

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



|   |  |
|---|--|
| <b>Centre name:</b>                                       | St. Joseph's Centre                                      |
| <b>Centre ID:</b>   | OSV-0000102  |
| <b>Centre address:</b>                                    | Crinken Lane,<br>Shankill,<br>Co. Dublin.                |
| <b>Telephone number:</b>                                  | 01 282 3000  |
| <b>Email address:</b>                                     | stjosephs@sjog.ie  |
| <b>Type of centre:</b>                                    | A Nursing Home as per Health (Nursing Homes)<br>Act 1990 |
| <b>Registered provider:</b>                               | Saint John of God Hospital Limited                       |
| <b>Lead inspector:</b>                                    | Nuala Rafferty   |
| <b>Support inspector(s):</b>                              | Gearoid Harrahill  |
| <b>Type of inspection</b>                                 | Unannounced Dementia Care Thematic<br>Inspections        |
| <b>Number of residents on the<br/>date of inspection:</b> | 58   |
| <b>Number of vacancies on the<br/>date of inspection:</b> | 2  |

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 29 November 2017 09:00 To: 29 November 2017 17:30

The table below sets out the outcomes that were inspected against on this inspection.

| Outcome   | Provider's self assessment | Our Judgment            |
|---|----------------------------|-------------------------|
| Outcome 01: Health and Social Care Needs                |                            | Substantially Compliant |
| Outcome 02: Safeguarding and Safety                     |                            | Substantially Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation |                            | Compliant               |
| Outcome 04: Complaints procedures                       |                            | Compliant               |
| Outcome 05: Suitable Staffing                           |                            | Compliant               |
| Outcome 06: Safe and Suitable Premises                  |                            | Compliant               |
| Outcome 07: Health and Safety and Risk Management       |                            | Compliant               |

**Summary of findings from this inspection**

This inspection report sets out the findings of an unannounced thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also followed up on actions required from the previous inspection and considered information received by the Health Information and Quality Authority (HIQA) in the form of notifications and other relevant information.

The provider had completed a self- assessment tool on dementia care and had assessed the compliance level of the centre as compliant for complaints, and substantially compliant for all other outcomes.

This inspection found that the outcomes for premises, health & safety and risk management, complaints, rights, dignity and consultation and staffing were compliant. The outcomes for health and social care and safety and safeguarding were substantially compliant.

Inspectors found that residents received person-centred care from a team of staff who were appropriately trained to carry out their role effectively. Inspectors spoke with several residents who, although unable to explain their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content.

Residents' had access to medical officers and allied health professionals, such as physiotherapy and speech and language therapists, and access to community health services was also available.

The premises were designed and furnished to offer resident's comfortable accommodation. Bedrooms were appropriately furnished and there was adequate wardrobe and storage space for clothing and personal possessions. The centre was appropriately and pleasantly decorated and well maintained.

Overall, there was a good level of compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland. In particular, there was a good system of governance and an emphasis on continual improvement. Some areas of ongoing improvement were identified with regard to medication management and systems to manage residents personal finances.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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.**

*Outcome 01: Health and Social Care Needs*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**

Residents had access to medical care, out-of-hours doctor services and a full range of other services available on referral, including occupational therapy, speech and language therapy, dietician, chiropody, dental services and optical services.

Evidence of referral and review was available and viewed, with early recognition of the signs of clinical deterioration and appropriate management.

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. The pre-admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident.

Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and letters from consultants detailing findings after clinic appointments were maintained.

The systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were implemented by the nursing team. Care plans were found to be detailed enough to guide staff on the appropriate use of interventions to manage the identified need and reviews considered the effectiveness of the interventions to manage and /or treat the need. Comprehensive risk assessments on which to base care plans were found and there were efforts to plan and deliver care in a person-centred manner.

Where medication formed part of the therapeutic care to manage associated behaviours clear guidance was available to ensure that medication was used only after other interventions had been tried and failed.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents' weights were checked on a monthly basis, and, where required, daily intake charts were in place to monitor food or fluid intake.

Menus were available and all residents were offered choice at each meal. The inspectors observed residents having their lunch in the dining room, where a choice of meals was offered. All staff sat beside the resident to whom they were giving assistance and were

noted to patiently and gently encourage the resident throughout their meal. Residents on modified diets were provided with the same choices and each element of the meal was separately presented on the plate.

