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 Centre
Name of provider:	Saint John of God Hospital Company Limited by Guarantee
Address of centre:	Crinken Lane, Shankill, Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	13 October 2022
Centre ID:	OSV-0000102
Fieldwork ID:	MON-0037092

About the designated centre

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

St. Joseph's Centre is purpose built, and consists of a single storey and is divided into 6 houses, with capacity for 62 residents. The centre has 2 beds for respite residents, and provides day care for members of the community. The centre provides 24-hour care to men and women with dementia over 18 years of age St Joseph's centre provides holistic dementia care and palliative care to persons living with dementia. The philosophy of the Hospitaller Order of St John of God guides the work in the centre, and this philosophy means that residents are viewed as having intrinsic values and inherent dignity.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	60

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 13 October 2022	07:35hrs to 19:00hrs	Margo O'Neill	Lead
Thursday 13 October 2022	07:35hrs to 19:00hrs	Susan Cliffe	Support

What residents told us and what inspectors observed

This inspection of St Joseph's Centre took place over the course of a day during which time inspectors spent time observing and speaking to residents, their visitors and staff. Inspectors observed that residents appeared comfortable and relaxed and feedback was positive regarding the service and the staff providing their care.

St Joseph's Centre is a single storey building with 62 registered beds located in Shankill in South Dublin. Inspectors found the centre was warm, bright and well ventilated. The accommodation comprises of 28 single bedrooms and 17 twin bedrooms. The lodges were named Avoca, which accommodated 11 residents, Kilcroney, which accommodated 8 residents, Glendalough, which accommodated 10 residents, Rathmichael, which accommodated 10 residents, Carrigeen, which accommodated 13 residents and Delgany which accommodated 10 residents.

Staff outlined to inspectors that all residents living in the centre had a known diagnosis of dementia and that each lodge catered for residents at a different stage of their condition. Inspectors were informed that the Butterfly model of care was implemented in the centre, with the centre divided into six lodges or households to facilitate this model of service.

Inspectors observed that residents' bedrooms were clean and comfortable. All twin bedrooms, with the exception of four, were configured to ensure that residents' rights to privacy, autonomy and dignity were upheld. For example, within each residents' personal space there was a chair, bed, lockable space and adequate storage space for their possessions. Each resident could enter and exit their bedrooms without entering other residents' private space. Privacy was maintained with effective privacy screens however inspectors found that in two bedrooms part of the privacy curtains were missing and so could not be fully drawn around the residents' space compromising the residents privacy. The person in charge undertook to have this addressed during the inspection. Many residents had personalised their rooms with colourful wall paper, photos and other keep sakes like awards received and ornaments.

Inspectors observed that there were insufficient bathing facilities to meet residents needs. For example; for two of the lodges, the Avoca and Kilcroney lodges, the communal bathrooms contained a bath tub only. Inspectors were informed that if residents from these lodges, who did not have an en-suite shower, chose to have a shower that they were required to go to another lodge in order to access showering facilities. The other lodges had one shower facility for use by as many as 13 residents living in that lodge. Delgany Lodge, home to ten residents did have a separate bath and a shower, however these facilities were also used by residents living in the other lodges.

All communal bathrooms observed by inspectors were large with sufficient space to allow residents to undertake their personal care activities independently or

comfortably with assistance. However the facilities were in need of attention to ensure they were maintained to a good standard. For example; inspectors observed that many bathrooms had damage to tiles and staining to grout on floors.

Inspectors observed on Glendalough lodge, which was designated for residents with advanced dementia with high dependency care needs, there were nine bedrooms with en-suite facilities that included a small bathtub with a shower head. Due to the size and layout of these en-suite facilities they were largely unused as they were unsuitable for the needs for the high dependency residents living in these rooms on the day of the inspection. The person in charge confirmed that residents normally accommodated in Glendalough Lodge were of high dependency and that they did not use the en-suite facilities.

Throughout the morning walk around inspectors observed that the communal bathrooms were freely accessible and available for inspectors to view. Resident bedrooms were mostly unavailable, at that time, as care was being provided in residents' bedrooms. On a couple of occasions inspectors observed staff arriving to a resident bedroom with a trolley set up to attend to the residents' hygiene needs at the bedside. On these occasions staff did not offer the resident the option of a shower.Inspectors observed that no resident was assisted to a communal bathroom to receive a shower or bath during the morning walk around.

