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Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Home
Name of provider:	St Joseph's Home
Address of centre:	Abbey Road, Ferrybank, Waterford
Type of inspection:	Unannounced
Date of inspection:	14 July 2020
Centre ID:	OSV-0000245
Fieldwork ID:	MON-0029842

About the designated centre

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

St Joseph's Home is owned and operated by the order of The Little Sisters of the poor. It is a purpose built centre registered to provide care to 48 residents. It is situated in Ferrybank in Waterford city close to all local amenities. It provides residential care to people over the age of 65years. It offers care to residents with varying dependency levels ranging, from low dependency to maximum dependency needs. It offers care to long-term residents with general and dementia care needs. The centre comprises of two units on separate floors named; Lourdes and Fatima. All resident accommodation is provided in large single en-suite bedrooms. The centre has ample communal space with numerous dining rooms, sitting rooms and lounges throughout both floors that accommodate residents. A reminiscence room, a sensory room, an aromatherapy room and physiotherapy room and hair salon are all located within the centre. Brightly-coloured shop fronts had been constructed for the medical centre, activity centre, shop and tea rooms to replicate a 'village-like' environment. A large balcony is located on both floors, where flowers, herbs and vegetables are being grown by residents. There is a large church where Mass is celebrated daily. Outdoor space in the form of enclosed gardens and seating areas to the front and rear of the building are available for resident and relative use. The centre provides 24-hour nursing care with a minimum of two nurses on duty during the day and at night time. The person in charge lives in the centre and is on call as required. The nurses are supported by care staff, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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
Tuesday 14 July 2020	09:35hrs to 17:40hrs	Caroline Connelly	Lead
Tuesday 14 July 2020	09:35hrs to 17:40hrs	Liz Foley	Support

What residents told us and what inspectors observed

The inspectors met a large number of residents during the inspection and spoke to two visitors. The centre has also conducted resident and relative survey's eliciting their experience of life in the centre during the COVID-19 outbreak and pandemic. The response to the surveys was generally very positive and the centre had received a number of thank you cards and email correspondence thanking them for the care and attention given to their relatives during the COVID-19 outbreak and pandemic. One relative spoke of her appreciation of the Skype calls to her mother facilitated by staff. She went on to describe how on her first call there was no advanced warning to the staff that this would be happening, yet she could see that her mother was beautifully dressed, had her hair done and was wearing full make up as she would always have done at home. As her mother was unable to do this for herself, she was so grateful to the staff who she describes as exceptional in their dedication to the residents. She said that this attention to "the person" which is classed as routine care, even though no family are coming in to see the resident speaks volumes to the level of care given to residents and is priceless to families.

Residents described the times when they were confined to their rooms as difficult but were grateful for mobile phones skype and technology which they said helped them stay in contact with their families. All residents were delighted to be back using the dining rooms again so they can see their friends and meet other people and were made aware of maintaining social distancing. They said they were very grateful to the staff who had worked so hard and particularly to the activity staff who kept their spirits up with activities on a one to one basis, in small groups and now virtually through their own activities TV station. The centre had set up this activities TV station which live streamed exercises, mass from the centre's chapel, activities and live music to each resident's bedroom. This meant that residents in the isolation area were also able to access the activities and felt a little more connected to their routine. Residents spoke about the exercises and watching their peers being interviewed on particular days of the week for the TV channel. One of the residents was the centers DJ and many residents enjoyed having a request made for them over the TV station. Residents had also put in requests to thank the staff in various department including the catering staff if the food had been particularly good.

One resident who had recovered from COVID-19 stated 'I wish I were gone' in the context of still feeling so isolated from her family. While she understood the risks associated with visiting as it was before the outbreak, she felt saddened about the ongoing restrictions which kept her apart from the people she most wanted to see and be with. She was very grateful to the staff who cared for her so well at all times and who did their best to keep her going during this time. She was also grateful to see her family twice a week but wished things would return to normal.

Residents were delighted to welcome daily Mass back to the centers chapel. The chapel was set out to maintain social distancing and there was also a balcony where residents from that floor of the centre could attend. The inspectors observed a large

attendance during the inspection whilst also abiding by best practice guidelines. Many residents were complimentary about the frequency of the religious services in the centre and the ethos of the sisters providing the service.