There were written operational policies relating to the ordering, prescribing, storing and administering of medicines to residents. Nursing staff were observed administering medicines to residents and following appropriate administration practices. The nurse knew the residents well, and was familiar with the residents' individual medication requirements. Inspectors observed that the nurse took time to ensure each resident was comfortable before administering their prescribed medicines in a person-centred manner.

Details of all medicines administered were correctly recorded. Prescribed medicines were regularly reviewed by a medical officer. Medicine audits were conducted in the centre and a process for recording medicine errors was also in place. However, the practice of transcribing medications was not fully in line with professional guidance. It was noted that where medications were prescribed by telephone or fax, an original prescription was not always available within 72 hours as required under guidance from the Nursing and Midwifery Board of Ireland. It was also noted that the medication policy in place in the centre did not reflect this guidance. The centre policy directed staff to ensure that transcribed prescriptions should be counter signed by a medical officer within seven days, but in some instances it was found this had not taken place for up to two weeks after the medication was transcribed.

**Judgment:**

Substantially Compliant

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Actions required from the last inspection to improve systems to manage residents personal finances were not implemented.

The provider had systems were in place to assist some residents to safeguard small sums of money. A log was kept of all transactions and inspectors saw that these were signed by two staff. Inspectors checked the recorded balance against the actual amount stored and found it to be accurate.

However, improvements to the arrangements in place where the provider acted as pension agent for a small number of residents, were previously identified on the last inspection and were recurrent on this inspection. These improvements were required to ensure transparency and security in line with guidance published by HIQA and available

to all providers on the resource section of HIQA's website. An interest bearing bank account, separate to the business account for the designated centre, was not established for residents personal funds. Residents were not facilitated to receive regular bank statements on the status of their financial position.

The centre management advised inspectors that work was in progress to transfer pension agency to a more suitable option.

Promotion of a restraint free environment was maintained with bed rails in use for a small number of residents at the time of inspection. However it was noted that in some instances bed rails were identified as enablers rather than restraints but the rationale for the use of the rail as an enabler was not clear. On review of a sample of risk assessments, inspectors found that for some residents the rails were identified as a safety measure or to aid re-positioning by the resident themselves. However, inspectors noted that not all residents, for whom this assessment was made, could maintain their own posture or re-position themselves using the rail.

Inspectors observed good use of alternative measures such as ultra low beds, crash mats and mattress alarm systems. These alternatives combined with staff vigilance provided an effective alternative to falls management and resident safety.

Staff had received training on the prevention of elder abuse and all staff spoken to were clear on their role and responsibilities in relation to reporting abuse. Procedures to protect residents, such as a robust recruitment system, staff induction and training were also in place and implemented.

In conversations with them, residents told the inspector that they felt safe and secure in the centre and relatives also confirmed that they did not have any concerns for the safety of their loved ones.

**Judgment:**

Substantially Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors observed that residents' rights, privacy and dignity were respected with personal care delivered in their own bedroom or in bathrooms with doors closed, and the right to receive visitors in private.

There were no restrictions to visiting in the centre and some residents were observed spending time with family or friends reading or chatting in their bedrooms.

Choice was respected and residents were asked if they wished to attend activity sessions. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. Residents' religious needs were met through daily Mass in the centre.

Staff were observed to interact with residents in a warm and personal manner, using touch, eye contact and calm reassuring tones of voice to engage with those who became anxious, restless or agitated. Inspectors also observed that where residents required supervision in communal areas that staff used these opportunities to engage in a meaningful and person-centred way. Inspectors observed that throughout the day, staff engaged with each resident on a one-one basis. These were called 'butterfly moments' and consisted of short sensory inputs through reading, chatting or hand holding. Inspectors observed conversations to include residents with cognitive impairment as much and as naturally as possible, to keep them engaged, stimulated and to trigger input by them into the conversation where possible. Staff were also observed walking slowly and patiently alongside residents in the grounds of the centre. Inspectors met some residents on return from their walk who were smiling broadly and were ready to enjoy their lunch after their healthy walk in the fresh air.

All staff were involved in the delivery of activities with residents. A programme of activities was tailored to meet the interests and needs of residents in each 'household'. The communal activities were delivered in the sitting room in each unit. The programme reflected the needs of those with dementia and included reminiscence, imagination gym and sensory stimulation.

