



**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 Hospital Ardee
Name of provider:	Health Service Executive
Address of centre:	Townspark, Ardee, Louth
Type of inspection:	Unannounced
Date of inspection:	04 May 2022
Centre ID:	OSV-0000537
Fieldwork ID:	MON-0035620

About the designated centre

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

St Joseph's Hospital is a four storey building, built in 1780 with extensions added the latest in 2010. It was built as a family home, converted to a hospital for the local area and is now a registered nursing home. The centre provides care to a maximum of 16 residents, male and female, over 18 years of age. All residents accepted for admission require long term care. Residents of all dependency levels are assessed and accepted for admission. The residents accommodation is located on the ground floor. 9 in the main building to the front of the premises and 7 in the unit to the rear of the building. The bedrooms are made up of 3 bedded, twin and single bedrooms. There is ample parking around the building and residents have access to an enclosed garden and grounds surrounding the hospital. St Joseph's Hospital is located on the outskirts of Ardee town just off the N2.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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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 4 May 2022	09:00hrs to 17:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The inspector walked around the nursing home speaking with residents on the way. Residents said that they felt safe living in the nursing home and that the care they received was in their opinion very good.

They said they saw their doctor on a regular basis and if they felt unwell the doctor was called to see them. They said they were involved in the running of the centre, they attended the resident meetings where they discussed their plans for the coming month.

The inspector observed staff sitting down and conversing with residents in a kind, patient, friendly and respectful manner. Residents were engaged in activities throughout the course of the inspection and appeared to be actively participating and really enjoying both their morning keep-fit class and their afternoon in the garden. Residents informed the inspector of the sad death of their dog however the two new resident kittens were bringing them some joy. The inspector observed that the provider had invested in a number of pieces of equipment to meet the needs of residents living with a cognitive impairment. Staff said they had noted the positive therapeutic effect these had on this group of residents.

Mealtimes were quiet and relaxed. Residents confirmed and the inspector observed that residents had a choice of meals at mealtimes and their choice was respected. Staff were available to assist residents with their meals and where assistance was being provided this was done in a sensitive and unrushed manner.

The inspector observed that bedrooms were homely and filled with the residents personal possessions. The inspector observed that bedrooms and private bed spaces appeared homely and individualised. Some of the residents had decorated their bedroom or their bed private space as they wished by hanging their own pictures and displaying their personal items. Residents said that their clothes were regularly laundered usually by their family. The personal storage units beside residents' beds appeared small, however residents told the inspector that they had enough storage for their belongings and clothes in their rooms.

Residents spoken with told the inspector that their bedrooms were cleaned regularly and they were always kept clean. The inspector observed the house keeping staff completing their duties throughout the course of the morning. Cleaning lists had been developed for the cleaning of equipment, residents bedrooms, communal rooms and frequently touched surfaces. The inspector saw that the equipment in use was clean, however the new cleaning room was not completed.

There were hand sanitisers available for staff and wash hand basins in most of the bedrooms. Staff were observed sanitising their hands prior to entering and on leaving a residents bedroom. However, some staff were not wearing the correct facial mask when delivering personal care to residents. These issues are identified

under regulation 27.

Visiting had recommenced in the centre and the inspector spoke with one visitor who had chosen to meet her relative in the front foyer. They confirmed that they were extremely satisfied with the quality of care being delivered to their relative.

The residents told the inspector they enjoyed life in the centre and had absolutely no complaints. This was reflected in the annual review which stated that the centre received no complaints in 2021.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

Capacity and capability

Overall, this was a well-governed centre. The provider was the Health Service Executive. The person in charge was supported by a named provider representative and a clinical nurse manager.

The inspector found that the centre was appropriately resourced for the effective delivery of care. There were good governance and management arrangements in place to ensure the service provided to residents was appropriate. The provider had invested in the old building to ensure the premises would continue to meet the needs of the 16 residents. A new building was planned however construction had not yet commenced.

The provider had continued to improve the social aspect of residents life by continuing to improve their social engagements and their wellbeing. They had researched and bought equipment that has improved the quality of life to those living with a cognitive impairment in the centre.

The staffing levels had remained unchanged and the inspector saw that any vacant shifts in the rosters were covered by agency staff. Staff had access to training and those spoken with confirmed they had the skills and knowledge to carry out their role. The inspector was satisfied that residents needs were being met by staff.

The managerial oversight required improvement. There was evidence that some care practices had been audited up to the end of 2021, however there was no evidence of care practices being audited to date in 2022. The negative impact of this was that the standard of care being delivered to residents could deteriorate unnoticed.

The annual review completed included all the key performance indicators for 2021 and detailed quality improvement plans for 2022 some of which had already been completed. However, the residents feedback on the service they received had not

been included and therefore it did not meet the legislative requirements.

Overall, all the documents reviewed met the legislative requirements, the contracts of care were the only document which required further information included.

Regulation 15: Staffing

The staffing levels and skill-mix were good. The staff on duty had the appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre. The needs of the 16 residents were being met.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The supervision of staff was not robust enough. Staff were observed wearing of incorrect type of facial masks while providing direct care to residents on a number of occasions during the morning of the inspection.

Judgment: Substantially compliant

Regulation 19: Directory of residents

A directory of residents was maintained. On review it was found to contain all the information specified in paragraph (3) of schedule 3 for each of the 16 residents living in the centre.

Judgment: Compliant

Regulation 21: Records

The records set out in schedule two were available in each of the three staff files reviewed on inspection.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of resident's property.

Judgment: Compliant

Regulation 23: Governance and management

The following issues were identified:

The oversight practices required strengthening. For example, there was no audit schedule or any completed audits available for review for 2022. The lapse in effective oversight was reflected in the fact that some staff were observed not to be following the current public health guidelines in relation to facial mask wearing.