The inspectors saw that the centre which was purpose built was a bright, modern and spacious building. The premises and grounds were maintained to a very high standard with suitable heating, lighting and ventilation. The centre was clean and suitably decorated, with ample furnishings, fixtures and fittings to ensure a comfortable and homely residence. There was ample space for the movement of any specialised/assistive equipment that a resident might require. Plenty of communal space was provided in a variety of setting from small sitting/quiet rooms to large day and dining rooms and the centre even contained its own concert hall when events and concerts took place including a monthly celebration of resident's birthdays. An enclosed outdoor garden space with raised flower beds was available at the back of the centre and plenty of tables and chairs were seen in use at the front of the centre, where some activities also took place in the good weather. Residents and relatives were very complimentary about the building and the size and the layout meant that social distancing was possible in the communal rooms and in the wide corridors.

Residents were complimentary about the food and said they were offered choice via a menu system. The inspectors observed the lunch in the centre. There were a number of dining rooms with extra dining rooms created for social distancing in the concert hall and the cafe. This was to ensure all residents who wished to attend the dining room could but also ensuring the residents from each floor were kept separate. Dining rooms were observed to be bright and spacious and the staff had ensured social distancing by having one resident at a table. Tables were appropriately set with table cloths and the food presented to residents looked both appetising and in appropriate portions.

Residents stated they were happy to be able to see their families again whilst some thought the window visits were great others though their family might be cold outside. One resident mentioned that they thought 30 minutes was very short for a visit particularly if the visitor had travelled a long way. Families expressed happiness of being able to visit again and were happy to book an appointment as required.

Capacity and capability

St. Joseph's home operated by the Little Sisters of the Poor has a history of ongoing improving regulatory compliance. There have been continual improvements in the overall governance and management of the centre since the previous inspections and a number of effective systems had been put in place to ensure that the service provided is safe, appropriate, effective and consistently monitored. The centre

had an outbreak of COVID-19 which had a significant impact on residents, staff and families in the centre. Five residents had recovered from COVID-19 and sadly one had passed away. Seven staff had also recovered from the infection.. Inspectors acknowledged that residents and staff living and working in centre have been through a challenging time. They acknowledged that staff and management always had the best interest of residents at the forefront of everything they did at the height of the outbreak and at the present time. The inspectors found that there was adequate and effective management systems in place to ensure that the quality and safety of care delivered to residents achieved regulatory compliance.

This was an unannounced risk-based inspection conducted over one day and the inspection was triggered by:

- notification of an outbreak of COVID-19 with a number of residents and staff testing positive
- the receipt of unsolicited information raising concerns about infection control procedures in the first few days of the outbreak, and issues around alleged inappropriate behaviour of two staff members.

The findings on the day of the inspection did not validate the concerns received prior to the inspection in relation to infection control and the inspectors found that the management team were taking appropriate investigatory action in relation to the allegations of misconduct by staff.

The centre is operated by the Little Sisters of the Poor who is the registered provider. The provider is involved in the operation of two other designated centers in Ireland and two centers in Scotland. There is a regional management board which consists of four religious sisters and a mother provincial, who undertakes a site visit at least every three months to receive updates on the operational management of the centre. She was unable to visit during the outbreak but provided support remotely. One of the sisters is the registered provider representative and person in charge of the centre and has overall accountability for all aspects of governance and management for the designated centre. She is supported in the day to day management of the centre by an Assistant Director of Nursing (ADON) and a Clinical Nurse Manager (CNM) who had responsibility for completing monthly key performance indicators and audits of the service. The management team were supported by heads of departments which included an accounts manager, a building services manager and human resources manager. Non-Nursing unit sisters oversee the non-clinical care environment for residents and oversee the housekeeping, maintenance and environmental safety at floor level. The sisters report to and are accountable to the person in charge. The management team is further strengthened by the addition of two senior nurses who have responsibility for the oversight of clinical care. One nurse has responsibility for areas such as tissue viability, wound care and nutrition the other nurse for infection control. This nurse had expertise in infection prevention and control and the centers contingency plan for managing the outbreak was robust. Overall the inspectors were satisfied that the lines of authority and accountability were in place and there is a clearly defined management structure in the centre.

