



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

## Issued by the Chief Inspector

|                            |                                   |
|----------------------------|-----------------------------------|
| Name of designated centre: | St Josephs Nursing Home           |
| Name of provider:          | St. Joseph's Nursing Home Limited |
| Address of centre:         | Lurgan Glebe, Virginia, Cavan     |
| Type of inspection:        | Unannounced                       |
| Date of inspection:        | 20 June 2023                      |
| Centre ID:                 | OSV-0005413                       |
| Fieldwork ID:              | MON-0039296                       |

## About the designated centre

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

The designated centre provides 24- hour nursing care to 52 residents, male and female who require long-term and short-term care (convalescence and respite). The centre is situated in a rural area but in close proximity to a small town. It is a three-storey building with views of Lake Ramon. There are a variety of communal rooms and single and twin bedrooms some of which are en suites. The aim of the centre is to provide a homely environment where the residents are cared for, supported and valued in a setting that promotes their health and wellbeing.

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

Number of residents on the date of inspection:

39

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 20 June 2023 | 09:30hrs to 17:00hrs | Catherine Rose<br>Connolly Gargan | Lead |

## What residents told us and what inspectors observed

This inspection was carried out over one day and the inspector met with residents, staff and members of the centre's management personnel. Residents feedback was positive regarding the clinical care and support that they received and although many of the residents told the inspector that they had opportunities to engage in social activities that interested them, the inspector observed that the social activity programme available was limited and not of a good quality.

Staff were observed walking with and chatting to residents when going from the sitting room to the dining room for their meals. Some residents told the inspector they lived in the local area and were happy that they could continue to live in the locality they knew so well. One resident told the inspector that they didn't worry anymore about 'being alone at night' and another resident said that they used to be 'afraid' as they lived in a remote area and living in the centre meant they 'could sleep at night without worrying about someone breaking into their house to rob them'. In contrast, another resident said they missed their home in the community and would love to live in their home in the community again. Staff who spoke with the inspector discussed residents' preferred routines and preferences and the ways with which they respected these residents' individual choices and preferences. Residents described the staff as their 'friends' and commented positively on their 'good attitude', 'willingness' and 'kindness'.

The inspector observed that many of the residents started their day by joining in a Mass televised on the television after breakfast. The inspector observed that a small number of residents read the newspaper and one resident's family came into the centre in the afternoon to play their favourite tunes on an accordion for them. Although, the inspector observed that there was an activity schedule displayed in the sitting room, these activities did not take place. Other than some residents who participated in a chair exercise session and a ball game, many of the residents including residents with impaired cognitive ability did not participate in any activities on the day of inspection.

Large windows in the outside wall of the sitting room gave residents a panoramic view of a lake and a field with horses grazing in it. Some residents discussed the fishermen on the lake and said they enjoyed watching them. Other residents said that they preferred to watch the horses in the field between the centre and the lake. However, a number of residents said that they did not have anything in particular to do during the day and were satisfied with watching the 'comings and goings' in the sitting room during the day.

The layout of the large sitting room was arranged into three distinct areas, one of which had dining tables in it. A number of residents chose to eat their breakfast and lunch in this area as an alternative to the dining room. The inspector observed that most of the residents spent their day in the large spacious sitting room on the ground floor. However, the inspector observed that the layout of residents' seating

in the largest area of the sitting room was institutional as all the chairs were placed along a wall. This arrangement was in place throughout the day and not just arranged when a group activity was taking place and as such, did not facilitate or encourage social interaction between residents. Furthermore, bed tables were placed in front of some residents for their meals.

While, the centre was located outside the town, some residents went on outings with their families, however, outings into the local community organised as part of the social activity programme in the centre had not happened but were being discussed in preparation for warmer weather.

Residents' visitors were observed coming to visit throughout the day of this inspection. Some residents met with their visitors in the coffee dock off the reception area.

Overall, the centre was well maintained throughout and was adequately ventilated. The general environment and residents' bedrooms, communal areas and toilets, bathrooms were observed by the inspector to be visibly clean. Appropriate ancillary facilities were available. For example, inspectors observed a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment. However, due to the lack of appropriate storage in the centre residents' assistive equipment was stored in the sitting room and in a communal bathroom. This reduced the available space for residents in their communal areas and in the bathroom and may be a potential trip hazard for residents using the bathroom independently.