On each lodge there was a living and dining space where residents took their meals, relaxed and spent time and partook in activities. These were warm and nicely decorated, with colourful accent walls, plants, art work and items of memorabilia. All areas were observed to contain appropriate furniture to enhance residents' mobility and independence. Some of the lodges had their own pets such as birds which residents enjoyed sitting and listening to. Throughout the inspection residents were observed sitting in all areas of the centre, relaxing with drinks, taking in the views of the landscaped gardens outside or spending time with their visitors.

Residents had access to enclosed courtyard garden areas and landscaped gardens. These areas contained seating areas with tables and chairs provided so that residents and their families could sit and enjoy the outdoors. Overall these were observed to be maintained to a good standard with the exception of some areas where weeds were seen to be coming up through patio paving. Inspectors also identified that in one outdoor area two wooden beams that supported an awning structure had decayed significantly and rotted at the bases. This posed a significant safety risk and is detailed under Regulation 17, Premises.

Residents were observed to receive visitors throughout the day of inspection and visitors who spoke with inspectors were complimentary of the staff and of the service that was being provided to their loved one.

Residents who spoke with inspectors were very positive about the staff saying that they were 'wonderful'. Inspectors observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name and all residents were relaxed and enjoyed being in the company of staff. All interactions were observed to be respectful towards residents.

There was an activity programme in place that included exercise classes, art and crafts, mass twice a week, pet therapy, dancing and visits form the local pre-school children. There was a dedicated activity staff member employed full time to coordinate and provide occupational and recreational activities programme for residents. In various lodges throughout the day inspectors observed that residents appeared engaged in different activities such as colouring, completing quizzes, watching television, listening to music and having nail care. Care staff took an active role in facilitating activities, for example, inspectors observed a sensory session provided by care staff for residents living with advanced dementia. During this session there was relaxing music and a story played, plants were positioned throughout the room to enhance the atmosphere and create a sense of being in a woodland area. Different aromatics were also diffused to enhance and augment the sensory experience. Inspectors observed that residents appeared relaxed and comfortable.

Outings around Dublin had recommenced and residents had visited various locations such as Dublin Zoo, Pheonix Park and seaside towns. Staff and volunteers also facilitated bike rides for residents in parks around the centre.

A hairdresser was available in the centre twice a month for residents to have their hair styled. There was a dedicated salon for residents to attend. A cinema or theatre space had been created for residents and their visitors to use and enjoy. Inspectors observed items such as pop-corn machines and red curtains to enhance the space and create a sense of being at the movies.

There was a large oratory within the centre that residents could go and access for services which were held three times a week. Inspectors observed that it was decorated with religious icons to add to the spiritual atmosphere and there was an elevated ceiling that created a sense of space and calm. Inspectors noted however that there was water damage to the oratory's ceiling that was in need of attention and an unsecured hatch door into the attic space.

Inspectors observed mealtimes during the inspection and observed that there was a relaxed and calm environment. Staff were seen to provide support in an unhurried and dignified manner to residents who required it and offered choice to residents regarding the food and drinks on offer. Dining tables were adorned with colourful flowers and place mats and relaxing jazz music played to enhance the dining experience for residents.

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

Capacity and capability

This inspection was carried out to monitor compliance with the regulations and to

inform the upcoming renewal of St Joseph's Centre registration. A completed application applying for the renewal of the centre's registration had been received by the Chief Inspector prior to the inspection and was under review. During the inspection inspectors followed up on the outstanding actions identified on the last inspection in April 2021 and found that although some improvements had been made, further action was required to come into compliance in the following areas; premises, infection control, contracts for the provision of services, governance and management, statement of purpose, assessment and care planning, fire precautions and residents' rights.