There was evidence that the centre had effectively managed the recent outbreak of COVID-19 in the centre and had a comprehensive preparedness plan in place should another outbreak occur. Policies had been updated to guide staff and specific training had been provided which included hand hygiene technique, cough etiquette, donning and doffing PPE and symptom monitoring. Cleaning procedures were updated and frequency increased for specific areas of the centre. Equipment was tagged and dated following terminal cleaning and housekeeping staff were very competent in all aspects of decontamination cleaning and general infection control measures. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. The centre experienced staff shortages at the start of the outbreak due to the significant number of staff impacted by the virus and the resultant increase in care needs of residents due to the virus. In response, the Health Service Executive (HSE) had, for a period of time, provided nursing staff, a chef and household staff. The centre had also employed further staff, part time staff worked full time and agency staff were also utilised.

On the day of the inspection there was no longer a requirement for these additional staff and the provider was once again independently staffing the centre. Current staffing levels were seen to be above the pre COVID-19 levels, particularly in relation to household staff and nursing staff. There is ongoing recruitment which is effectively managed by the HR manager with clinical input from the management team. Training had been provided to staff in infection control throughout the outbreak and pandemic and there was evidence of mandatory training in other areas recommenced. Staff who spoke to the inspectors confirmed this to be the case.

There was evidence of effective communication with families and residents throughout the outbreak and pandemic in general, with regular letters written to residents and relatives. The person in charge communicated weekly with families and more frequently as required, this was confirmed by residents and relatives. Residents surveys were ongoing including a recent survey administered to residents and relatives in relation to their satisfaction in the centre during the COVID-19 restrictions.

There was evidence of quality improvement strategies and ongoing monitoring of the service. There was a system of audit in place that reviewed and monitored the quality and safety of care and residents' quality of life. For example; audits were carried out in relation to medication management, care planning and falls. Following completion of audits, there was evidence that the person in charge had highlighted any issues to responsible staff for action. These arrangements gave assurance to the provider representative that improvements were being monitored, measured and actioned. The management team had completed a comprehensive annual review of the quality and safety of care delivered to residents in the designated centre, to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2019.

There was a comprehensive record of all accidents and incidents that took place in the centre and appropriate action taken in the review of the resident following a fall. Incidents had generally been notified to HIQA as required by the regulations.

Regulation 15: Staffing

There had been an increase in nursing staff since the previous inspection with one nurse allocated to each floor both during the day and at night time. These were supported by two senior nurses, one responsible for infection control, a CNM, an ADON and the person in charge. The unit sisters provided additional staff on each floor. Four care staff were allocated to each floor during the day and two care staff at night. Cleaning staff were allocated to each floor with separate cleaners for the ground floor and other communal areas. Staff worked exclusively on one floor or the other keeping staff separate. Staff canteen facilities had been increased to ensure social distancing. During the COVID-19 outbreak the isolation area was staffed completely separately to the rest of the centre with one nurse, two care staff and one cleaning staff for the six residents who contracted COVID-19 during the day and a nurse and care staff at night. Extra staff had been made available through the HSE which included nurses, a chef and household staff. Staff also worked extra shifts and agency and ongoing recruitment ensured the centre was not short of staff during this time.

Also during the outbreak additional care staff were employed in a twilight shift. Since then a shift until 9.30pm has continued to provide extra support when residents are preparing for bed.

Judgment: Compliant

Regulation 16: Training and staff development

The HR manager maintained the training records and ensured staff were booked onto training courses. A training matrix and staff spoken with confirmed, that the management team were committed to providing ongoing training to staff. There was evidence that mandatory training in safeguarding, moving and handling and fire was completed along with other relevant training such as dementia care, nutrition and continence care. Nursing staff also attended clinical training such as wound care, phlebotomy, medication management and end of life care. There was evidence that training was scheduled on an ongoing basis. However, the inspectors identified that one member of the kitchen staff did not have moving and handling training and a couple of care staff were overdue a refresher. The HR manager assured the inspector and produced documentary evidence of the staff being booked on the next available course. Infection control training was provided to staff by a variety of

sources, prior to the COVID -19 outbreak the infection control nurse was providing infection control and hand hygiene training to all staff. The HSE and public health provided infection control training to the staff that worked on the isolation area and to other staff on that floor. Staff also undertook HSEland on line training in infection control, hand hygiene and the donning and doffing of PPE.