The inspector observed that significant refurbishment works had taken place to the bedrooms on one wing on the ground floor and this was finished to a high standard. Residents were given opportunity to see the refurbished rooms and to express their interest in changing rooms if they wished to do so. A large wrap-around patio area that provided residents with an outdoor area with a panoramic view of Lough Sheelin was completed. However, the access door to this patio area was locked with a keycode and only a small number of residents were observed to go out into this area. The provider representative told the inspector that they were working with an external contractor to ensure residents could choose to go out onto the patio as they wished without having to ask staff to unlock the door for them. Raised planting beds and flower boxes hanging on the protective railing were available for residents with an interest in gardening.

The centre premises was arranged over three floors with a protected stairs and lift access between the floors. There were no residents accommodated on the second floor on the days of inspection. A lift was provided to give residents from this floor convenient access directly down to the communal areas on the ground floor. The ground floor was on two levels and access from one level to the next was provided by a ramped corridor. A small wheelchair accessible open lift provided alternative access between the two levels.

Residents bedroom accommodation was mainly in single bedrooms with some twin bedroom accommodation. Residents' bedrooms were observed to be bright, nicely decorated and most bedrooms contained suitable furniture for residents. Residents'

communal accommodation and some bedrooms was located on the ground floor. Most of the residents bedrooms were located on the first and second floors. The inspector observed that the bedrooms on the second floor were unoccupied on the day of the inspection.

Residents told the inspector that they felt safe in St Joseph's nursing home, were well cared for and that their meals met their satisfaction. The inspector observed that residents were comfortable in the company of staff and that the staff available were attentive to residents needs.

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

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. The inspector followed up on the provider's progress with completion of the actions detailed in the compliance plan from the last inspection in March and June 2022. The inspector found that the provider had completed actions to bring some regulations into compliance. However, completion of a number of regulations were still in progress at the time of this inspection and were not completed within the timeframes set by the provider in their compliance plans from the inspections in 2022. Therefore, increased focus by the centre's management is now required to complete the necessary actions to bring the centre into compliance with the regulations.

Further to the findings on the inspection in March 2022, a restrictive condition was placed on the centre's registration requiring the provider to bring the centre into compliance with Regulations 17: Premises and 28: Fire precautions by August 2022. The provider had carried out significant works to address fire safety in the centre and to progress refurbishment on the ground floor of the centre however, the completion of the necessary works had run beyond the specified completion date of 31 August 2022.

St Joseph's Nursing Home Limited is the registered provider of St Joseph's Nursing Home. The person in charge of the centre was appointed in March 2021 and is supported by an operations manager who works from an office in the designated centre. This operations manager also provided clinical oversight and support to two other designated centres operated by the provider. On a day-to-day basis, the person in charge was supported with managing the centre by two clinical nurse managers. Other staff resources included staff nurses, healthcare assistants, activity coordinators, housekeeping, maintenance, catering and administrative staff. There were clear lines of accountability and staff were knowledgeable regarding their roles

and responsibilities.

There were systems in place to monitor the quality and safety of the service and evidence of progression of quality improvements to ensure ensure the quality and safety of the service and residents' quality of life in the centre. However, a number of audits of key areas of the quality and safety of the service were not identifying deficits that needed improvement. For example, assurances regarding residents' fire safety and that their emergency evacuation needs in the event of a fire would be met were not satisfactory at the time of this inspection. Satisfactory assurances were received in the days following the inspection. Furthermore action was found to be necessary to ensure that clinical oversight of residents' wound care and standards of residents' care documentation was effective.

The inspector reviewed the staff rosters and spoke with residents and staff in relation to staffing in the centre. and found that the provider had failed to ensure that there were adequate numbers of staff with appropriate skills in place to ensure that residents' social activity needs were met. This was validated by the inspector's observations on the day and was negatively impacting on the residents' quality of life in the centre.

Staff were facilitated to attend mandatory and professional development training and additional training to ensure that residents' clinical needs were met. However the inspector identified staff training deficits in relation to care planning and the management of residents' wounds. Furthermore staff supervision in relation to standards of care planning and wound care documentation was not robust and did not ensure that these documents were maintained in line with the centre's own policies and procedures.

Staff who spoke with the inspector and the inspector's observations of their practices gave assurances that they were familiar with residents' needs and were overall competent with carrying out their respective roles.

All records that must be maintained and available in the centre were complete and were held securely.