The registered provider for St Joseph's centre is St John of God Hospital Limited by Guarantee. The person in charge, who took up their role in March 2022, is responsible for the day to day operations in the centre. Supporting her in her role is a Service's Manager, a Fundraising Manager, two Clinical Nurse Managers, a Household Supervisor, Administration Officer and a Maintenance Supervisor. Twice monthly meetings occur with the person in charge and the registered provider representative who attends the centre for a governance and management and a senior management meeting. A sample of records of management meetings were provided to inspectors, these were found to detail a comprehensive agenda used to review many important aspects of the service and to identify risks and issues. Although there were management systems for reviewing the service, inspectors found that these were inadequate in a number of key areas to ensure that the service provided was safe, appropriate, consistent and effectively monitored. This is discussed further under Regulation 23, Governance and Management.

The provider had decommissioned the use of the laundry facilities in the designated centre without consulting with the office of the chief inspector or submitting an application to vary condition 1 of the registration of the designated centre.

Resident meetings were held every two months to listen to resident's and family's ideas and feedback on how the service could change to prompt ongoing improvement and improve the quality of life for residents. A copy of the centre's annual review of the quality and safety of the service for 2021 was provided to inspectors during the inspection. A quality improvement plan for 2022 was detailed within the report.

Inspectors observed on the day of inspection that there were appropriate numbers of staff in place to meet the needs of the 60 residents living in St Joseph's Centre. Providing clinical oversight to the the service were two clinical nurse managers who worked in a supervisory role. There were a minimum of one registered nurse on duty in each of the six lodges Monday to Sunday from 7:45hrs to 20:05hrs. Twelve health care assistants worked Monday to Sunday from 7:45hrs to 20:05hrs across the six lodges. Staff who spoke with inspectors were knowledgeable of their role and reported they worked well together in their teams and that they were well supervised and supported by management.

On review of the rosters inspectors identified that the central roster held by the person in charge did not reflect the live rosters located on each lodge. Action was required to ensure that the centre's official roster was accurate to reflect where and

when staff had worked and the planned roster. The person in charge undertook to address this.

At the time of the inspection there were a small number of staff vacancies for which recruitment was ongoing to ensure these gaps were filled. Inspectors reviewed a sample of staff files and found that these were maintained to a high standard and contained all necessary information as set out by the regulation. A vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was in place for staff prior to commencing employment in St Joseph's centre.

Inspectors were informed that volunteers had recently returned to the centre and were involved in facilitating many important aspects of the service such as recreational and occupation activities and contributing to the overall quality of life for residents in the centre. On review of a sample of volunteer records maintained in the centre inspectors found that these were also maintained to a high standard and met the requirements of the regulations.

A written statement of purpose was in place. This required further review to ensure that it adequately detailed and reflected the service correctly. Inspectors identified also that further action was required to ensure that contracts for the provision of services were in line with the regulations and that amendments made to the residents' terms and conditions were signed and dated to provide assurances that residents or their nominated support person had been involved and agreed with the change.

Registration Regulation 4: Application for registration or renewal of registration

An application was received by the Chief Inspector as part of the renewal of registration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

Inspectors found that there was an adequate number and skill mix of staff in place with regard to the assessed individual and collective needs of the 60 residents living in the centre at the time of the inspection and with due regard to the layout and size of the centre.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors identified that some management systems were not sufficiently robust to ensure the service provided was safe, appropriate consistent and effectively monitored. The following required attention:

- The day to day operation of the centre required review to consider the appropriateness of allocating bedroom accommodation with en-suite facilities to residents who were unable to utilise these facilities while at the same time residents who could have benefited from access to these facilities were required to live in a household where up to 13 residents shared one shower or had access to shower facilities in another household.
- Management systems for the oversight for the maintenance of the premises was found to be ineffective. Inspectors identified several areas of significant risk and wear and tear throughout the building which required addressing. Although many of these issues had been reported and logged, these issues remained unaddressed. This is further detailed under Regulation 17, Premises.
- Inspectors were not assured that there was adequate oversight of fire safety in the centre, this is detailed under Regulation 28, Fire Precautions.
- Inspectors found that the provider did not comply with Regulation 27 and the National Standards for infection prevention and control in community services (2018). Weaknesses were identified in infection prevention and control governance hand hygiene and environment and equipment management. Details of issues identified are set out under Regulation 27.
- Inspectors identified in one of the centre's store rooms a significant quantity of single use medical equipment that were no longer appropriate for use as the expiry date had lapsed. Inspectors also noted that there was a large quantity of oral supplements with expiry dates that were soon to lapse. Systems in place to monitor the centre's stock rotation required review.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The registered provider had changed the terms and conditions agreed in writing with residents on admission to the centre. Although amendments were made to the contract, for example when a resident changed room, these amendments were neither signed or dated to provide assurances that the resident or their nominated support person had been involved and agreed with the change.