The majority of residents in the centre at the time of the inspection had a diagnosis of cognitive impairment or dementia. Inspectors spoke with several residents who, although unable to explain their level of satisfaction with the service, demonstrated behaviours associated with feeling safe and content. Inspectors spoke with some family members of residents with high dependency or who could not verbalise, and they spoke highly of the respect and dignity afforded by the staff of the centre to their loved one, and how comfortable the residents were in the relaxed and home-like atmosphere of the centre.

Evidence that residents and relatives were involved and included in decisions about the life of the centre was viewed. A meeting was held generally every three months where residents were consulted about future activities or outings. Minutes of these meetings were viewed and included discussions on past outings and events with suggestions for ideas for improving internal activities and use of centre facilities.

**Judgment:**

Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors spoke with residents and their family members and they were confident on how and to whom they could make a complaint regarding the quality of care, meals,



staff, laundry and any other aspects of living in the centre. A complaint officer was identified and the staff were clear on the procedure for receiving and recording complaints and, where matters were not resolved immediately, escalating these to the complaints officer.

The centre maintained a complaints log which detailed each issue raised, actions taken immediately to resolve it, any correspondence between the complainant and provider, the outcome of the complaint and a note on whether or not the complaint was satisfied with the centre's response. Verbal complaints were recorded with the same level of detail as formal written submissions, and minor issues were also included. This allows the management to identify and address recurring minor issues before they escalate. An audit tracked trends and categories of complaints received, and from this, actions taken to address the aspect of the centre from which complaints occurred to reduce that figure in the future.

**Judgment:**  
Compliant

### *Outcome 05: Suitable Staffing*

**Theme:**  
Workforce

#### **Outstanding requirement(s) from previous inspection(s):**

**Findings:**

Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile.

The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

A specific staff allocation system was in place that identified the staff for each area on every floor in the centre. All staff were aware of the system which was implemented in full. The system also identified staff supervision of communal areas throughout the day.

Each of the six house units had a member of staff allocated to the primary communal hub of the house, whose primary role was to socialise and care for residents in the unit. This allowed for person centred interactions and conversations that were not primarily based around delivery of care or assistance with meals. The centre utilised relief staff to cover leave, but overall there was a good consistency of staff on each house, and family members and residents spoken with were glad of the familiar faces and continuity of care this allowed.

Inspectors reviewed a sample of personnel files for different categories of staff members and found them to contain all documentation required under Schedule 2 of the regulations, including vetting by An Garda Síochána and evidence of active registration with the Nursing Board of Ireland. There were a number of volunteers active in the centre, and for each of them there was a signed agreement on the scope of the role and

duties of that person in the centre, as well as proof of Garda clearance.

Staff were up to date in their mandatory training in fire safety, safeguarding of vulnerable adults, and manual handling. There was a tracking system in place to identify staff due to attend training sessions and to notify them of same. There was a good range of supplementary training facilitated by the centre, including in management of restrictive practices, responsive behaviours, dysphagia, continence care and end-of-life care. Training focus for the coming year was on dementia care, some staff had already attended courses on caring for people with dementia and it was planned to deliver this training to all staff.

Inspectors spoke with some staff and observed the standard of interactions and care delivery with residents. Inspectors found staff were patient, friendly and respectful to residents. The staff were knowledgeable on the needs, preferences, interests and backgrounds of residents. Residents appeared comfortable with staff and family members knew staff well and spoke highly of the standard of care delivered by them.

Staff spoken with appeared clear in their role and duties in the event of an evacuation, and were knowledgeable with the procedures to follow when responding to an actual, alleged or suspected incident of abuse, as well as the recording and reporting of complaints received.

**Judgment:**

Compliant

***Outcome 06: Safe and Suitable Premises***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The centre consisted of a single storey building of single and twin bedrooms, split into six units or 'houses' with overall capacity for 60 residents. The layout of each unit represents a 'house' to reflect the household model of dementia care and each contains similar facilities such as; sitting room, dining room, kitchenette, assisted bathrooms, nurses station and all of the required equipment storage and other facilities to meet residents needs. Inspectors noted that the centre was appropriately and pleasantly decorated and well maintained.