## Regulation 15: Staffing

The allocation of one member of staff to provide activities for 39 residents on the day of this inspection, was not adequate to ensure that all residents had access to meaningful activities in line with their preferences and capacities. Furthermore, this member of staff had additional duties to complete which took them away from providing activities and entertainment for the residents. As a result, residents spent long periods with little to do, apart from watching television or observing the comings and goings in the centre.



Judgment: Substantially compliant

## Regulation 16: Training and staff development

The provider had not ensured that all staff had access to appropriate training in line with their roles and responsibilities. This was evidenced by the following findings;

- not all staff had completed updated mandatory training in safeguarding residents from abuse. The inspector observed that this training was scheduled for these staff in the weeks following the inspection.
- although, staff were facilitated to attend a variety of professional development training to ensure that they had the necessary knowledge and skills to meet the needs of residents, the findings of this inspection identified that staff training was necessary in wound care management. This is a repeated finding from the inspection in March 2022.
- staff responsible for providing meaningful activities and recreation for the residents did not have training in this area which was impacting on the quality of the activities that were available for the residents especially those residents with significant cognitive decline. This is a repeat finding from the last inspection that had not been addressed by the provider

Staff were not appropriately supervised to ensure that they carried out their work to the required standards in the following areas;

- wound care by staff did not reflect national best practice wound care standards.
- staff did not ensure that residents, especially residents with significant cognitive decline had opportunity to participate in social activities in line with their interests and capacities.

This is a repeated finding from the inspection in March 2022.

Judgment: Substantially compliant

## Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

## Regulation 23: Governance and management

The management systems for oversight and monitoring of the service were not effective. Disparities between the levels of compliance reported in some of the centre's own audits did not reflect the inspector's findings during the inspection. For example,

- the care plan audits were not identifying all areas needing improvement in residents' care documentation and as a result deficits were not being identified and effectively addressed. This created a risk that pertinent information regarding residents' wound care and monitoring was not available to guide staff.
- prolonged emergency evacuation timelines and incomplete fire safety equipment checks had not been identified on the provider's own in house fire safety checks and had not been addressed. This posed a risk to residents' safety in the event of a fire in the centre

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A record of accidents and incidents involving residents that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified time frames and as required by the regulations.

Judgment: Compliant

## Quality and safety

Residents were for the most part encouraged and supported by staff to make choices about their daily routines in the centre but actions by the provider were found to be necessary to ensure all residents' had opportunities to participate in social activities in line with interests and capacities. Residents' clinical care needs were met and they had access to timely healthcare. Although, the management structure was robust, action was also found to be necessary to ensure that clinical oversight of residents' wound care and standards of residents' care documentation was effective.

As extensive fire safety works were carried out by the provider in the designated centre, final sign-off is required by a person competent in fire safety to confirm that the necessary works were satisfactorily completed and that the designated centre is

now in full compliance with the relevant fire safety legislation and standards. Notwithstanding the significant works done to upgrade residents' bedrooms and the lived environment in the centre, some further actions were found to be necessary to bring the centre into compliance with the regulations.

This inspection found that although fire safety management procedures were in place and residents' safety in the centre was given a high level of priority by the provider and works which were delayed by unforeseen circumstances were in the final stages. However, deficits were found in the fire safety management procedures and assurances were not available that residents could be safely evacuated in the event of a fire in the centre at the time of this inspection. Assurances regarding residents' safe emergency evacuation were forwarded in the days following the inspection. The inspector's findings are discussed under Regulation 28; Fire precautions.

Residents' bedroom accommodation was provided in single and twin occupancy bedrooms over three floors. Although not yet occupied by residents, refurbishment works were completed on the ground and second floors. Two bedrooms had been reduced to single occupancy since the last inspection to ensure the layout of these bedrooms met residents' privacy and dignity needs. Many residents had personalised their bedrooms with their photographs and personal items. Residents' bedside lockers were not located within their reach while they were in bed in two single bedrooms. Effective measures were in place to protect residents from risk of infection. Implementation of infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control training for all staff. The centre was visibly clean throughout and cleaning checklists were completed. Staff carried out effective hand hygiene procedures as appropriate.

