



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

Issued by the Chief Inspector

Name of designated centre:	St. Joseph's Nursing Home
Name of provider:	Rathsheen Investments Limited
Address of centre:	Killowen, Kenmare, Kerry
Type of inspection:	Unannounced
Date of inspection:	15 January 2025
Centre ID:	OSV-0000288
Fieldwork ID:	MON-0045972

About the designated centre

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

St Joseph's Nursing home is located adjacent to the scenic town of Kenmare. The centre is family owned and managed. It provides care to 50 residents, male and female, from 40 years of age upwards. There is 24-hour nursing care available for residents. The management staff is supported by a health care team of nurses, care assistants, kitchen, maintenance and cleaning staff among others. A trained chef is employed in the centre and all dietary needs are met. There are 25 single rooms and eight double bedrooms in the centre all with en-suite facilities. Three bedrooms accommodate three residents. Residents are encouraged to bring in personal items from home and to personalise their bedroom spaces with these items. An activity coordinator is employed to support the provision of meaningful activities. An external advocate is available and resident forum meetings are held monthly. A range of medical services can be accessed including a choice of general practitioner, the physiotherapist and the dietitian.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
--	----

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 15 January 2025	11:00hrs to 17:30hrs	Mary O'Mahony	Lead
Thursday 16 January 2025	09:30hrs to 14:45hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The inspector met with many of the residents living in St Joseph's nursing home during this, unannounced, inspection, to gather feedback and gain insight into their lived experience, in the care setting. During the two day inspection, residents informed the inspector that they were very happy with the standard of care they received and they praised the management and staff working in the centre. One resident said that the "staff were very kind". Another resident told the inspector that the centre was "homely and warm'. The inspector met with a group of relatives, who were visiting over the two days, and they also gave very positive feedback regarding the standards of care, cleanliness and the dedication, and commitment, of staff working there.

On arrival, the inspector observed that the spacious gardens were well maintained and there was a calm, relaxed atmosphere in the centre. Initially, the inspector met with the person in charge and one of the directors, who was the person representing the provider, to discuss the purpose of the inspection, the status of residents and any developments since the previous inspection. Following this, the inspector was accompanied on a walk around the centre, which was bright, clean and well maintained. The inspector observed that some residents were having mid-morning snacks, others were up in the sitting room, preparing for the day's activities, and a number were still being assisted with personal, morning care.

St Joseph's is a single storey, purpose built centre, consisting of 25 single, eight twin and three, triple rooms, the majority of which are equipped with full en suite facilities. The inspector saw that residents' bedrooms were spacious, with suitable wardrobe and storage space for their clothes and personal items. Rooms were decorated with residents' personal possessions such as, fresh flowers, photographs, pictures and books. The inspector observed that some of the residents had displayed their arts and crafts on the walls, which they said they had creating during activity sessions in the centre. They were proud of the work they had done and were delighted that they had an opportunity to show it off. The inspector saw that en suite showers and toilets were spacious, and well equipped, and the centre was warm, freshly painted and comfortable throughout.

Residents had a choice of communal rooms, such as, the two sitting rooms, two conservatory type rooms, the oratory, a large interlinked, double-space dining room, a room set up for those who wished to smoke, and a spacious reception foyer. Each of these areas was nicely decorated, with good quality furniture, some of which was new, nice pictures, bright curtains and blinds, as well as, large screen televisions. Residents had access to well maintained, safe, outdoor spaces from each corridor. Large, unlocked patio doors led to the colourful, well planted patio and garden areas, which were observed to be accessed by residents, throughout the two days.

On both days, the inspector saw that residents were offered choice at each meal and that the food available was well presented and appetising. Textured modified

meals were also on the menu and were served in an appetising manner. Residents were very complimentary of the food available to them and a number of residents described it as "excellent and tasty", with generous portions. Residents were heard to be chatting together, and with staff, during mealtimes and appeared to be experiencing a sociable, dining experience. The inspector saw that there were sufficient staff to provide assistance to those who required it, and this assistance was provided in a discreet and relaxed manner.

There was a varied schedule of activities available for residents, which were facilitated by two activity staff. On the first day a group of residents participated in art and craft sessions with an external provider. These sessions took place in two different rooms, to facilitate all residents, who seemed to really enjoy this meaningful, and what they described as "purposeful", activity. The inspector saw that the activity staff also attended residents' rooms, to provide residents with on-to-one activities. On the second day of inspection, residents enjoyed music and a bingo session. Overall, the activities appeared stimulating and entertaining for residents and activity choices were reviewed for suitability, at intervals, based on residents' preferences.