Judgment: Not compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place in the centre. During the inspection inspectors identified the following that required updating in the statement of purpose:

- the laundry service had been outsourced to an external company.
- that the laundry room had been re-purposed as a storage room.
- not all details regarding all room dimensions, functions and facilities were correct and aligned to the floor plans for the designated centre. For example, inspectors found that in one communal bathroom details of the facilities available were not correct. This required clarifying in the statement of purpose.

The following areas were identified prior to the inspection as requiring further information in the statement of purpose.

- Details outlining that no additional costs were to be applied to residents under the fair deal for laundering of clothes, wound dressings and continence wear were required.
- Further information regarding the supervision arrangements for providers of specific therapeutic techniques required outlining.
- Information regarding staffing was unclear. Clear details regarding the staffing in each department and area was needed

Judgment: Substantially compliant

Regulation 30: Volunteers

The sample of volunteer records maintained in the centre provided to inspectors to review were found to be well maintained and to meet the requirements of the regulations.

Judgment: Compliant

Quality and safety

The registered provider was delivering a good standard of care and support to residents living in St Joseph's Centre and residents appeared comfortable and relaxed. Improvements were required however under Regulation 9, Resident's rights, Regulation 17, Premises, Regulation 27, Infection Control and Regulation 28,

Fire Precautions.

There was appropriate and validated assessments in place for all residents and these were used to inform care plans for each residents' identified needs. Overall these records were found to contain person-centred information and detail with the exception of personal care plans. Inspectors found that these lacked detail regarding residents' preferred frequency of bathing and washing.

The registered provider had an up-to-date policy and clear procedure to inform staff regarding the safeguarding of vulnerable adults. Records indicated that the majority of staff had received up-to-date training in safeguarding of vulnerable adults and while speaking with staff members, inspectors were assured that they had the confidence, knowledge and skills necessary to report any issue of safeguarding concern if required.

Staff had received training to ensure they had the necessary knowledge and skills to provide support for residents when responding to and managing responsive behaviours. There was a low level of restrictive practice in place in the centre and in instances where measures were implemented there was appropriate documentation such as assessments, risk assessments and care plans in place.

There was an appropriate activity programme in place to meet the occupational and recreational needs of residents. Residents had access to television, papers, radio and telephones to ensure they were informed regarding current affairs and connected to their community. There was also a comprehensive programme of sensory activities for residents with advanced cognitive impairment.

Residents were supported to exercise choice in relation to how they spent their time, what food and refreshments they liked and how to personalise their bedrooms. Action was required however to eliminate institutional practices occurring and to ensure that all residents' rights were protected and upheld. This is detailed further under Regulation 9, Residents' Rights.

The registered provider had failed to ensure infection prevention and control practices were in line with the National Standards. There was action also required to ensure that the premises was safe and maintained to a good standard both internally and externally. Furthermore inspectors identified a number of concerns regarding the precautions and arrangements in place to ensure against the risk of fire. These identified issues are outlined in detail under regulation 27, infection Control, Regulation 17, Premises and Regulation 28, Fire Precautions.

Regulation 17: Premises

Inspectors identified the following issues which required attention:

- Inspectors observed in an external courtyard area that two wooden beams that supported an awning structure had decayed significantly and rotted at

the bases. As this area was freely accessible this posed a risk of injury to residents and staff. During the inspection management assured inspectors that from then on access to the area would be restricted to ensure no residents, visitors or staff could enter this area.