Residents were provided with good standards of nursing care and timely health care to meet their needs. While this standard of care optimised their continued good health and well being, improvements were found to be necessary again on this inspection to ensure residents' woundcare management was completed to a high standard and was informed by evidence-based practice. Furthermore, some residents' care plan documentation lacked sufficient detail to guide care and required improvement to ensure consistency in completion of wound care procedures. Care plans were regularly updated but the inspector was not assured that there was adequate consultation with residents and/or their families, regarding this process including any changes made needed improvement. These are repeated findings from the last inspection.

Although, staff made some efforts to provide residents with opportunities to participate in meaningful activities to fulfil their interests and capabilities, there was limited meaningful social activities available on the day of the inspection for residents. This was reflected in the feedback from some residents who said that they did not have a lot to do and they mostly occupied themselves with television or enjoying the views from the sitting rooms. These findings are set out under Regulation 9.

The inspector confirmed that residents had timely access to their general

practitioners (GPs), specialist medical and nursing services including psychiatry of older age, community palliative care and allied health professionals as necessary. However, the recommendations made by the tissue viability specialist services were not consistently implemented. Residents were supported to safely attend out-patient and other appointments as needed.

Residents' rights were mostly respected. However, the inspector found that residents rights to make independent choices regarding accessing the enclosed outdoor patio area was negatively impacted by locked doors which residents' had to ask staff to open for them.

Residents were supported to meet with their visitors as they wished. Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents had access to local and national newspapers, televisions and radios.

Residents' meetings were regularly convened and their views on the service were welcomed. Issues raised or suggestions made by residents regarding areas they felt needed improvement in the service were addressed.

Measures were in place to protect residents from risk of abuse and there was a positive approach to care of residents predisposed to experiencing episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Other than the locked doors to the outdoor patio area, a minimal restraint environment was promoted for residents and the procedures in place were in line with the national restraint policy guidelines.

### Regulation 11: Visits

Residents' families and friends were facilitated and encourage to visit. Practical precautions were in place to manage any associated risks. Residents access to their visitors was not restricted and facilities were available to ensure residents could meet their visitors in private if they wished.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents' bedside lockers In two single bedrooms were placed along an opposite wall which meant that the residents residing in these bedrooms could not access their personal belongings in their lockers when they were in bed.

Judgment: Substantially compliant

### Regulation 17: Premises

The provider had not ensured that some parts of the premises were in compliance with Schedule 6 of the regulations.

This was evidenced by;

- there was not enough storage facilities for residents' assistive equipment in the centre. For example, two hoists were stored in the sitting room throughout the day of inspection and a commode was stored in a communal bathroom/toilet. This meant that the space available in the communal room and the bathroom/toilet was reduced and potentially hindered residents' access and posed a risk of injury.
- handrails were not in place on both sides of ramps in the corridor from one floor level to the next. This hindered residents independence and posed a risk of them falling
- grab rails were not in place in one shower in a communal bathroom/toilet on the ground floor. This did not promote residents' independence and posed a risk of them falling. This is a repeated finding from the previous inspection.
- a number of chairs in the sitting room were very stained and although a cleaning schedule was in place, these chairs looked unsightly. In addition the fabric on the surface of a cover for a commode was torn and therefore could not be effectively cleaned.
- paint was chipped and missing on the frames on a number of residents' bed tables and the hoists. This finding did not ensure the surfaces of this equipment could be effectively cleaned.
- a curtain was in place of a door on a built-in wardrobe in one resident's bedroom. The provider had already identified this finding and actions to address it were underway.

Judgment: Substantially compliant

### Regulation 27: Infection control

The inspector found that the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018) were met. The provider had addressed the findings of the last inspection to ensure residents were protected from risk of infection. The environment and equipment was consistently managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by alcohol hand gel dispensers and clinical hand hygiene sinks located along corridors and available convenient to the point of care (where the care procedure takes place) for staff use.

Waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with best practice guidelines and cleaning schedules were in place that were completed by staff.

