Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Josephs Nursing Home
Name of provider:	St. Joseph's Nursing Home Limited
Address of centre:	Lurgan, Glebe, Virginia, Cavan
Type of inspection:	Announced
Date of inspection:	21 and 22 November 2018
Centre ID:	OSV-0005413
Fieldwork ID:	MON-0022406

About the designated centre

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

The designated centre provides 24- hour nursing care to 52 residents, male and female who require long-term and short-term care (convalescence and respite).

The centre is situated in a rural area but in close proximity to a small town. It is a three storied building with views of Lake Ramon. There are a variety of communal rooms and single and twin bedrooms some of which are ensuites.

The aim of the centre is to provide a homely environment where the residents are cared for, supported and valued in a setting that promotes their health and well-being.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	52

How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
21 November 2018	11:00hrs to 18:00hrs	Siobhan Kennedy	Lead
22 November 2018	09:00hrs to 18:30hrs	Siobhan Kennedy	Lead

Views of people who use the service

Residents who communicated with the inspector were positive regarding the care provided/received and the facilities and services. In particular, residents were happy about the improvements to the design and layout of the centre, the food and mealtimes, arrangements for visitors, the choices they could make, activities and staffing. Residents were able to identify a staff member who they would speak with if they were unhappy with something in the centre. None of the residents who communicated with the inspector had any complaints or concerns about the care that they received. Suggestions to further improve the services related to the laundry facility and oral care.

Capacity and capability

There was effective leadership and management and this contributed to residents experiencing a good service.

The matters identified in the previous inspection carried out on the 26 April 2017 were satisfactorily addressed or were in progress.

There was evidence of on-going auditing and monitoring of performance, for example audits were completed to review the use of restraint (only two bed rails and two lap belts used for residents' safety). An annual review report on the quality and safety of care was compiled for 2017. It was prepared in consultation with residents. It contained a quality improvement plan which included the development of a new entrance to the centre, extension of the communal sitting room and installation of a new additional passenger lift. This has enhanced the lived experience of residents. The provider and management team were on site at the time of the inspection and met with the inspector to review the premises and discuss future plans to reduce twin bedrooms. Work is on-going on a phased basis to minimise any impact on the daily lives of residents.

The Office of the Chief Inspector received the necessary documentation in respect of the application for renewal of registration. The statement of purpose corresponded to the findings on inspection.

There were sufficient staff to provide care, supervision and meaningful activities to residents. The person in charge who works full time in the centre had a good knowledge and many years of experience in the provision of residential care. She provided good leadership to the staff team. The nominated persons who were available in the absence of the person in charge also facilitated the inspection process and were knowledgeable regarding their roles, management of the centre

and the care and condition of residents.

Recruitment of staff was in compliance with employment and equality legislation including appropriate vetting, however, it was found that Garda vetting was not up to date for those staff employed on a long term basis by the provider.

The numbers and skill mix of staff at the time of inspection met the needs of residents.

There was evidence that staff had access to education and training, appropriate to their role and responsibilities. In discussions with the inspector staff demonstrated that they were knowledgeable and skilled for example in fire safety procedures, safeguarding and safe moving and handling of residents.

Unsolicited information received by the Office of the Chief Inspector was reviewed and was not substantiated. The complaints policy and procedure was widely advertised and residents and relatives were familiar with the process. The complaints record showed that complainants were satisfied with the outcome of investigations. Notifications in accordance with the regulations were received by the Office of the Chief Inspector and those reviewed on inspection highlighted appropriate interventions. The Information governance arrangements ensured that record-keeping and file management systems were secure.

Registration Regulation 4: Application for registration or renewal of registration

The Office of the Chief Inspector received the necessary documentation in respect of the application for renewal of registration.

Judgment: Compliant

Regulation 14: Persons in charge

The centre was managed by a suitably qualified and experienced nurse who works full time and has authority in consultation with the person representing the provider and is accountable and responsible for the provision of the service.

Judgment: Compliant

Regulation 15: Staffing

From an examination of the staff duty rota, communication with residents, relatives and staff it was found that there were sufficient staff to meet the needs of residents.

In addition to the person in charge two clinical nurse managers (CNM) are employed. They are rostered on opposite shifts and one day per week is allocated to the governance and management of the centre and on the other days they provide supervision and guidance for the nursing and care team. Each day there are two nurses on duty and seven care staff are rostered up to 14:00 hours and six staff roistered up to 20:00 hours. Two nurses and two carers are rostered for night duty. The centre employs a dedicated full-time activities coordinator who manages a programme of activities and organises special events and celebrations. Staffing also includes catering, housekeeping, laundry, administration and maintenance staff.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up to date on their mandatory training, for example, fire safety, moving and handling, infection prevention and control, managing responsive behaviours and protection of residents from abuse. Management have included an eLearning education programme to develop staffs' skills and knowledge and to support mandatory training provided in house.