- Many communal bathrooms required attention. For example inspectors observed that many showed significant signs of wear and tear with cracked and missing tiles on the walls, heavily stained grout between floor tiles, paint on hand rails wearing off, cracks in tiles on the floor, small holes in walls where appliances had been removed, cracked and chipped laminate on sink surrounds. Water damage was also evident on some of the wooden finishing in the bath rooms.
- Water damage and leaking was evident in several areas; for example, the centre's oratory ceiling had signs of water damage, and area of flooring in one hallway and one shower room were observed to have bubbled and warped.
- In one of the lodge's kitchen serving areas, inspectors observed that a radiator had cracked paint and that metal exposed had become rusty. The wooden skirting board beneath was cracked and in need of attention. The dishwasher in this area was also leaking.
  Inspectors were informed that there was a schedule of works planned to ensure that the centre was maintained such as ongoing schedule of painting. In many resident bedrooms and some communal areas however inspectors observed that paint work on walls, shirting boards and furniture required attention as some areas were observed to be heavily scratched and chipped.
- Four twin bedrooms were identified during the inspection that required reconfiguration to ensure that all residents accommodated in the room had access to a table, chair, locker and adequate storage space for resident's possessions whilst maintaining their right to privacy.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- Oversight of cleaning practices required review. Inspectors identified that there was no clear procedure available to staff to inform their cleaning practices. Inspectors observed that a combined detergent and disinfectant solution was used to clean all areas in the centre when there was no indication for its use. Inspectors also identified that this solution was not being used in accordance with manufacturer's guidance. This resulted in corrosion of surfaces of furniture and equipment.

The environment was not managed in a way that minimised the risk of transmitting

a healthcare-associated infection. This was evidenced by;

- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of equipment. Inspectors observed that the former laundry was being used to store degraded electrical equipment, floor buffers, boxes of toilet paper, empty clinical waste bins. In addition store rooms, designated for clean linen, were used to store maintenance equipment such as products for applying tiles to walls and clean equipment.
- The two available sluice rooms did not support effective infection prevention and control. Each sluice had a standalone bed pan washer and a small sink which did not comply with the recommended specifications for clinical hand was sinks. There was no sluice sink for the disposal of body fluids or contaminated water, and there was no equipment cleaning sink.
- The cleaner's room was in a poor state of repair and unclean. Water damage had not been addressed and flooring and shelving in some parts of the room were not fit for purpose or amenable to effective cleaning.
- Inspectors observed that there were open and exposed plumbing pipes in many areas including store rooms, communal bathrooms and the former laundry room. These impacted the ease of cleaning within these rooms.
- Inspectors noted that there were clinical waste bins located in communal bathrooms and were informed that these were used for residents' waste who were known to be colonised with multi-drug resistant organisms. Inspectors noted that the closing device on these bins was ineffective and that these bins contained other items apart from clinical waste.

Equipment was not decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. For example;

- Inspectors observed that some cleaning equipment was visibly dirty and worn; for example in two dining rooms brush pans and brushes were frayed and visibly dirty. This posed a risk of cross-contamination.
- Inspectors observed that commodes and raised toilet seats in one sluice room were found to be visibly dirty. This posed a risk of cross-contamination.

Arrangements were not in place to support effective hand hygiene practices to minimise the risk of acquiring or transmitting infection. For example; some staff were observed to wear rings with stones. This does not support effective hand hygiene practices.

Judgment: Not compliant

Regulation 28: Fire precautions

From the findings of this inspection, the inspectors were not assured that there were adequate measures in place to ensure that residents living in St Joseph's Centre

were safe and protected from the risk of fire.

Arrangements in place did not provide adequate precautions against the risk of fire. For example:

- Inspectors identified in one area that door wedges had been fashioned from rolled up cardboard and were used to wedge open fire doors. This practice would allow fire and smoke to spread more rapidly.

The maintenance of building fabric and services required a review from the provider. For example;

- Inspectors identified a hole in the laundry room ceiling; this posed a risk of allowing fire and smoke to potentially spread.
- Inspectors observed in many different locations around the building that hatches to the attic space had been left open, such as in store rooms and the centre's oratory. This posed a risk to containment should a fire occur in these areas.