General supervision of staff and staff development had continued to improve from the previous inspection and the senior nursing team were found to be very knowledgeable about residents needs. There was evidence of a comprehensive staff induction, probationary meetings and annual appraisals in staff files and staff confirmed these took place.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely. A sample of four staff files viewed by the inspectors were found to very well maintained and generally contain the requirements of schedule 2 of the regulations. Garda vetting was in place for all staff and the HR manager assured the inspectors nobody was recruited without satisfactory Garda vetting. However, there was only one reference on file for a newly recruited staff member when the requirement is two written references. The person in charge assured the inspectors that the staff member had worked in the centre on work placement prior to taking up employment and was well know to all and that they were in the process of attaining the second reference.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors saw that there have been ongoing improvements in governance and management since the previous inspections. There was now a very clearly defined management structure in place which was further enhanced by a newly appointed ADON, HR manager and the introduction of a senior nurse for infection control since the previous inspection. This has greatly assisted in the comprehensive and effective way the centre managed the recent outbreak of COVID-19. There were monthly clinical governance meetings attended by all heads of departments minutes of these were viewed where all aspects of the governance and management of the centre were discussed. Weekly COVID -19 meetings also took place and the inspector

attended the meeting on the day of the inspection. There was evidence of full preparedness should the centre experience a second outbreak and evidence of very good management of other infections in the centre.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care.

Judgment: Compliant

Regulation 31: Notification of incidents

Inspectors identified that two notifications of misconduct had not been submitted to the Chief Inspector within the required time lines in accordance with Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Appropriate actions had been taken in relation to recording the incidents, investigations and actions resulting in disciplinary action. One case was ongoing. The notifications were retrospectively submitted and the inspectors were satisfied that residents had been protected.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

Quality and safety

Inspectors found that the quality and safety of resident care during the COVID-19 outbreak, had been well managed with a planned and coordinated approach by management and support from the HSE with staffing. The needs of residents had

been to the fore and this continued to be the ethos of care in this centre. Dedicated staff in the centre worked tirelessly with the assistance of staff from the HSE to maintain safe levels of care to residents at the height of the outbreak. While high numbers of staff initially went out sick and their return was facilitated by testing and liaison with the public health team.

The provider had put infection control procedures and protocols in place to mitigate the effects of the outbreak in the centre. These included an isolation area for COVID-19 residents who were cared for by a separate team of centre staff who knew them well. The centre was clean to a high standard with sufficient facilities for hand hygiene observed in convenient locations throughout the building. PPE was readily available to staff and was used correctly in line with the national guidance.

Good quality health care was provided to residents and GP support was maintained throughout the outbreak. While all GP's did not attend the centre initially, residents who were very ill were reviewed by a GP who did continue to attend the centre. Residents care files confirmed that they had been reviewed on site by a GP during the outbreak. Residents care needs were further supported by remote access to a consultant Geriatrician which was provided by the HSE. Five residents had recovered and were receiving appropriate care to help them to rehabilitate. All residents who required additional assessment and support from allied health professionals were now receiving these services as required, for example, the dietician and the physiotherapist.

The centre continues to monitor symptoms of residents and staff for COVID-19 and had in place protocols for testing and isolation of suspected case. Residents and or their families were informed of tests and the results and care plans to support the changing needs associated with COVID-19 were in place and updated during and following the outbreak. Some care plans lacked sufficient detail and required review to ensure all staff were clearly guided on person-centred interventions for each individual resident.

The centre had reduced the use of bed rails and where they were used there was risk assessment and safety checks in line with the national policy. While inspectors did not see any residents with responsive behaviours such as wandering, the centre had ample safe spaces for residents to wander around if they wished to do so.

