



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

## Issued by the Chief Inspector

Name of designated centre:	St. Joseph's Nursing Home
Name of provider:	Rathsheen Investments Limited
Address of centre:	Killowen, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	06 October 2022
Centre ID:	OSV-0000288
Fieldwork ID:	MON-0038181

## About the designated centre

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

St Joseph's Nursing home is located adjacent to the scenic town of Kenmare. The centre is family owned and managed. It provides care to 50 residents, male and female, from 40 years of age upwards. There is 24-hour nursing care available for residents. The management staff is supported by a health care team of nurses, care assistants, kitchen, maintenance and cleaning staff among others. A trained chef is employed in the centre and all dietary needs are met. There are 25 single rooms and eight double bedrooms in the centre all with en-suite facilities. Three bedrooms accommodate three residents. Residents are encouraged to bring in personal items from home and to personalise their bedroom spaces with these items. An activity coordinator is employed to support the provision of meaningful activities. An external advocate is available and resident forum meetings are held monthly. A range of medical services can be accessed including a choice of general practitioner, the physiotherapist and the dietitian.

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

Number of residents on the date of inspection:	46
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 6 October 2022	07:00hrs to 17:00hrs	Mary O'Mahony	Lead

## What residents told us and what inspectors observed

The overall feedback from residents was that they were happy living in St Joseph's Nursing Home. The inspector met with the majority of residents during the day, and spoke in more detail to five residents to ask them about their experience of living there. One resident said that he felt very safe and he was happy to have company having lived alone at home. Another resident was hoping to be given alternative housing that this was being addressed. Visitors who met with the inspector expressed their contentment with staff, management, the care and communication in general.

The inspector arrived unannounced in the centre and spoke with the night staff on duty at 7am. The night staffing levels had been increased since the previous inspection and there were now two staff nurses on duty for the night along with two health care assistants. The night nurses informed the inspector that they were confident that the needs of residents were adequately met. Following this meeting with the night staff, the person in charge, the clinical nurse manager, the assistant person in charge and all other day staff came on duty at 8am and supported the inspection process for the remainder of the day.

St Joseph's Nursing Home is a designated centre for older people, registered to accommodate 50 residents. There were 45 residents living in the centre on the day of this inspection. One further resident was in hospital and there were four vacant beds. The centre is situated on the outskirts of Kenmare town and was purpose built in 1997. Overall, the inspector observed that the premises was bright, clean and well maintained. The residents' accommodation centre was laid out on the ground floor. Residents told the inspector that they were happy with their rooms especially having toilet and shower facilities in close proximity. Clocks and calendars were seen in each room which orientated residents to the day and time supporting their cognitive well being. There was easy access to the gardens and patios from each hallway.

The design and layout of the centre comprised of a large open plan sitting room, which was the main room used for daily activities. Groups of residents were seen in this room during the day enjoying the social interactions. There were also window seats along the corridors overlooking the gardens for residents' use. Resident sat here during the day alone or with their visitors. The told the inspector that they liked to see other residents and visitors passing and watch the staff activity during the day. Further description of the premises was outlined under Regulation 17.

The dining room was located next to the kitchen so the chef could attend to residents if they had any requests. The inspector observed residents' dining experience. A large group choose to dine in the dining room. Residents spoken with were complimentary about the food served in the centre, and confirmed that they were always afforded choice. One resident told the inspector how they looked forward to the 'home baking' daily. Residents were seen to be assisted in a patient

manner where help was required. Residents in all areas of the home had access to snacks and drinks, outside of regular mealtimes. Menus for the day were displayed clearly and staff assisted residents to make an informed choice.

Residents reported that they 'felt safe' in the centre and were well cared for by a team of staff who were respectful of their needs and preferences. Residents spoke of the 'kindness' of staff. The majority were glad to be located in their own locality. They said that a number of staff were known to them and their visitors had regular access due to the location of the centre. Staff spoken with were knowledgeable regarding their role and responsibility in protecting residents from the risk of abuse.