Furthermore inspectors noted gaps in documentation regarding the ongoing monitoring and servicing of fire safety equipment and escape routes. As a result inspectors could not be assured that all equipment and fire safety precautions were in order. For example:

- There was no record to confirm that the fire alarm system had been serviced every three months in 2022.
- Inspectors were informed that an upgrade of emergency lights had taken place. There was a record of one quarterly maintenance check or the emergency lighting made available to inspectors for the 12 August 2022. There were no documents to evidence that the emergency lighting system had been regularly checked and maintained prior to this date however.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of resident care records. Inspectors found that personal hygiene and bathing care plans lacked detail regarding residents' preferred frequency of bathing and washing. All five personal care plans provided to inspectors lacked any detail regarding the frequency with which residents preferred to bath.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

There was a low level of restrictive practice implemented in the centre and the registered provider had ensured that in instances where restraint was used that it was used in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

The registered provider had available an up-to-date policy and put in place a clear procedure to inform staff regarding the safeguarding of vulnerable adults. Staff members who spoke to inspectors clearly articulated the steps they would take in order to safeguard residents if there was any allegation, suspicion or safeguarding concern identified. The provider did not act as a pension agent for residents at the time of the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors observed that there were institutional practices around bathing and personal hygiene for residents. For example, inspectors observed that there was a weekly shower/bath schedule in place for residents. Personal Hygiene care plans lacked detail regarding residents' preferences regarding the frequency with which they would choose to bath and wash. On review of care records, inspectors identified that there was an over-reliance on bed-baths when providing residents with support to maintain personal cleanliness.

Action was required to ensure that residents' right to choice, privacy and dignity was supported and upheld in all aspects of their care and daily life. For example; inspectors identified that many of the centre's lodges did not have a showering facility. Consequently should a resident choose to have a shower on a lodge that did not have a showering facility, they were required to go to another lodge to use a shower there which was not in line with the espoused household model of care provided in the centre.

The layout and configuration of four twin bedrooms required attention to ensure that these rooms supported residents' right to privacy and dignity. Inspectors observed that in the current configuration residents could not get dressed or access their personal possession in private as their wardrobes were located outside their private curtain space. Furthermore inspectors identified that two twin bedroom did

not have a full set of privacy curtains to ensure that residents' right to privacy and dignity were maintained at all times

Inspectors identified that recent action to increase the additional service fees charged to residents also adversely impacted the rights of residents. The additional service charge fee had increased from €100 to €150 per month with effect from the start of July 2022. Letters were sent on the 23 June 2022 to inform residents and their families of the imminent change in fee in July 2022. However inspectors were informed that no other discussion or consultation regarding the change in fee occurred with residents or families prior to the increase in fee occurring resulting in residents and their families being unable to exercise their rights in relation to their finances. The additional €50 was charged even where families or residents had not signed amended contracts. In lieu of a signed amended contract the provider had attached an unsigned revised "Schedule 2" to the contract of each resident. The charges were applied regardless of residents availing of the additional services.

Judgment: Not 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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St. Joseph's Centre OSV-0000102

Inspection ID: MON-0037092

Date of inspection: 13/10/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. Registered provider representative will engage with residents and their next of kin to consider relocation to another lodge in order to maximize the use of en-suite facilities to residents who are able to utilize the facilities. Relocation of the resident to another lodge is ultimately based on the consent/agreement of the resident and will require the consent/agreement of majority of the residents and next of kin in order to consider relocation. 2. By 31/03/2023 the registered provider representative will ensure oversight for maintenance. The review of Maintenance systems will include, maintenance request log books, preventative maintenance schedule, and the maintenance department SOPs. The Maintenance Manager is responsible for all implementation of maintenance systems. The Maintenance Manager will report to the Services Manager monthly, and the Services manager will give maintenance report monthly to the Management Team Meetings. 3. An annual fire assessment was completed by an external competent provider in July 2022. As communicated to the Inspector on the day of Inspection, a separate time bound risk rated action plan was compiled in response to the audit and outstanding actions are in progress and prioritized according to the risk rating. Each action within the plan has been delegated to identified persons to complete the action within a prescribed timeframe, which are applicable to their job descriptions; eg maintenance manager, household manager, administration officer, CNMs; with overall responsibility with the PIC. The PIC will report on the progress of action plan to Management team at Monthly meetings. 4. The registered provider representative has completed an external environmental hygiene audit on the 8th November 2022. This audit is bench marked against national standards for infection and prevention and control in community services (2018). A separate time bound risk rated action plan has been compiled by 30/01/2023 in response to the audit. This audit will be completed on an annual basis. Each action within the plan will be divided and delegated between the Household manager, the CNMs and the Maintenance Manager to complete the actions within a prescribed timeframe. The	