Activity provision was interrupted at the start of the outbreak and while it remained challenging due to COVID-19 restrictions, a full activities programmes was in place. The imposed restrictions around group numbers and maintaining social distance and the added barrier to communication from wearing face masks had changed how activities were now provided. However, the centre had developed innovative ways to maintain connection with all residents by developing their own TV station. Residents' suggestions were taken on board and activities will continue to be developed further in line with residents' wishes. Resident meetings continued, this also helped keep residents connected with each other. Letters were sent to all residents with information about COVID-19, restrictions and changes in the centre as a result. Visits had resumed in line with the guidance and residents were able to have visits

seven days per week up to 7pm in the evening.

Regulation 11: Visits

Visiting restrictions had been eased in the centre in line with Public Health advice. Visiting was facilitated in four designated rooms each of which were observed to be appropriate to accommodate social distancing. Visits were by appointment only and were accommodated seven days per week and in the evenings.

Judgment: Compliant

Regulation 27: Infection control

The centre had procedures in place for the prevention and control of health care associated infections. Additional procedures and resources were in place to help manage the outbreak of COVID 19 in the centre, which to date had impacted significantly on residents, staff and families. Six residents and seven staff had been diagnosed with Covid 19. The staff and five residents had recovered but sadly one resident had passed away.

The centre was large with all single en-suite accommodation and hand hygiene sinks on each corridor. Hand gel dispensers were available in each bedroom and on the corridors and in communal areas. The centre had created an isolation wing at the end on one of the floors during the outbreak which had six bedrooms, a kitchenette/sitting room, hand washing facilities and a separate exit to outside. Staff had been cohorted to care for residents in this isolation wing on both day and night duty and this assisted in containing the spread of the infection in the centre. Visits were supervised and found to be conducted in line with the national public health guidelines.

The centre had employed a senior nurse with expertise in infection prevention and control before the outbreak and their contingency plan for managing the outbreak was robust. Policies had been updated to guide staff and specific training had been provided which included hand hygiene technique, cough etiquette, donning and doffing PPE and symptom monitoring. Cleaning procedures were updated and frequency increased for specific areas of the centre. Equipment was tagged and dated following terminal cleaning and housekeeping staff were very competent in all aspects of decontamination cleaning and general infection control measures. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. The centre's contingency plan had been updated in

preparedness for a potential second wave.

All staff were following public health guidance in the use of PPE in the centre and ample supplies of PPE were available. Good practices were observed with hand hygiene and social distancing and signs were in place to remind residents and staff of their responsibilities. The staff uniform policy had also been updated and included mandatory changing of uniform when coming on and off duty. It also included the wearing of scrubs for staff who worked in the isolation area and correct laundering procedures.

The centre were still maintaining vigilance and continued to manage the two floors of the centre where residents lived as separate units. There was a separate lift available for each floor to allow residents to move freely to the outside spaces and dining rooms if they chose. Staff were cohorted to work on each of the floors and did not mix on their breaks. Staff were competent in infection control procedures and were participating in the weekly screening for COVID-19. Staff told inspectors that they were supported throughout the outbreak and had confidence in how it was managed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents. Risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls. These assessments continuously informed the residents care plans.

Some care plans however, lacked sufficient and clear detail to guide staff to provide person centred care and required review. For example, end of life preferences were not always recorded in the care plans, instructions on pressure relief specifically mattress pressures were not recorded and residents with recently diagnosed infections had no care plan to guide staff. Care plan reviews were completed regularly on a four monthly basis to ensure care was appropriate to the resident's changing needs. Care plans contained information to address residents' changing needs associated with COVID-19 infection and rehabilitation. However it was not always documented if the resident or their care representative were involved in the reviews process and therefore not clear if the residents preferences were always reflected in the plan of care.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. Access to GP's was restricted at the beginning of the outbreak in the centre however some GP's continued to attend the centre and review residents who were unwell. Some medical needs were met by remote reviews during the outbreak, including remote prescribing, however GP's were now attending the centre to review residents.

Residents were supported during the outbreak by specialist review of a consultant Geriatrician and Psychiatry of old age services who supported remotely during the outbreak.