Judgment: Compliant

### Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions were in place to ensure residents safe evacuation and to protect residents and others from risk of fire as follows;

- weekly simulated emergency evacuation drills were carried out to assess staff response timescales and practices evacuating a bedroom, however, the records of the most recent simulated emergency evacuation drills in May 2023 of a full compartment were prolonged and did not give adequate assurances that residents could be evacuated to a place of safety in a timely manner in the event of a fire in the centre. There was no evidence available that the provider had taken action to reduce the evacuation times.
- although, the provider confirmed that the fire alarm was sounded on a weekly basis to ensure it operated as necessary, a record of this action was maintained as part of the fire drill documentation. This did not ensure that the weekly tests of the fire alarm system were recorded in an easily accessible format that referenced the operational status of the fire alarm, included any deficits found and the actions taken to remedy those deficits.
- the checks to ensure fire safety equipment was operational at all times did not include a daily check that faults were not registering on the fire alarm panel. Therefore this posed a risk regarding timely identification of faults that may impact on the effective operation of the fire alarm system

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The temperature on the medication storage refrigerator was checked daily but the temperature check recordings exceeded the stated recommended parameters on all checks since 01 June 2023. This posed a risk to the efficacy of residents' medicines with temperature control storage recommendations.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Records reviewed for a resident who had woundcare needs showed that their wound assessments and care plans were incomplete and did not ensure or direct the care they required to meet their needs. These findings are repeated from the inspection in March 2022 and were evidenced by the following;

- assessments regarding the condition and health were not completed each time wound dressings were carried out.
- where a resident had more than one wound, their wound care plan information did not provide adequate and clear direction for staff on the recommended treatment procedures for each wound.
- photographs of the wounds were of poor quality, were not referenced to the individual wounds and did not facilitate assessment of the condition of the individual wounds.
- the dressing frequency of a resident's wounds as recommended further to assessment by the tissue viability specialist was not implemented in practice or updated in the resident's wound care plan.
- although, assessment of residents' interests and capacities were done, their care plans did not clearly describe an individual social activity programme tailored to meet each resident's interests and capacities needs. Therefore this pertinent information was not readily available to staff.
- the recommendations made further to the dietician's assessment of one resident with unintentional weight loss for additional nutritional support were not updated in their nutritional care plan. This posed a risk that this pertinent information would not be communicated to all staff.

Although, staff confirmed that residents and their families, as appropriate, were consulted with regarding their care plan reviews, no records were available regarding these consultations.

Judgment: Not compliant

## Regulation 6: Health care

Nursing practices in relation to safe administration of medicines in the centre were not in line with administration of medicines guidelines issued by An Bord Altranais agus Cnaimhseachais. For example, a number of resident's photographs were missing from their medication records. This posed a risk of medication error.

Judgment: Substantially compliant

## Regulation 7: Managing behaviour that is challenging

A small number of residents experienced intermittent responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). However, records of analysis of the behaviours that occurred to identify and monitor triggers and the effective de-escalation strategies used were not available to inform behaviour support and treatment plans for these residents.

A locked door to the patio area off the residents' sitting room restricted residents' choice to access this outdoor area independently as residents had to wait for a staff member to open the door for them.

Judgment: Substantially compliant

## Regulation 8: Protection

There were systems in place to protect residents from abuse. An up-to-date safeguarding policy was available and informed the arrangements in place to ensure any incidents, allegations or suspicions of abuse were promptly addressed and managed appropriately to ensure residents were safeguarded at all times. All staff were facilitated to attend training on safeguarding residents from abuse. Staff who spoke with the inspector were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

The provider had a co-ordinated social activity schedule in place that included group and social activities. However, there was limited social activities available on the day of the inspection for residents including residents with increased levels of cognitive impairment to meet their social interests and capacities. This observation was validated by records reviewed by the inspector which showed that some of these residents had not attended social activities for a number of days. This is a repeated finding from the last inspection in March 2022.

Judgment: Substantially 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 15: Staffing                              | Substantially compliant |
| Regulation 16: Training and staff development        | Substantially compliant |
| Regulation 21: Records                               | Compliant               |
| Regulation 23: Governance and management             | Substantially compliant |
| Regulation 31: Notification of incidents             | Compliant               |
| <b>Quality and safety</b>                            |                         |
| Regulation 11: Visits                                | Compliant               |
| Regulation 12: Personal possessions                  | Substantially compliant |
| Regulation 17: Premises                              | Substantially compliant |
| Regulation 27: Infection control                     | Compliant               |
| Regulation 28: Fire precautions                      | Not compliant           |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and care plan    | Not compliant           |
| Regulation 6: Health care                            | Substantially compliant |
| Regulation 7: Managing behaviour that is challenging | Substantially compliant |
| Regulation 8: Protection                             | Compliant               |
| Regulation 9: Residents' rights                      | Substantially compliant |