Household Manager, the CNMs and the Maintenance Manager will report on the progress of the action plan to the risk committee chaired by the PIC. IPC is a standing agenda item on the PIC and registered provider Monthly meetings. In December, 2022 the provider has appointed an IPC nurse and they are for the designated centre to access for IPC support services and advice.
5. Saint Joseph's Shankill will become part of the IPC link practitioner programme when this is established and made available to designated centre by HSE Community Health Care East in 2023.
6. Effective from 01/12/2022 the staff nurse responsible for checking in monthly medication supply will complete a stock check of all items in the store room to include supplement/medical supplies. This will be monitored by the CNM.

Regulation 24: Contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
1. A full assessment of the contract of care template against the regulations was completed and submitted to the Inspector of Social Services on 14/11/2022.
2. A contract of care for all current residents has been reissued to include previously informed amendments and returned dated and signed by Resident/Next of Kin by 31/01/2023 indicating their agreement to this amendment. All residents' next of kin were contacted separately for consultation either in person or by phone to respond to any individual queries with regards to the additional service charge applied.
3. Since 01/01/2023 a record of consultations with residents / next of kin has been created recording any changes or amendments to a residents contract for the provision of services is made.
4. An audit will be developed by 31/3/2023 to monitor compliance on a quarterly basis. This will be the responsibility of the Administration Officer to complete the audit with oversight from the Services Manager at Administration monthly meetings.
5. In addition to individual consultations, since 01/01/2023 there is a standing agenda item on the Resident Committee to discuss any update regarding changes to the contract for the provision of services.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
1. The registered provider representative has reviewed the statement of purpose and has

updated this on the 25th October 2022. List of amendments for the centre's statement of purpose have been completed and a copy sent to the Inspector of social services, HIQA on the 14th November 2022

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
1. The courtyard area wooden beams have been removed on 14/10/2022 and the area made safe with continued restricted access for staff key holders only.
2. Subject to Dun Laoghaire Rathdown local authority approval, by 30/11/2023 communal bathrooms in Carrigeen and Avoca Lodge will be renovated and converted to two shower/wet rooms with w/c. As advised by our fire consultant on 17/02/2023 any material alteration made to the building is subject to building control mechanisms and approval by the local authority. We will engage with the local authority with regard to the proposed material alterations in advance of any work commencing. Subject to the local authorities approval this will provide us with an additional 2 shower/wet rooms, which will give further choice and access to residents, with regards to their personal hygiene. We await approval, final drawings and costings.
3. By 30/11/2023 the registered provider representative will complete the necessary maintenance work on Kilcroney and Delgany communal bathrooms.
The kitchen radiator and water damage in Kilcroney Lodge was completed by 30/11/2022.
4. As noted on the day of inspection there is an ongoing painting schedule of works to address painting requirements and works are in progress and updated regularly.
5. An annual fire assessment was completed by an external competent provider in July 2022. As communicated to the Inspector on the day of Inspection, a separate time bound risk rated action plan was compiled in response to the audit and outstanding actions are in progress and prioritized according to the risk rating. Each action within the plan has been delegated to identified persons to complete the action within a prescribed timeframe, which are applicable to their job descriptions; eg maintenance manager, household manager, administration officer, CNMs; with overall responsibility with the PIC. The PIC will report on the progress of action plan to Management team at Monthly meetings.
6. This included a replacement ceiling in the Oratory which was completed 6/12/2022.
7. The layout and configuration of the four twin bedrooms has been completed to ensure that residents have access to personal possessions within their private space and informed to the Inspector of Social Services on November 14th 2022