Residents had access to wi-fi, television, computers, newspapers and electronic communication device, based on their capacity and preference. Residents' views were sought on the running of the centre through regular residents' meetings, held at three monthly intervals. From a review of the minutes of these meetings, it was evident that action was taken in response to concerns and suggestions. Residents were also surveyed annually as to their satisfaction with various aspects of their lives in the centre. The inspector found that comments were very positive. A number of residents were very complimentary about outings, and the staff willingness to facilitate shopping and coffee outings to the local town of Kenmare. During the inspection days, residents were seen to walk outside independently and, in some instances, to be accompanied by their personal assistants (PAs), to enjoy shopping trips and outings to scenic areas.

The inspector saw that residents were neatly dressed, in accordance with their preferences and they appeared content. A number of residents told the inspector that they looked forward to the visiting hairdresser, the chiropodist and the physiotherapist. Those residents who could not communicate their needs, appeared comfortable and well supported. Throughout the two days staff were observed to be kind and empathic and those spoken with were familiar with residents' preferences and choices.

Visitors were seen coming and going, throughout both days of the inspection and were welcomed by staff and management. Residents met their visitors in their bedrooms, in the spacious foyer or in the communal spaces throughout the centre. Some residents were seen going to the gardens or to the local town with their visitors. Feedback from visitors was very positive about the care and support given to the resident and families.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection carried out over two days, to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013, (as amended). The inspector found that the governance and management arrangements, required by regulation to ensure that the service provided was resourced, consistent, effectively monitored and safe for residents, were clearly set out. On this inspection, some improvements were required in relation to medicine management.

The centre is located near the scenic town of Kenmare. The registered provider of the centre is Rathsheen Investments Ltd, a company comprising four directors. There is a clearly defined management structure in place, with identified lines of accountability and responsibility. The director of nursing was the designated person in charge of the centre. One director represented the provider, for the purposes of regulation and registration, was available in the centre throughout the inspection, and was on duty, five days a week. Meetings of the governance team, and staff team, were held on a rotational basis. Care plans, policies and procedures, complaints management, risk management and key performance indicators, were discussed at these meetings, based on evidence in the minutes reviewed.

The person in charge of the designated centre, was supported in their clinical and personnel management role, by an assistant director of nursing and clinical nurse managers. Additionally, the person in charge had the support of a team of staff, including nursing, healthcare assistants, housekeeping, administration, maintenance and catering. Staff working in the centre had access to appropriate training, relevant to their roles and the inspector saw that staff were adequately supervised. Training records were made available to the inspector and these provided evidence that all staff had availed of up-to-date, mandatory training. Those spoken with were knowledgeable of key aspects of their training.

There was a comprehensive schedule of clinical audits in place, to monitor the quality and safety of care provided to residents. It was evident to the inspector that action plans were implemented, to improve practice. Falls were trended by the multidisciplinary team, including the physiotherapist, to identify any common trends. There were good systems in place to ensure that key risks to residents, such as, pressure ulcers, infections, and appropriate antibiotic usage, were monitored in the centre. Restrictive practices such as, the use of bed rails were also risk assessed and evaluated. The aforementioned, director informed the inspector that planning permission had been granted for the addition of, nine, single, en suite bedrooms, and associate communal and ancillary areas. It was not envisioned that the centre

would expand its occupancy, instead it was proposed to reconfigure the triple rooms into twin rooms, and to reconfigure some existing, twin rooms into single rooms, with the resultant improved privacy, personal space and promotion of dignity for residents.

Required, regulatory records were well maintained and accessible, for inspection purposes. Staff files contained all the records required under Schedule 2, of the regulations. From a review of the incident log, relevant incidents were notified to the Chief Inspector, in line with legislation. The inspector saw that incidents were reviewed by management at the governance meetings and minutes of staff meetings indicated that findings were disseminated to the staff group. The complaints log was well maintained. Complaints were resolved and the satisfaction of the complainant was recorded.

Regulation 14: Persons in charge

The person in charge was full time in the post.

They had the necessary experience and qualifications, as well as, full knowledge of their role and responsibility, under the regulations.

They demonstrated a strong commitment to the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

There was ample evidence that the centre was adequately staffed, to meet the needs of the residents.