The inspector observed that there was a updated, expanded activity programme on display and residents were aware of the programme when questioned. There were staff members allocated to the role of activity coordinator and it was evident they knew residents' personal preferences very well. The inspector saw a number of lively fun filled activities taking place such as exercises, music and walks. The activity programme was supported by the life story information recorded on each resident's care plan. Some residents were observed going for walks in the morning and afternoon. The inspector was informed about days out to the local town, garden parties during the summer and other external outings.

A large group of visitors were seen coming and going during the inspection and were welcomed by staff. The centre's receptionist ensured that visitors signed in and completed safety checks, in line with the centre's infection control protocol.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This inspection was carried out to follow up some information of concern received by the office of the Chief Inspector. The inspector looked into the systems in place in the centre and found that these were well maintained according to records and processes seen on the day of inspection. The inspector found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, effectively monitored and safe for residents were well defined. In addition, the comprehensive audit and management systems set up in the centre ensured that good quality care was delivered to residents. Staffing levels seen on the day and night shift reflected what was described in the roster and seen by the inspector. Nevertheless, some improvements were required in the area of food and nutrition as addressed under the quality and safety dimension of the report.

The registered provider for the centre was Rathsheen Investments Limited and the

centre was family owned and run. A director of the company worked in the centre daily. The care team in the centre was comprised of the person in charge, an assistant director of nursing, a clinical nurse manager (CNM), a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff. There was evidence of regular meetings between the provider and the nurse management team to promote best practice. Complaints management and key performance indicators (KPIs, such as falls, restraint and antibiotic use) were reviewed and discussed at these meetings as evidenced in the minutes. The audit schedule was set out at the beginning of the year and aspects of care were audited monthly. Staff handover meetings ensured that information on residents' changing needs was communicated effectively as observed by the inspector on the morning of the inspection. The detailed information in the daily communications sheets in residents' care plans provided further evidence that pertinent information was exchanged between staff.

The service was appropriately resourced. The training matrix indicated that staff received training appropriate to their various roles. Senior staff in the centre were trained to deliver a range of relevant courses such as manual handling and end of life training. Staff supervision was implemented through probation meetings and annual appraisals.

The centre had implemented the required policies on recruitment, training and vetting. In the sample of staff files viewed the inspector found that the required regulatory documents were in place. Job descriptions, Garda (Irish police) vetting (GV) clearance arrangements and probation reviews were carried out for new staff. Completed induction forms were seen by the inspector.

Copies of the appropriate standards and regulations were accessible to staff. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were easily retrievable for inspection purposes: for example, care plans, assessments, complaints log and incident reports were seen to be comprehensively maintained.

#### Regulation 14: Persons in charge

The person in charge was knowledgeable and was seen to be well known to residents and relatives. The person in charge fulfilled the requirements of the relevant regulations.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing levels were adequate to meet the needs of residents:

Night staffing levels had been increased since the previous inspection.

There were now two nurses and two health care assistants on duty from 8pm to 8am which was verified by the inspector at 7am on the morning of inspection.

On that day there were two nurses on duty along with the person in charge and the assistant person in charge. In addition there was an administration assistant, a director of the company, a finance manager, a chef and kitchen assistant, a housekeeping staff member, an activity coordinator and five health care assistants.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff training records indicated that staff had attended appropriate and mandatory training such as fire safety training, manual handling, prevention of abuse, infection control, and dementia care.

Nursing staff had evidence of updated medicine management training and catering staff had attended food safety training courses.

Annual appraisals were undertaken and there was a comprehensive induction programme in place. Copies of these were seen in a sample of staff files reviewed.

Judgment: Compliant

### Regulation 21: Records

The records requested for inspection purposes were available and easily retrievable.

The sample of staff files seen were well maintained and the provider stated that staff had the required garda vetting in place prior to commencing employment.

Judgment: Compliant

### Regulation 23: Governance and management

The governance and management system was comprehensive and well defined. The



lines of authority were clearly set out.

The annual review of the quality and safety of care had been undertaken for 2021 and the audit schedule was in place.

The regulatory statement of purpose and function was up to date.

There was a schedule of audits in place and issues identified had been addressed.

Equipment was serviced and the premises was well maintained.