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control: 1. The registered provider representative has completed an external environmental hygiene audit on the 8th November 2022. This audit is bench marked against national standards for infection and prevention and control in community services (2018). A separate time bound risk rated action plan will be compiled by 30/01/2023 in response to the audit. This audit will be completed on an annual basis. Each action within the plan will be divided and delegated between the Household Manager, the CNMs and the Maintenance Manager to complete the actions within a prescribed timeframe. The Household Manager, the CNMs and the Maintenance Manager will report on the progress of the action plan to the risk committee chaired by the PIC. In December, 2022 the provider has appointed an IPC nurse and they are for the designated centre to access for IPC support services and advice. IPC is a standing agenda item with the registered provider Monthly meetings. 2. Saint Joseph's Shankill will become part of the IPC link practitioner programme when this is established and made available to designated centre by HSE Community Health Care East in 2023. 3. By 31/03/2023 the previously used laundry area will be repurposed as a store room for household cleaning items with completed maintenance work. The cleaner's room maintenance work will be completed and upgraded by 31/03/23. 4. By 30/03/2023 we will install a sluice sink in both sluice rooms.	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. An annual fire assessment was completed by an external competent provider in July 2022. As communicated to the Inspector on the day of Inspection, a separate time bound risk rated action plan was compiled in response to the audit and outstanding actions are in progress and prioritized according to the risk rating. Each action within the plan has been delegated to identified persons to complete the action within a prescribed timeframe, which are applicable to their job descriptions; e.g. maintenance manager, household manager, administration officer, CNMs; with overall responsibility with the PIC. The PIC will report on the progress of action plan to Management team at Monthly meetings. 2. By 31/12/2022 additional audit questions including fire door wedges and attic hatches will be added to the current weekly security audit.	
Regulation 5: Individual assessment	Substantially Compliant

and care plan	

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
1. By 31/12/2022 the registered provider will ensure more details will be included in relation to their preferred personal hygiene needs in their enriched care plan. This will be monitored through the quarterly enriched care plan audit.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
1. All weekly bath/shower lists were removed immediately.
2. All personal hygiene care plans are updated to include – preferred choice of bath/shower, frequency, assistance required, preferred toiletries used and clothing.
3. All staff are aware of the personal hygiene preferences that are in residents care plans. Staff are encouraged and monitored by CNMs to maximize the use of all the current bathing/shower facilities.
4. Care plans will be monitored through the quarterly enriched care plan audit.
5. Subject to Dun Laoghaire Rathdown local authority approval, by 30/11/2023 communal bathrooms in Carrigeen and Avoca Lodge will be renovated and converted to two shower/wet rooms with w/c. As advised by our fire consultant on 17/02/2023 any material alteration made to the building is subject to building control mechanisms and approval by the local authority. We will engage with the local authority with regard to the proposed material alterations in advance of any work commencing. Subject to the local authorities approval this will provide us with an additional 2 shower/wet rooms, which will give further choice and access to residents, with regards to their personal hygiene. We await approval, final drawings and costings.
6. The layout and configuration of the four twin bedrooms has been completed to ensure that residents have access to personal possessions within their private space and informed to the Inspector of Social Services on November 14th 2022
7. All twins bedrooms have been reviewed to ensure a full set of privacy curtains are in place.
8. A contract of care for all current residents has been reissued to include previously informed amendments and returned dated and signed by Resident/Next of Kin by 31/01/2023 indicating their agreement to this amendment. All residents' next of kin were contacted separately for consultation either in person or by phone to respond to any individual queries with regards to the additional service charge applied.
9. Since 01/01/2023 a record of consultations with residents / next of kin has been created where all changes or amendments to a residents contract for the provision of services is recorded.
10. An audit will be developed by 31/3/2023 to monitor compliance on a quarterly basis. This will be the responsibility of the Administration Officer to complete the audit with oversight from the Services Manager at monthly meetings.
11. In addition to individual consultations, since 01/01/2023 there is a standing agenda

item on the Resident Committee to discuss any update regarding changes to the contract for the provision of services.

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 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.	Not Compliant	Orange	30/11/2023
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.	Not Compliant	Orange	31/03/2023
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,	Not Compliant	Orange	31/03/2023

	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 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.	Not Compliant	Orange	31/03/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/03/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/07/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated	Substantially Compliant	Yellow	14/11/2022

	centre concerned and containing the information set out in Schedule 1.			
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	31/12/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/11/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	30/11/2023