# Compliance Plan for St Josephs Nursing Home OSV-0005413

Inspection ID: MON-0039296

Date of inspection: 20/06/2023

## 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 15: Staffing  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 15: Staffing:<br/>           A company has been employed on a trial basis which provides live interactive classes for residents, which include art, yoga and mindfulness, bingo and photography. An Art therapist is on-site fortnightly, and a reflexologist and musician have been contacted to attend weekly.</p> <p>We are actively recruiting/interviewing for an additional activity coordinator. In the mean time we have been in touch with imagination gym and they are coming onsite to provide in house training for staff who are willing to step into the activities role.</p>   |                         |
| Regulation 16: Training and staff development  | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training matrix reviewed, the training schedule for all mandatory training remains in place with all staff updating mandatory training when required. All staff are now up to date with mandatory training and a new system is in place for informing staff when their training is due.</p> <p>All staff nurses have completed training on General wound assessment, Wound Management and Pressure Ulcer assessment prevention and management. Contact has been made with Tissue Viability Nurse to come and conduct in-house training, scheduled for 17th August. Wound care documentation has been reviewed and altered, with a separate wound care plan now in place. Weekly wound care audits conducted by CNM/PIC and feedback with nursing staff recorded.</p> <p>Additional training is being sourced for staff participating in providing activities. Training planned for September 2023 with CarePals and contact has been made with Imagination</p> |                         |

Gym to organise further training for staff.  
 All residents have in dept life stories and plans in situ. An activity schedule/plan is to be established with the PIC and activity co-ordinators which incorporates the residents who do not wish to participate in group activities. PIC, CNM and Nurses to oversee and supervise same on a daily basis.

|  |                         |
|--|-------------------------|
| Regulation 23: Governance and management | Substantially Compliant |
|--|-------------------------|

Outline how you are going to come into compliance with Regulation 23: Governance and management:  
 Weekly wound care audits continue, wound care is now also included with full care plan audit, which are carried out monthly. All deficits identified are documented and communicated with staff and followed up within a designated time.  
 Daily checks for faults in the fire alarm panel are now recorded in the evacuation folder. More frequent fire evacuation drills are now conducted, outside of the mandatory training schedule, with a full staff skill mix.

|                                     |                         |
|-------------------------------------|-------------------------|
| Regulation 12: Personal possessions | Substantially Compliant |
|-------------------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 12: Personal possessions:  
 All residents' lockers are positioned at their bedside. A risk assessment is now in place for any resident with a risk of injury from the bedside locker being at their bedside. All residents have access to what they need throughout the day and night.

|                         |                         |
|-------------------------|-------------------------|
| Regulation 17: Premises | Substantially Compliant |
|-------------------------|-------------------------|

Outline how you are going to come into compliance with Regulation 17: Premises:  
 The sitting room has been reorganized to allow for discreet storage of the two hoists which remain necessary for use in the sitting room area throughout the day. The hoists are not impeding on any resident or using space that would otherwise be used by residents. The commode in the bathroom has been replaced. This commode is required

regularly throughout the day for residents to use in the bathroom. When not required for a resident, it is positioned safely against the wall. All excess commodes not in use are stored in the external storage area. Additional grabrails have been fitted to the shower on the ground floor and all hoists have been repainted. A schedule of maintenance has commenced for bed tables, commodes, and the sitting room chairs. An additional handrail has been ordered for the ramp on the corridor and a sliding door for the wardrobe in one resident's bedroom, both to be fitted once received.

|                                 |               |
|---------------------------------|---------------|
| Regulation 28: Fire precautions | Not Compliant |
|---------------------------------|---------------|

Outline how you are going to come into compliance with Regulation 28: Fire precautions: More frequent fire evacuation drills are now conducted, outside of the mandatory training schedule, with a full staff skill mix. Fire drills continue weekly, a record of the BGU activated and that the fire alarm was sounded is recorded in the fire drill reports and fire safety checklists. Daily checks for faults in the fire alarm panel are now recorded in the evacuation folder and followed up immediately when/if required. All works completed in the Nursing Home have been signed off as completed by our Competent person (Fire Consultant)

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|--|-------------------------|
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All nursing staff have been reminded of the parameters and procedure to report faults and their Medicines Management Policy. The medication storage fridge has been replaced and staff have been re-educated on the importance of reporting and following up on same. PIC/CNM to check reports on a daily basis.