Judgment: Compliant

### Regulation 31: Notification of incidents

Prior to the inspection a serious allegation which would have required a notification to be submitted to the Chief Inspector within three days of its occurrence had not been submitted within the required time frame.

The incident was notified nine days following the allegation following a request from the office of the Chief Inspector who had been made aware of the allegation which was not in compliance with the requirements of regulations.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Complaints were documented. The satisfaction or not of the complainant was recorded.

Complaints were trended and an overview of them was included in the annual review of the quality and safety of care.

Judgment: Compliant

### Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence that their needs were being met through timely access to health care services and

opportunities for social engagement. Residents stated that they were glad to be vaccinated against COVID-19 and to have got their booster injections. However, the inspector found that action was required to ensure compliance with the food and nutrition regulations: some breakfasts were not properly served as highlighted under Regulation 18.

Accommodation for residents was laid out over the ground floor. Bedrooms were nicely decorated and ranged from single to triple rooms. The inspector saw that some bedrooms were personalised with items such as family photographs and colourful soft furnishings. There was a choice of three communal rooms, one of these was a lovely conservatory opening out to the external courtyard. Residents were seen in the main sitting room throughout the day and were observed to be happily occupied with interesting social interactions. A large, modern TV as well as books and board games were readily available. The large, interlinked dining room had lovely external views. Dining space was optimised by having two sittings which residents said was more enjoyable as there was plenty space and more time to enjoy their meals. The food choice and portions were praised by residents. Upstairs there was a new meeting room, a secure file room and storage space. On the day of inspection there were 46 residents in the centre and four vacant beds. Assistive equipment such as a bath, hoists, wheelchairs and walking aids was available to residents. Each resident had an individual sling hoist for movement which was an additional measure to prevent cross infection.

Care plans were personalised and detailed. In a number of cases they were signed by residents to indicate that they had been consulted. The inspector found that residents appeared to be well cared for and encouraged to maintain their independence where possible. Dietitian, physiotherapy, psychiatry and palliative services were facilitated. Resident wishes for their end of life care had been recorded. The admission and assessment process was seen to involve the use of a range of clinical assessment tools to underpin care plan development. A policy to inform the management of restraint was available. Health care records were recorded by the GP on an electronic system which was easily accessible to staff. These indicated that residents were visited in the centre and that consultations had also taken place over the phone. There were systems in place to safeguard residents from abuse and training in this aspect of care was delivered annually.

The risk register was seen to have been updated as well as the health and safety statement. The fire safety system was maintained and serviced. Maps on display included colour coding of the fire safe compartments used for horizontal evacuation: that is evacuation of residents from one area to another behind a fire safe door, away from potential smoke or fire.

The inspector found that residents were consulted about how the centre was run and felt linked to the community. Minutes of resident meetings and resident surveys were available. Music sessions, mass, quizzes, ball games, knitting skills and pet therapy were facilitated. The activity coordinator on duty was found to be enthusiastic and aware of residents' preferences, hobbies and interests. This supported a well developed social programme which met resident's needs and

interests.

### Regulation 13: End of life

The inspector saw that residents' end of life care wishes were recorded. These contained residents' wishes for hospital admission where necessary and outlined their preferred treatment options. These wishes had been followed in a sample of care plans reviewed.

Judgment: Compliant

### Regulation 17: Premises

The premises appeared clean and was painted and well maintained.

The bedroom accommodation consisted of 25 single en suite bedrooms with toilet and shower, eight twin bedrooms with en suite shower and toilet as well as three triple bedrooms.

There were three communal sitting rooms in the centre one of which was the central hub for activity. There was a second sitting room which was furnished for art and craft activities and this was observed to be used for quiet time and private visits also during the day. A third, modern sitting room/conservatory led out to a secure garden which residents were seen to access independently from early morning.

The dining room consisted of a large interlinked room which was suitable to accommodate all residents. It had been decorated with stylish blinds and good quality furniture.

There was easy access to the patios from each hallway. These were nicely planted and contained suitable seating.

A external, gravel walkway in the garden led to the donkey paddock and the polytunnel used by residents.

