



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Patrick Street, Trim, Meath
Type of inspection:	Unannounced
Date of inspection:	17 May 2023
Centre ID:	OSV-0000542
Fieldwork ID:	MON-0038500

About the designated centre

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

The designated centre is registered to accommodate up to 50 residents. It provides 24 hour nursing care to male and female residents, who require long term and respite care. A day hospital adjoins the centre. Although the building is two storey residents are accommodated on the ground floor in two distinct units. Butterstream is a 14 bed dementia specific unit completed in October 2019, providing single bedrooms with shower en-suites for all residents and Camillus has 36 single bedrooms of which 34 have full shower en-suite facilities. Camillus unit is decorated and furnished to a high standard with spacious corridors, a variety of sitting/quiet rooms and seated areas, two dining and day rooms, a spacious chapel, an activity room, a library with computer facilities and a hair salon is available for residents' use. A secure and accessible courtyard is also available. Butterstream is specifically designed to meet the needs of residents with dementia providing a range of well thought out internal and external living spaces. The centre's philosophy is one of upholding the rights of residents, promoting independence, health and well-being and aimed at facilitating residents to receive a safe therapeutic environment where privacy, dignity and confidentiality are respected. Involvement of family and friends is encouraged to enrich care and contribute to a happy homely atmosphere.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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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
Wednesday 17 May 2023	09:00hrs to 17:00hrs	Geraldine Flannery	Lead

What residents told us and what inspectors observed

From what residents told the inspector and from what was observed, it was evident that residents were happy living in St Joseph's Community Nursing Unit and their rights were respected in how they spent their days. Residents who spoke with the inspector expressed satisfaction with the staff, food, bedroom accommodation and services provided to them.

The inspection took place over the course of one day. The inspector spent periods of time talking with residents and observing interactions between the residents and the staff. Residents informed the inspector that they felt safe living in the home and the staff were very kind. The inspector observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Many of the residents spoken with told the inspector that they were from the surrounding area and how they were happy to remain living in the historic market town and the iconic Trim castle.

Joseph's Community Nursing Unit is a ground floor residential care home and has three units; Camillus upper, Camillus lower and Butterstream unit (dementia specific unit), each with their own bedroom accommodation and communal sitting space. There was unrestricted access to an enclosed paved outdoor courtyard between both Camillus units. There was a chapel in the centre which was very spacious and could accommodate all residents including those in wheelchairs. One resident informed the inspector they enjoyed attending Mass every Wednesday but also enjoyed the space on other days to 'gather their thoughts' while enjoying the sun shining through the recently installed colourful stained glass window.

The dementia specific unit (Butterstream), cared exclusively for residents who had a diagnosis of dementia made by a consultant physician. The inspector observed that residents were cared for and supported in an appropriate secure physical environment with highly trained staff. Design of rooms, colour choice, signage, lighting and equipment were based on research based best practice for dementia. The dining room in Butterstream was observed to adopt the household model of care, incorporating a small kitchen where residents and family could feel at home. The unit had a sensory room, a doll therapy room and a secure outdoor courtyard where residents were able to go for a walk up the street. The street had been designed to promote the wellbeing of residents with dementia or other cognitive impairments and had brightly coloured mock shop fronts, bus stop, post box and seating.

The premises was of suitable size to support the numbers and needs of residents living in the designated centre. It was generally kept in a good state of repair and suitably decorated. Bedroom accommodation comprised of single bedrooms with majority having ensuite toilet facilities, with the exception of two bedrooms which had easy access to a shared adjacent assisted toilet and shower room. With residents' permission, the inspector viewed a number of bedrooms and saw that

they were bright, homely spaces, personalized with photographs, souvenirs and soft-furnishings from resident's homes.

The inspector observed that residents were supported to enjoy a good quality life in the centre. An activity coordinator was on site to organize and encourage resident participation in events. An activities schedule was on display and the inspector observed that residents could choose to partake in card games, bingo, gentle exercise, music and sing along. On the day of inspection, the inspector observed a resident being escorted to bingo by a volunteer, with the resident saying it was the highlight of their day.

Residents who spoke with the inspector expressed great satisfaction with the food. Residents told the inspector that there was always a good choice and snacks and drinks were available to them at any time.

The inspector observed visitors coming to and from the centre throughout the day. They visited residents in their rooms and in the day rooms. Visitors confirmed they were welcome to the home at any time and they did not feel restricted. They informed the inspector that they were happy with the care provided and felt it was a good place for their loved one to live. One family member was very positive about the way they were looked after and spoke about the great efforts that were made by staff 'to ensure they had everything they needed'.

The inspector heard about the involvement of the local community to visit residents and provide entertainment. One resident told the inspector that they enjoyed a recent visit by Ceoltas na hEireann, saying they thoroughly enjoyed the traditional music and the 'ceol agus craic' and reminisced on days from their youth. Another resident informed the inspector that they loved animals and enjoyed a visit from Max, the therapy dog.

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

Capacity and capability

Overall, the centre provided a good standard of care to residents living there. There were sufficient resources available to provide the service in line with the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability. The provider has a good history of compliance with the regulations, demonstrating a good knowledge of the legislation and commitment to providing a good quality service and enhancing the quality of life for the residents.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as

amended).

The Health Service Executive (HSE) is the registered provider of St Joseph's Community Unit. The person in charge was supported by a senior management team including the regional manager, HSE provider representative, director of nursing and administration.

Residents were consulted in relation to matters related to their quality of life in the centre. Residents and families were encouraged to make comments and suggestions about the service by completing the HSE 'Your service, your say' comment cards, provided throughout the centre. The annual review for 2022 was available for the inspector and included details of residents' satisfaction survey and opinions.