|   |               |
|---|---------------|
| Regulation 5: Individual assessment and care plan | Not Compliant |
|---|---------------|

Outline how you are going to come into compliance with Regulation 5: Individual

assessment and care plan:  
 Wound care documentation has been reviewed and altered. Wound assessment charts are now stored in the residents' files. An additional document has been included for daily recording of each resident's skin integrity, on each shift, and a specific wound care plan has been added. Weekly wound care audits to continue and communication with staff recorded. A new color printer has been purchased which allows for good quality prints of wound photographs. Should the TVN need a picture of a residents wound it is sent digitally and is of high quality. All wound pictures are also stored in a file on our tablet. a Activities care plans and each resident's individual social activities programme have been reviewed and are in the process of being updated with more detailed information on the resident's individual interests and capacities needs.  
 All nursing staff have been reminded of their duty to update the residents care plans immediately post review with any recommendations from the multi-disciplinary team. PIC/CNM to monitor on a weekly basis/post review.  
 An additional column has been added to each resident's care plan to record the details of the date and person consulted with regarding the resident's care plan reviews.

|                           |                         |
|---------------------------|-------------------------|
| Regulation 6: Health care | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 6: Health care:  
 During the inspection, we were in the process of upgrading the electronic medication system. That is now complete, and all photographs are saved on the medication record. All staff have completed Medication Management and are competent.

|  |                         |
|--|-------------------------|
| Regulation 7: Managing behaviour that is challenging | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  
 All residents experiencing intermittent responsive behaviors have a specific care plan in place and ABC records continue to be recorded for each incident of responsive behaviour. Once reviewed, these records are filed in the individual residents file.  
 New handles have been sourced for the doors to access the patio area. Once fitted the keypad locks will be removed for safe and easy access to garden and patio.

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|   |                         |
| Regulation 9: Residents' rights   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Activities care plans and each residents' individual social activities programme have been reviewed and are in the process of being updated with more detailed information on the residents individual interests and capacities needs. A social activities schedule is in place to meet the social interests and capacities of all residents, including residents with increased levels of cognitive impairment.</p> <p>All staff involved with providing the social activities program have been reminded of the requirement to record the daily activities provided for each resident, with all resident's social needs catered for. Documentation is monitored weekly by PIC/CNM.</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 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. | Substantially Compliant | Yellow      | 24/07/2023               |
| Regulation 15(1) | The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.   | Substantially Compliant | Yellow      | 31/10/2023               |



|                          |  |                         |        |            |
|--------------------------|--|-------------------------|--------|------------|
| Regulation 16(1)(a)      | The person in charge shall ensure that staff have access to appropriate training.  | Substantially Compliant | Yellow | 25/08/2023 |
| Regulation 16(1)(b)      | The person in charge shall ensure that staff are appropriately supervised.   | Substantially Compliant | Yellow | 25/08/2023 |
| 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. | Substantially Compliant | Yellow | 01/11/2023 |
| Regulation 23(c)         | The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.          | Substantially Compliant | Yellow | 25/08/2023 |
| Regulation 28(1)(c)(iii) | The registered provider shall make adequate arrangements for testing fire equipment.   | Not Compliant           | Orange | 24/07/2023 |
| 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                             | Not Compliant           | Orange | 24/07/2023 |

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|                  | and safe placement of residents.   |                         |        |            |
| Regulation 29(4) | The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.   | Substantially Compliant | Yellow | 24/07/2023 |
| Regulation 5(2)  | The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre. | Not Compliant           | Orange | 23/08/2023 |
| 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.  | Not Compliant           | Orange | 23/08/2023 |
| Regulation 5(4)  | The person in charge shall formally review, at intervals not exceeding 4 months, the care  | Substantially Compliant | Yellow | 23/08/2023 |

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|-----------------|--|-------------------------|--------|------------|
|                 | plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.  |                         |        |            |
| Regulation 6(1) | The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident. | Substantially Compliant | Yellow | 24/07/2023 |
| Regulation 7(2) | Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.   | Substantially Compliant | Yellow | 24/07/2023 |
| Regulation 7(3) | The registered provider shall  | Substantially Compliant | Yellow | 23/08/2023 |

|                    |  |                         |        |            |
|--------------------|--|-------------------------|--------|------------|
|                    | ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time. |                         |        |            |
| Regulation 9(2)(b) | The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.  | Substantially Compliant | Yellow | 23/08/2023 |