Allied health supports continued remotely during the outbreak, for example, the dietician, palliative care team and pharmacy support. However the majority of allied support services were now providing on-site reviews and therapies for example, physiotherapy and chiropody. There was appropriate referral to allied health professionals if required, for example, the dietician had reviewed one resident who had lost a significant amount of weight when she was ill with COVID-19. The centre were responsive to the nutritional needs of all residents and particularly those who had contracted COVID; they had put on extra drinks rounds and provided fortified smoothies which the residents enjoyed. An ice-cream cart was also popular and added some distraction and fun for residents during the outbreak.

The physiotherapist was attending the centre to provide assessments and develop programmes for any resident whose mobility was affected by illness or the restrictions imposed because of COVID-19.

Judgment: Compliant

Regulation 8: Protection

Residents reported to feeling very safe in the centre and families confirmed that despite the COVID-19 outbreak and indeed throughout it residents were treated with respect and dignity. Safeguarding training was in place for all staff and all new staff had undergone satisfactory Garda Vetting. There were improvements in the management of residents finances since the previous inspection and the centre was not acting as a pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

There was a person centred ethos of care in the centre and residents' rights were respected. Activity provision was managed by a full-time coordinator who continued to work throughout the COVID outbreak in the centre. While activity provision was impacted at the start of the outbreak the centre had developed innovative ways of keeping residents occupied. The centre set up their own activities TV station which live streamed exercises, mass from the centre's chapel, activities and live music to each resident's bedroom.

The centre was now opening up spaces for residents to attend small group activities and to attend the dining rooms for meals. A small group were observed taking part in a discussion in the library. Residents could now attend daily mass in the centre's chapel while maintaining social distancing if they chose to. Staff were allocated to assist residents to go outside for walks in the gardens and inspectors observed staff encouraging and assisting residents to go outside in the fresh air. The centre operated a shop which was not fully back open as normal but residents could request a visit the shop and this would be facilitated.

Residents were informed of changes in the centre and some told inspectors about the new rules and how their routines had changed because of COVID-19. Residents understood the need to social distance and while some residents were not happy about the ongoing restrictions to visiting they understood the need for it.

Resident's who required a COVID-19 test were informed of the process and of their results; care representatives and families were also kept updated about changes to individual residents' needs.

Residents had completed a satisfaction survey following the COVID-19 outbreak in the centre and most responses were positive, for example, regarding communication and staffing. However some residents would like more activities.

There was a schedule of activity in place and plenty of opportunities for residents who could attend groups via the TV station or in a small group setting. One-to-one activities had been impacted by COVID -19 with hands on sensory activities suspended and the centre were now offering one-to-one chats and walks in the garden. One-to-one activities were discussed with the activities coordinator who was planning on developing individual rummage box's and sensory items for residents who would benefit from and enjoy these. The service was trying to balance the risks of a possible second COVID-19 outbreak with activity provision and ultimately wanted to keep all residents safe.

The hairdresser had returned to the centre and inspectors were informed they were operating under the current national guidance. Inspectors observed that many residents had availed of the service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Home OSV-0000245

Inspection ID: MON-0029842

Date of inspection: 14/07/2020

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 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> <ol style="list-style-type: none">(1) All care plans are currently under re-review by ADON(2) Advanced Decision in the Event of Serious Illness documentation is currently being amalgamated with the end of life care plan.(3) End of life care plans are all being re-reviewed and will include residents / family preferences as end of life approaches.(4) Instruction regarding settings on air mattresses are to be incorporated into 'Sleep and Rest' domain in Care Monitoring.(5) All short term infections and current treatments will be mentioned in appropriate domain e.g. UTI will be documented under elimination. A more detailed treatment plan will be documented under 'Special Treatments'.(6) All Nurses will attend 'huddle groups' to explain the importance of resident/family involvement in care planning. During these education sessions any difficulties that staff are experiencing regarding care planning will be discussed and help will be made available to them by management team.(7) The computerised assessment and care planning system in use has recently been updated with an additional tick box added to each care planning domain. This is intended to prompt the nurse carrying out the assessment and care plan to involve the resident and/or their family in the care planning process.	

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 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	30/09/2020
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 the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/09/2020