Through conversation with the management and staff and review of the documentation, the inspector noted a commitment to provide quality care to residents in the centre. Audits and improvement plans were in place and overseen by the person in charge. Risk analysis of key clinical performance indicators such as trending of falls, pressure ulcer development and medication management were discussed at clinical governance meetings and there were evidence of strategies implemented to drive improvements in these areas.

The person in charge was a registered nurse, worked full-time in the centre and had the required experience in the area of nursing older people. They commenced post in October 2022 and were supported by the director of nursing and clinical nurse managers, with arrangements in place for the director of nursing or clinical nurse manager 2 (CNM 2) to deputise in their absence.

Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay and residents informed inspectors that they didn't have to wait long for staff to come to them.

The centre had a directory of residents in accordance with Schedule 3 which ensured that comprehensive records were maintained of a resident's occupancy in the centre. It was appropriately maintained, safe and accessible.

Records reviewed were stored securely and made available for the inspection. The policy on the retention of records was in line with regulatory requirements.

The provider had the appropriate insurance in place against injury to residents, including loss or damage to resident's property.

St Joseph's Community Unit had a volunteer programme where volunteers choose to spend time with the older person. On the day of inspection, volunteers were observed visiting residents and escorting them to and playing bingo. Volunteers were Garda vetted and had appropriate agreements in place.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time-frame. The inspectors followed up on incidents that were notified and found that these were managed in

accordance with the centre's policies.

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge in the centre on a full-time basis.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspectors on the day of inspection.

Judgment: Compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identifies the lines of authority and accountability, specific roles, and details responsibilities for all areas of care provision. Effective management systems were in place to ensure the service

was appropriately managed.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge ensured that individuals involved in the nursing home on a voluntary basis had their roles and responsibilities set out in writing. They received supervision and support, and provided a vetting disclosure in accordance with the National Vetting Bureau.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspector saw evidence of individual residents' needs being met and a good level of compliance with regulations and standards. However, some improvements were required in relation to infection prevention and control and will be discussed later in the report.

There were a number of residents in the centre that displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature. Such residents were appropriately assessed and well-managed.

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. Prior to admission each resident was offered a choice of medical care. They could retain their own General Practitioner (GP) or may wish to transfer to St Joseph's Community Unit's medical officer. Out of

hours medical cover was also available.

Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals. Assistive technology was in place for those that needed them.

Following appropriate assessment, residents' wishes and preferences were sought in a timely manner to ensure their end-of-life care needs were respected. End-of-life care assessments and care plans included consultation with the resident concerned and where appropriate, the residents' representative and reviewed by a doctor. Care plans were reviewed on an ongoing basis and updated with the changing needs of the residents. The inspector noted that the dining experience was a calm and sociable time for residents. A choice of meals was served directly to residents in the dining room. If residents were unable to attend the dining room, meals were transferred in a hot trolley to their bedroom or to smaller dining rooms if they so wished. The inspector observed a meal time service to be well managed and unhurried and noted that there were sufficient numbers of staff available to assist residents during meal times.

The National Transfer document was used where a resident was temporary absent or discharged from the designated centre and contained all relevant resident information including infectious status, medications and communication difficulties where relevant. When a resident returned from another designated centre or hospital, there was evidence available that all relevant information was obtained by the designated centre.

The inspector observed many instances of good practices in respect of infection prevention and control including good hand hygiene techniques, and overall procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018). The inspector noted that following the last inspection, the registered provider had put in place an improvement plan to enhance infection, prevention and control to address outstanding issues. For example, a cleaning schedule was in place for glucometers in medication room, the rusted section of sink in sluice room was replaced and a tagging identification process was introduced to identify to staff when equipment was clean. However, some store rooms had items stored on floors which prevented effective cleaning. This was a repeat finding from the previous inspection. The the inspector was informed that a mattress racking system had been sourced and was being piloted in another centre, which if proved successful would be implemented in St Joseph's in the coming weeks.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can

communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

Regulation 13: End of life

Each resident received end of life care based on their assessed needs, which maintains and enhances their quality of life. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. There were adequate staff to meet the needs of residents at meal times.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre in a planned and safe manner.

Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 27: Infection control

Action was required in the following area to ensure good infection prevention and

control practices in the centre:

- Inappropriate storage of items including hoist, wheelchairs and clean supplies in a store room, had potential to lead to cross-contamination of clean items.
- Inappropriate storage of items on store floor, including mattresses, bed rails, pillows, residents property in bags and clinical waste bins prevented effective cleaning. This was a recurrent finding.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Each resident experienced care that supports their physical, behavioural and psychological well being. The person in charge ensured that all staff have up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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 14: Persons in charge	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for St Joseph's Community Nursing Unit OSV-0000542

Inspection ID: MON-0038500

Date of inspection: 17/05/2023

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We acknowledge the findings of the report. The storage room has been reviewed and specific areas have been identified for the storage of wheelchairs, hoist, and clean supplies in order to prevent cross-contamination of clean items. A suitable racking system has been sourced to store mattresses. Shelving will be sourced in order to store spare bed rails and pillows in order to support thorough cleaning in the area. Deceased residents' property will be sorted and respectfully stored in an appropriate area. If families do not wish to collect personal belongings items will be sorted in accordance with families wishes. Spare waste bins will be stored in the outside storage sheds. A monthly safety walkabout will take place by the PIC where all rooms will be audited ensuring inappropriate storage of items does not occur. A cleaning schedule will be put in place for the storage rooms and monitored by the managers on duty.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/09/2023