Corridors were laid out in a circuit which allowed residents to mobilise without obstruction or dead ends. Residents were observed strolling independently throughout the day, and this was facilitated by safe and even floor covering, grab rails on hallways and adequate corridor space to navigate a wheelchair or walking frame. Rest spots were available along some corridors which were nicely decorated and featured magazines, pet birds and external views. Way-finding for residents was facilitated through dementia design in navigation. Signage directing people to the different units was prominently

displayed and toilets were easily identifiable with pictorial signs. Colour contrast was used to aid residents with confusion or impaired vision, such as with grab rails and toilet seats in bathrooms. Names of residents were posted on bedroom doors to assure residents that they were at the correct room. Call bells were available in resident's bedrooms, toilets and communal rooms.

Bedrooms and communal areas were comfortable and of adequate size for the number and requirements of residents, and were furnished and decorated in a non-clinical, home-like fashion. Bedrooms were personalised to the residents' preferences with decorations and photographs, and some residents had availed of the option to have some of their own furniture in the centre. Communal areas featured rummage boxes, board games, cards and knitting supplies for residents and a large and simple clock and date board were present to assist residents with dementia in orientating themselves.

There was an adequate amount of storage space for residents' equipment, and bathrooms were not used for storing equipment. There were some small external courtyards accessible at various points from the living areas and residents were observed using them when desired. A large shared communal area was available for larger activities and mass, and inspectors were told that plans were being developed to use this space to its full potential where residents could meet to spend time with visitors.

**Judgment:**  
Compliant

### *Outcome 07: Health and Safety and Risk Management*

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
This outcome was not reviewed in full on this inspection, rather the focus was on the actions taken to address non-compliances in the previous inspection.

The centre had personal emergency evacuation plans readily available for each resident. These plans were simple and concise, and detailed the most efficient means of assisting the resident to evacuate. Comments on the resident's level of understanding of the evacuation process as well as the potential for the person to become confused or anxious were noted, and what verbal assurance requirements were recommended. These were kept up to date regularly and as the person's needs changed and staff were familiar with where to find this information in the event of them being called to assist in another unit.

Fire drills were held regularly in the centre. Reports of these drills clearly noted the time and duration of the drill as well as the location of the simulated fire. The report noted

when staff substituted for residents to keep staff in good practice regarding manual handling in an evacuation procedure. Some drills involved a reduced number of staff to simulate a night time evacuation in which the staff would be fewer and more residents would be in their beds. Comments on potential delays were logged to provide learning to all staff of matters to keep in mind or to address to ensure an efficient evacuation of residents from each unit.

There was a procedure around residents going missing that gave instruction to staff on the order of the search area and when to contact the resident's next of kin or the Gardaí. Staff and volunteers in the reception area had a subtle note at the desk as to which residents were at risk of getting lost outside, so as not to accidentally open the front door for them.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Nuala Rafferty  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

|                            |                     |
|----------------------------|---------------------|
| <b>Centre name:</b>        | St. Joseph's Centre |
| <b>Centre ID:</b>          | OSV-0000102         |
| <b>Date of inspection:</b> | 29/11/2017          |
| <b>Date of response:</b>   | 22/12/2017          |

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Health and Social Care Needs

#### Theme:

Safe care and support

#### **The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The practice for transcribing medications and the policy in place to guide nursing staff was not in line with professional guidance issued by the Nursing and Midwifery Board of Ireland

#### **1. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

**Please state the actions you have taken or are planning to take:**

We will ensure that the correct procedure for transcribing medication is in our Medication policy to guide nursing staff in line with the Nursing Midwifery Board of Ireland professional guidance. All staff nurses have been informed of the correct procedure.

**Proposed Timescale:** 28/02/2018

**Outcome 02: Safeguarding and Safety**

**Theme:**

Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

An interest bearing bank account, separate to the business account for the designated centre, was not established for residents personal funds. Residents were not facilitated to receive regular bank statements on the status of their financial position.

**2. Action Required:**

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

**Please state the actions you have taken or are planning to take:**

We have reviewed the guidance documents and we are satisfied that we have complied with our obligations and responsibilities as outlined by the Social Welfare Services Office and HIQA Guidance Document. Having reviewed these documents we made the decision not to open an interest bearing bank account as there is no balance to be lodged and therefore no interest to be credited. If this situation changes we will reconsider.

We will on a monthly basis ensure that all transactions are recorded and reviewed to prevent abuse and to ensure transparency and security. This will include all transactions being annually independently audited (April 2018).

**Proposed Timescale:** 15/01/2018