Judgment: Compliant

### Regulation 18: Food and nutrition

Action was required to ensure that the regulation on food and nutrition was

complied with:

Some breakfasts were not properly served as follows:

The inspector saw that there were three bowls of porridge and three cups of tea with milk on a tray in one bed room, while that resident was being supported to eat his breakfast. The health care assistant explained that he had three residents to assist in different bedrooms. These individual breakfasts were not properly served. In addition, the food for the other two residents would not be at the desired temperature when the staff member was ready to move on to assist the next resident.

Judgment: Substantially compliant

### Regulation 26: Risk management

Risks were well managed in the centre. A risk register was maintained and the residents who smoked were risk assessed. Controls such as safe storage of cigarette lighters were in place and the protocol was seen to be followed on inspection.

Judgment: Compliant

### Regulation 27: Infection control

The centre appeared very clean. Issues identified on the previous inspection had been addressed. There were two staff assigned to cleaning duties on the day of inspection. They confirmed that cleaning and infection control training had been received. Staff were seen to wear personal protective equipment (PPE) such as surgical masks appropriately, throughout the day.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety within the centre was found to be well managed:

Certificates of servicing were in place for emergency lighting and fire safety equipment.

Daily and weekly fire safety checks were comprehensively recorded and the fire

alarm was sounded weekly.

Maps and advisory signage for visitors and staff was displayed in the event of a fire.

Training records evidenced that drills were completed simulation times of minimum staffing levels.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

A review of medicines management on the day of inspection indicated that records were retained and residents had access to their choice of pharmacist.

Medicines no longer in use had been returned to pharmacy and new medicines were seen to have been prescribed by the GP.

The general practitioner (GP) reviewed residents' medicines on a three-monthly basis and each resident had retained their choice of GP.

Controlled drugs in use for a number of residents were managed in line with professional guidelines according to records seen.

Where medicines had been discontinued this had been signed by the GP.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Each resident had a completed comprehensive assessment and care plan available.

Care plans were found to be written with a person-centred approach.

Care plans were reviewed every four months or more frequently, as required.

Key information on residents' life history underpinned a number of care plans.

Clinical assessments tools such as the MUST (malnutrition universal screening tool) were used to evaluate residents' needs.

Judgment: Compliant

## Regulation 6: Health care

A review of residents' medical records found that recommendations from residents' doctors and other health care professionals were integrated into residents' care plans. This included advice from the dietitian and the physiotherapist.

Pressure ulcers and other wound care was seen to be carried out in line with professional guidelines from the tissue viability nurse (TVN).

Judgment: Compliant

## Regulation 9: Residents' rights

Residents in general felt that their rights were respected.

The advocacy service was seen to have been accessed, for example where alternative accommodation was requested by any resident. Evidence was seen of ongoing communication with relevant parties on these issues.

Residents said that their choices were respected in relation to visits, bedtimes, to access external gardens, smoking choices, personal newspapers and the use of mobile phones.

Visitors were seen around the centre throughout the day, and in the bedrooms with their relative where this was appropriate.

The hairdresser and the chiropodist visited on a regular basis and these visits were documented.

Visitors and residents said that there was good communication with the person in charge and staff.

The donkeys were due to return to the paddock on the days following the inspection. The activity coordinator explained how the residents enjoyed visiting them and where residents were confined to the room he would ensure they could see them through the window.

Bird tables were well stocked outside the bedroom windows. These were populated with birds throughout the day, which residents said connected them to the outside world and the changing seasons.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
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	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for St. Joseph's Nursing Home OSV-0000288

Inspection ID: MON-0038181

Date of inspection: 06/10/2022

## 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 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>In relation to the incident in question we were unsure which notification category the incident was to be submitted under as the nature of the incident was not something we had come across before, it took several days to confirm the correct course of action.</p> <p>We apologise for not submitting in a timely fashion, we have learned from the experience and updated our records, should a similar matter arise again we will notify in line with regulations.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>HACAP and food safety training has been done with the staff member in question.</p> <p>Retraining has also been undertaken with all staff in relation to service of meal. Additional resources have been allocated to ensure that breakfasts are served individually, and that food is delivered at the desired temperature to each resident.</p>	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	08/11/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	08/11/2022