An annual review had been completed for 2021 and was available for review. It included a quality improvement plan however although residents feedback had been sought, it was not included in the review.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The sample of contracts reviewed had been signed by the resident or their appointed representative and a provider representative. They also included the fees to be charged, the room occupied by the resident however where it was relevant, the contracts did not include the number of other occupants in the room.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A copy of the complaints procedure was on display in the reception area. The policy was up to date and identified the designated person to deal with complaints. It also

outlined the complaints process. There were no open complaints on file.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule five policies were available for review. Overall those reviewed reflected the practice in the centre and they had all been updated within the past three years.

Judgment: Compliant

Quality and safety

There was evidence that residents received a good standard of quality and safe care on this inspection. The inspector found that residents' health, social care and spiritual needs were well catered for. A lot of improvements had been made in relation to infection control practices and the premises however some minor actions were required to further enhance infection control practices and residents nursing assessment.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. Residents with a cognitive impairment were being effectively supported by staff.

Improvements had been made to the premises notably the cleaners room although this had not been fully completed. The inspector noted that this room had not got the required equipment and facilities insitu. The completion of this room would reduce the risk of cross contamination within the centre and lead to improved Infection Prevention and Control (IPC) practices, thus better outcomes for residents. However, a strengthening of staff supervision would provide further assurances that staff were adhering to the all the centres policies.

Overall, the premises was in a good state of repair and had a continuous refurbishment programme in place. The garden was easily accessible to residents and it was well maintained with the help of some of the residents.

Equipment was observed to be clean, with clear processes in place to identify if, and when it was cleaned. The inspector saw records of the servicing of equipment in line with the manufacturers guidelines.

Regulation 11: Visits

The residents were having visitors in line with the current Public Health guidelines.

Visitors were currently being asked to book in advance to reduce foot fall in the centre. Visiting took place in the front foyer at the residents request, however room visits were also being facilitated.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and were enabled to retain control of their personal possessions, property and finances. Each resident had access to storage facilities by their bed although these were small. They had access to a lockable storage space. The residents families did their laundry.

Judgment: Compliant

Regulation 17: Premises

The premises reviewed on the day appeared to be meeting the needs of the 16 residents.

Judgment: Compliant

Regulation 27: Infection control

The following issues were identified:

Staff were not wearing the face masks recommended in the current public health guidelines as issued by Health Protection Surveillance Centre (HPSC). The inspector was assured this issue was addressed prior to the end of the inspection.

The conversion of a kitchenette into a cleaners room on the first floor had begun but was not completed.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Suitable arrangements were in place in relation to promoting fire safety. Suitable fire safety equipment and systems was provided throughout the centre, and documentation reviewed evidenced services of the fire alarm and equipment were completed at appropriate intervals.

Fire exits were unobstructed and there was suitable means of escape for residents, staff and visitors. Fire evacuation procedures and signage were displayed at various points throughout the centre. Fire drills were being completed on a frequent basis with staff and the outcomes of each fire drill was outlined in the fire drill records reviewed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A sample of residents nursing assessments and care plans were reviewed. Residents had a number of risk assessments completed which were updated on a four monthly basis. However, residents did not have a comprehensive nursing assessment completed and therefore it was difficult to get a clear picture of the resident's health status.

Judgment: Substantially compliant

Regulation 6: Health care

Suitable arrangements were in place to ensure each resident's well-being and welfare was maintained by a high standard of nursing, medical and allied health care. Residents had access to a wide variety of specialists and were accessing hospital care when required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A small number of residents who presented with responsive behaviours were responded to in a dignified and person-centred way by the staff. Staff spoken with

knew each residents triggers and outlined the person centred interventions all of which were reflected in the personalised responsive behaviour care plans reviewed.

Judgment: Compliant

Regulation 8: Protection

The inspector found that all reasonable measures were taken to protect residents from abuse. There was a policy in place which covered all types of abuse and the inspector saw that all staff had received mandatory training in relation to detection, prevention and responses to abuse.

There was a rigorous recruitment procedure in place. Staff had An Garda Siochana (police) vetting prior to starting work in the centre.

The provider was a pension agent for a number of residents. The inspector was assured that monies collected on behalf of residents were being lodged into a residents' account, in line with the Social Protection Department guidance.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a person centred, well resourced schedule of activities which they enjoyed on a daily basis.

The residents right to privacy was respected at all times. Those living in multi-occupancy bedrooms now had access to generous amount of private space.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Joseph's Hospital Ardee OSV-0000537

Inspection ID: MON-0035620

Date of inspection: 04/05/2022

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 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>The PIC will ensure compliance with Public Health & Infection Prevention & Control Guidelines on the Prevention and Management of Cases and Outbreaks of COVID-19, Influenza & other Respiratory Infections in Residential Care Facilities.</p> <p>Daily monitoring by PIC, Clinical Nurse Manager in her absence or Covid lead for each shift will ensure Staff follow their most recent HPSC guidelines, in relation to the wearing of FFP2 masks during care delivery.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>An audit matrix is now in place to ensure that audits take place monthly.</p> <p>Residents' feedback has been added to the Quality and Safety report.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Where relevant the contracts of care now state the number of other occupants in the multi-occupancy bedrooms.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The PIC will ensure that all Staff are aware and compliant with the relevant face mask to be worn when delivering care to the residents. An unused kitchenette had been converted to a cleaning room during Covid-19. Further funding came available and the cleaning room is getting a complete upgrade. It will be fully equipped and have all wipe able surfaces.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: A comprehensive nursing assessment has been completed for 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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	05/05/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/06/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that	Substantially Compliant	Yellow	12/05/2022

	resident shall reside in that centre.			
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	01/08/2022
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.	Substantially Compliant	Yellow	31/05/2022