Judgment: Compliant

Regulation 23: Governance and management

An effective governance structure was in place with clear lines of accountability so that all staff working in the service were aware of their responsibilities and to who they are accountable. The provider had sufficient resources in place to ensure that care delivered was in accordance with the statement of purpose. The governance arrangements in place were suitable to ensure the service provided is safe, appropriate and consistent.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Contracts of care were satisfactory. The contract included details of the services to

be provided and the fees payable by the residents. These were signed by relevant parties. Expenses not covered by the overall fee and incurred by residents were identified in the contract.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose outlined the facilities and services, provided details about management and staffing and described how residents' well being and safety was being maintained.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was familiar with the process of notifying incidents occurring in the designated centre and the time frames for submitting notices to the Office of the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective complaints procedure was in place. Residents' complaints and concerns were listen to and acted upon in a timely, supported and effective manner. There was evidence that residents were satisfied with measures put in place in response to their complaint.

Judgment: Compliant

Quality and safety

There was a good atmosphere in the centre and residents and staff interacted well.

Care planning documentation was available for each resident but it did not fully reflect a person centred approach. The records showed that some assessments

were not fully analysed with the result residents' needs, based on the assessments were not clearly identified and subsequently interventions/treatment plans and formal reviews were limited. In some instances residents' needs were accurately described but the care planning records did not highlight if the interventions/treatment plans brought about an improvement or deterioration in the residents' assessed need. The overall impact for residents was that it was difficult to determine if staff consistently implemented an agreed plan of care.

Information received by the inspector in respect of a discharge plan for a resident was shared with management. Management agreed to follow up this matter and access an independent advocate for and on behalf of the resident.

There was good information in relation to the provision of wound care. A resident with a pressure wound had been admitted to hospital. A wound assessment chart had been completed each time dressings were changed. Nursing notes outlined the clinical evaluation of the progress/deterioration of the wound. There was reporting as to the progress of the adequacy of the type and frequency of the care interventions, dressings applied and assessment of pain. The interventions to manage the wound were informed by a specialist tissue viability nurse.

Residents received the health care which they needed. Staff liaised with the community services regarding admission and discharge arrangements and appropriate referrals were made to the community health care professionals.

There was a policy and procedure in place to guide staff on meeting the needs of residents with responsive behaviours and staff were knowledgeable of residents' needs and provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). Staff were seen to reassure residents and divert attention appropriately to reduce anxieties and some staff were familiar with behavioural charts associated with recording patterns of altered behaviours. However, the care planning documentation did not detail residents' behaviours and interventions which would mitigate against the behaviours.

Residents received palliative care based on their assessed needs and this aimed at maintaining and enhancing their quality of life and respected their dignity. Staff provided this care to residents with the support of their general practitioner and the palliative care team if required. Residents had an end of life care plan in place which reflected their wishes. The management of medicines was satisfactory.

Information was available in respect of residents' social care needs. The inspector saw that those residents who participated in the organised group activities found them enjoyable. A stimulating programme of activities was implemented for those residents who did not wish to participate as part of a group. The activities programme was compiled in accordance with residents' interests, abilities and capacities. Opportunities for residents to access community events and activities were provided.

Residents' nutritional and hydration needs were met and residents confirmed that meals and meal times were an enjoyable experience.

Residents meetings were held and some residents confirmed that they had been consulted in a range of matters for example the daily routines and day-to-day running of the centre. They were offered opportunities to exercise their choice in a range of matters. Residents were able to develop and maintain personal relationships with family and friends in accordance with their wishes. Visitors were welcomed and encouraged to participate in residents' lives. They had access to information about events and their health care needs.

The centre is situated on a large, well maintained site. The building has been adapted to meet the needs of dependent older people and this work is on-going.

Policies and procedures were implemented that ensured residents were protected from abuse. Staff members who communicated with the inspector were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre.

The provider was pension agent on behalf of a small number of residents. There was no separate account for residents' finances. Management stated that this matter would be addressed.

There were arrangements in place to manage risk and the measures implemented reduced or minimised the risks identified.

A variety of fire safety measures were in place to prevent and contain a fire, however all measures to ensure the safe evacuation of residents in the event of an emergency were not implemented.

A restraint free environment was promoted and any restraint measure was used in line with the national guidelines, however the records maintained were not in accordance with the regulations regarding restraint.

Responsibility for infection prevention and control was clearly defined. Staff had received education and training in this area and there was good evidence of hand hygiene, the use of protective clothing, the safe disposal of sharps, management of laundry and waste management.

Regulation 11: Visits

Suitable communal and private facilities were made available for residents to receive their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space to store and maintain their clothes and other personal processions in their bedroom space.

The registered provider representative was pension agent for nine residents. A separate bank account had not been set up for residents' account, therefore this system required improvement.

Judgment: Substantially compliant

Regulation 13: End of life

Appropriate care and comfort which addressed the individual needs of residents was provided when residents were approaching their end of life. Management of residents' resuscitation status was satisfactory. Staff provided end of life care to residents with the support of their GP and the community palliative care.

Judgment: Compliant

Regulation 17: Premises

All parts of the building were warm, well lit and ventilated. Access to the centre and service areas was secured in the interest of safety to residents and visitors.

Communal facilities have been improved since the last inspection.

Bedroom accommodation comprises 24 single rooms and 14 twin rooms. Bedrooms were personalised. There was a call bell system in place at each resident’s bed. Suitable lighting was provided and switches were within residents reach.

