executive management team meetings were held on a monthly basis. A monthly 'plan of action' meeting was held with the person in charge and senior managers to enable goal setting and staff development.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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