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**St Joseph Community Hospital,  
OSV-0000625, 7 February 2018**

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# Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Joseph's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Mullindrait, Stranorlar, Donegal
Type of inspection:	Announced
Date of inspection:	07 and 08 February 2018
Centre ID:	OSV-0000625
Fieldwork ID:	MON-0020738

## About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to their holistic needs. This approach involves multidisciplinary teamwork with an aim to provide a safe therapeutic environment where privacy, dignity and confidentiality are respected. It provides twenty-four hour nursing care in three distinct areas, Barnes View (accommodating up to 26 residents requiring long term care), Woodville (dementia care for 19 residents) and Finn View (22 beds for residents needing short term care assessment, rehabilitation, convalescence and respite care). The centre is situated on the ground level and located on the outskirts of an urban area.

**The following information outlines some additional data on this centre.**

Current registration end date:	21/06/2018
Number of residents on the date of inspection:	60

## 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
07 February 2018	09:00hrs to 17:30hrs	Siobhan Kennedy	Lead
08 February 2018	09:00hrs to 15:30hrs	Siobhan Kennedy	Lead

## Views of people who use the service

Residents who communicated with the inspectors and those who completed questionnaires were happy with the services they receive. They were positive with regard to the control they had in their daily lives and the choices that they could make. They told inspectors about their daily routines, activity plans and interactions with the local community. The residents expressed satisfaction regarding food and mealtimes. Residents were happy with the support and assistance provided by staff and there were sufficient staff to meet their needs.

Residents reported that staff were kind and respectful and treated them in a courteous and dignified manner. Some residents knew staff by their name and were able to identify a staff member whom they would speak with if they were unhappy with something in the centre.

The areas residents identified for further improvement were that they would like more space in their bedroom areas for personal possessions and a private bedroom option was suggested.

## Capacity and capability

Overall, this was a good centre. There was a good atmosphere and residents and staff interacted well. Improvements were required regarding the safe provision of care to residents in multi-occupied bedrooms.

Governance arrangements of the centre were appropriate as there was a full-time person in charge, a nominated person in her absence and sufficient well trained staff to provide care to residents. Staff were recruited in compliance with employment and equality legislation, including the appropriate vetting procedures. Systems were in place to monitor and supervise staff.

During the on-going regulatory work since the previous renewal of registration (June 2015) inspectors could see improvements for example in staff development and care planning. The matters arising from the previous inspection carried out on the 30 August 2017 were satisfactorily addressed with the exception of the premises. There was compliance or substantial compliance with the majority of regulations examined during this inspection. However, inspectors found that management had not ensured that the service provided was safe. This related to the insufficiency of space between beds in a six bedded ward for staff to safely operate moving and handling

equipment in a short-term unit where a serious incident occurred and is currently being investigated.

The provider completed the application for the renewal of registration on the 20 December 2017 seeking approval to accommodate 67 residents. Prior to the inspection the provider submitted the required documentation. An examination of the information showed that the floor plan and the statement of purpose outlining the facilities and services did not correspond to the findings on inspection. The statement of purpose highlighted that there are three distinctive units in the designated centre and one of the units was primarily for the assessment and respite care. Bedroom accommodation in this unit was described as having two wards accommodating five residents and one ward accommodating six residents however the floor plans of the unit identified three wards accommodating five residents.

Inspectors found that some residents were being accommodated for longer than the designated short-term period and therefore were receiving long term care. The majority of these residents were assessed as having high to maximum dependencies and were being accommodated in the assessment and respite care ward. Since the inspection the provider representative and person in charge has been in communication with the inspectors and have agreed to take measures to address these matters.

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. Appropriate notifications were received by the Authority.

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

An application for renewal of registration was completed on the 20 December 2017 and contained the necessary information.

Judgment: Compliant

#### Registration Regulation 6: Changes to information supplied for registration purposes

The information provided was in accordance with the regulation.

Judgment: Compliant

### Regulation 14: Persons in charge

The centre was being managed by a suitably qualified and experienced nurse who has authority in consultation with the provider representative 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 and staff the inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training and were up to date on their mandatory training, for example, fire safety, manual handling, infection prevention and control, challenging behaviour and protection of residents from abuse. Staff were appropriately supervised.

Judgment: Compliant

### Regulation 23: Governance and management

The service provided was not safe due to the insufficiency of space between beds to operate moving and handling equipment.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose outlining the facilities and services did not correspond to

the findings on inspection.

Judgment: Not compliant

## Quality and safety

In general, the health and social care needs of residents were met but improvements were required to the premises.