There were a sufficient number of toilets, baths and showers provided for use by residents. Toilets were located close to day rooms for residents’ convenience.

There were visual cues and pictorial signage to guide residents. Each bedroom door had a representation of a front door in different colours with a letter box and door knocker. There was signage at intervals to direct residents to bedrooms and pictorial signage to identify bathrooms along the corridor.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered choices of wholesome and nutritional meals which were safely prepared, cooked and served. Nutritional assessments were carried out in respect of the dietary needs of residents and appropriate foods provided. Systems were in place to ensure residents had access to regular snacks and drinks. All residents were appropriately assessed for nutritional needs on admission and were subsequently reviewed regularly. Records of weight checks were maintained on a monthly basis and more regularly where significant weight changes were indicated.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide was available for each resident. This included a summary of the services and facilities in the designated centre, the terms and conditions relating to residency, the procedure respecting complaints and arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management

The inspector was informed that the risk register detailed the measures and actions in place to control any risks identified. There were arrangements in place to review accidents and incidents. Following a fall the risk assessments of residents were revised in order to prevent a re-occurrence. Each resident had a personal emergency evacuation plan developed which identified the most appropriate aids suitable to safely evacuate the resident in a timely manner both during the day and at night.

Judgment: Compliant

Regulation 27: Infection control

Staff implemented procedures for the prevention and control of health care associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate operational precautions had been taken against the risk of fire however, some fire doors were blocked or held open by furniture and therefore would impede a timely evacuation or not close in the event of an emergency. An external fire evacuation pathway was uneven.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector saw that an electronic system was being implemented which assisted nurses to effectively administer medicines to residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident had a care plan but improvement was required in assessment, care planning and formal review as follows:

- Some of the assessment tools used for assessing residents' did not describe the resident's condition.
- There was limited information in relation to interventions/treatment based on validated assessment tools to bring about a positive change in the resident's assessed needs/condition which would be consistently provided by each staff member supporting the resident.
- Evaluations/review of the care plans was not comprehensive.
- Daily nursing notes did not reflect all of the care required/provided to the resident.
- There was no plan in place to address the unmet need of a resident.

Judgment: Not compliant

Regulation 6: Health care

Appropriate medical and health care was provided. The general practitioner (GP) visited the centre routinely. Residents had regular or as required access to the services of allied health care professionals, these included a speech and language

therapist, dietician, optician and chiropodist. A physiotherapist is employed by the provider two days per week.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Some care plans in respect of responsive behaviours did not detail clearly the full extent of some of the issues/behaviours being managed for residents with complex mental health problems and interventions which would mitigate against these behaviours. Potential triggers and deescalating techniques did not provide sufficient detail to guide staff interventions.

There was no evidence (in accordance with the risk assessment criteria) that other measures were trialled prior to using restraint to ensure residents' safety.

Judgment: Substantially compliant

Regulation 8: Protection

Policies and procedures were implemented to protect residents from abuse.

A policy was in place for the protection of vulnerable adults which included guidance on protected disclosures. Records indicated that regular training on safeguarding vulnerable adults was provided. Staff members understood how to recognise instances of abusive situations and were aware of the appropriate reporting systems in place.

Judgment: Compliant

Regulation 9: Residents' rights

The privacy and dignity residents were respected and their needs and preferences were taken into account in the delivery of services. Staff delivered care in a timely and safe manner. During the inspection, residents were seen to receive attention from staff based on their care requirements, for example, responding to the call bell, and supporting people from the sitting area to the dining room or to their own bedrooms.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Josephs Nursing Home OSV-0005413

Inspection ID: MON-0022406

Date of inspection: 21/11/2018 and 22/11/2018

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 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: We have reviewed our Nursing Home Policy on Residents Finances and this now reflects how we ensure compliance with Regulation 12. We are in the process of opening a Residents account and this will be operational at the end of January 2019.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have installed two new magnetic door release mechanisms on the two doors that were being held open with chairs. All staff recognise that no fire exits or fire doors can be blocked at any time and to be alert to visitors, staff or residents blocking areas with chairs. A new pathway from the fire door in the sitting room has been constructed for safe evacuation of residents.	
Regulation 5: Individual assessment and care plan	Not Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:	

Improvements have been made and are on-going with our care planning and reassessments. Regular workshops with the staff are planned to ensure that everyone has a full understanding of how comprehensive the assessments should be in taking a holistic approach to person centred care and working in compliance with regulation 5.	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: All care plans are being reviewed at present and managing responsive behaviours have been updated and now includes all de-escalating techniques. Restraint documentation has been updated to include other measures which were trialled before introducing a physical restraint.	

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	28/02/2019
Regulation 12(b)	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 his or her linen and clothes are laundered regularly and returned to	Substantially Compliant	Yellow	31/03/2019

	that resident.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	18/12/2018
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	18/12/2018
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	18/12/2018
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	28/02/2019
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	28/02/2019
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	28/02/2019

	formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	18/12/2018
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.	Substantially Compliant	Yellow	18/12/2018