A multidisciplinary care team consulted with residents regarding the development of their individual care plans which included assessment of needs and treatment plans. Residents received the care which they needed. Staff liaised with the community services regarding appropriate admission and discharge arrangements. Arrangements were put in place to assist residents to support them to make decisions consistent with their capacity for example referrals to the ward of court system. There was a strong emphasis on infection prevention and control and residents had timely access to health care services based on their assessed needs.

Residents had opportunities to participate in meaningful activities in accordance with their interests, abilities and capacities. The group social and recreational programme was relevant and meaningful to the residents and for those who did not wish to participate staff tried to engage them on a one-to-one basis with activities of their preference. These activities promoted their physical and mental health and well-being. 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. Resident had access to an independent advocate service and this was advertised. 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.

Robust policies and supporting procedures were implemented that ensured residents were protected from abuse. Inspectors were informed that all staff were Garda vetted and a sample of staff files randomly selected confirmed this information. Staff members who communicated with the inspectors were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre. Some residents told inspectors that they felt safe in the centre.

The premises did not fully meet the needs of residents and since the initial registration of the centre this matter had periodically been reviewed by the Health Service Executive (HSE). Some plans were discussed but to date the Authority has not received a costed, time bound plan to address the deficits. This matter remains outstanding.

Areas for improvement included the development of residents' personal living space,

in particular the shared multi-occupied bedrooms, improved accessibility to wash hand basins and sufficient sanitary facilities (bathrooms and showers in the Barnes View and Finn View units).

Although residents were informed and encouraged to bring in personal mementos, souvenirs and photographs, there was limited space, particularly, in the multi-occupied rooms to have such items displayed so that the resident could see them. Only one television set was available in these rooms and therefore it would be difficult for each resident to see the screen comfortably. Some residents on the wards did not have access to their outdoor garments as these were stored elsewhere.

Fire safety arrangements required improvement in respect of residents' personal emergency evacuation plans, fire drills and obstruction by parked vehicles of the external fire assembly point.

A restraint free environment was promoted and any restraint measure was used in line with the national guidelines. This included carrying out a comprehensive risk assessment prior to the implementation of any restrictive measure and records were maintained in accordance with the regulations regarding restraint.

#### Regulation 12: Personal possessions

Residents did not have access to and retain control over all of their personal property as there was insufficient space to store their clothes in the bedroom area.

Judgment: Not compliant

#### Regulation 17: Premises

The premise was not appropriate to the number and needs of the residents as it did not conform to the schedule of the regulation.

Judgment: Not 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.

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate precautions had not been taken against the risk of fire.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The management of medicines was satisfactory.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Adequate arrangements were in place to assess residents' needs and treatment plans were documented in individual care plans which were formally reviewed.

Judgment: Compliant

### Regulation 6: Health care

Appropriate medical and health care was provided.

Judgment: Compliant

### Regulation 8: Protection

Policies and procedures were implemented to protect residents from abuse.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0020738

Date of inspection: 08/02/2018

## 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 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Multi occupancy rooms in the short stay ward have been reduced to 4 beds.  Action completed.	
Regulation 3: Statement of purpose	Not Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The statement of purpose has been reviewed as per the guidance of the inspector and a copy sent on 05/07/18 as requested.  Action completed.	
Regulation 12: Personal possessions	Not Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: Any resident who has been identified as requiring more space has had discussion with the ward manager , extra storage has been provided for those identified. In Finn View ward beds have been reduced to 4 beds per ward which has increased space for residents to have additional personal belongings and increased privacy. Timescale – Action completed on 30/04/18	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A report has been completed by a team of architects and submitted to the HSE by the Estates Department with costings attached and has been approved for capital funding and awaiting sign off by the Minister for Health to complete refurbishment of the	

premises in order to meet Regulation 17 by the end of December 2021. In the interim additional showers are being installed in the 3 wards by the end of December 2019 . The Occupational Therapy and Physiotherapy Services are being relocated within the above refurbishments to provide an additional day room for recreational activity and dining room for residents in Finn View Ward for purposes

Timescale- December 2019 and December 2021 |

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Personal emergency evacuation plans are now documented as discussed with the inspector , fire drills are undertaken monthly in all areas by staff including in the evenings and at weekends and this evidence was available to the inspector at the time of inspection. These drills do not include vulnerable residents.  
All vehicles are parked legally and in compliance with fire safety arrangements.

Action Completed. |

## 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(c)	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 he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Yellow	30/04/18
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2021
Regulation 23(c)	The registered provider shall	Not Compliant	Orange	05/03/2018.

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	23/02/2018
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Yellow	23/02/2018