The staffing levels allowed for an appropriate skill mix of staff, and were suitable for the size, and layout, of the centre.

Judgment: Compliant

Regulation 21: Records

Records, in accordance with Schedule 2, 3, and 4 of the regulations, were available for inspection.

A sample of four personnel files reviewed, indicated that each staff member had a comprehensive employment history available, references had been obtained, including a reference from their most recent employer, and Garda (police) vetting was in place. These are all requirements of Schedule 2, of the regulations for the sector.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a defined governance and management structure in place, with clear lines of authority and accountability established.

Monitoring and oversight systems had been developed to ensure the service provided was safe, appropriate, consistent and effectively monitored. Where issues requiring improvement were identified, an action plan was seen to be in place to address these.

Quality improvement plans seen, provided evidence that there was an ongoing commitment to enhance the quality and safety of the service, provided to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts viewed by the inspector were compliant.

The identification of room numbers for residents and any fees payable, were included in the document.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents was maintained in the centre.

Based on a review of incidents, the inspector was satisfied that all specific notifications were submitted, as required, to the Chief Inspector.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well managed.

- Residents, spoken with, were aware of how to raise a complaint.
- Complaints received were appropriately recorded, investigated and the outcome was discussed with the complainant. An appeals procedure was in place.
- Information on the complaints procedure was on display in a prominent position within the centre, and methods of accessing internal and external support was communicated to residents, when required, and at residents' meetings.

Judgment: Compliant

Quality and safety

Overall, residents in St Joseph's Nursing Home were found to be supported to have a good quality of life, which was respectful of their wishes and preferences. There was timely access to healthcare services and appropriate social engagement, with respect and kindness demonstrated by staff, on the days of inspection. A human rights-based approach to care was seen to be promoted, and residents spoken with said that they felt their rights were respected. Findings on this inspection, demonstrated good compliance with the regulations inspected. However, some improvements were required in medicines' management, as described under the relevant regulation.

The inspector was assured that residents' health-care needs were met to a high standard. There was weekly access to the general practitioners (GPs), who were described as "always available" to residents. Systems were in place for referral to specialist services, as described under Regulation 6: Health-care. Residents' records evidenced that a comprehensive assessment was carried out for each resident, prior to admission, which underpinned the development of a meaningful plan of care.

The registered provider had invested in continuously upgrading the premises, which had a positive impact on residents' quality of life. Painting of the centre was updated annually, or as required. The laundry was done in-house and residents' personal clothes were well managed and marked, for identification purposes. The centre was observed to be very clean and staff were seen to adhere to good infection control practices, in relation to hand hygiene protocol and the use of hand gel.

There was good practice observed, in the area of fire safety management within the centre. Certification was available, in relation to servicing of fire safety equipment.

Fire safety checks were comprehensive. Advisory signage was displayed in the event of a fire and training records evidenced that drills were completed, taking into account times when staffing levels were lowest. This meant that staff became familiar with the challenge of evacuating a number of residents at times of higher risk.

A safeguarding policy provided guidance to staff, with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and their related responsibilities.

Residents' nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as, gluten free diet or modified diets.

The inspector found that residents were free to exercise choice on how they spent their day. It was evident that residents were consulted about the running of the centre, formally, at residents' meetings and informally through the daily interactions with the management team. A number of individual conversations were seen to be facilitated, between staff and residents, during the inspection.

Regulation 13: End of life

End of life care was well managed in the centre, with the residents', and family, needs prioritised,.

A sample of care plans reviewed evidenced that residents' end of life care wishes were recorded, to ensure that care and support was in accordance with their personal wishes and preferences.

The expertise of the community palliative care team was available to residents, when required, in conjunction with the general practitioner.

One person, who was receiving this care, asked the inspector to record that the centre was a "little piece of heaven" and staff were "exceptional" in the care and support they provided.

They felt that wishes were respected and family members spoken with, also echoed the very positive comments, describing the centre and staff as, "person-centred care, personified".

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate food and drink, with generous portions seen to be on offer.

- Residents were monitored for weight loss and were provided with access to dietetic and speech and language services, when required.
- A tasty, varied menu was available daily, providing a choice to residents, including those on a modified, or specialised, diet.
- Staff were available, to provide residents with assistance at mealtimes, in the dining room and in their bedrooms.
- The dining experience for residents had been improved, with staff nurse supervision, since the previous inspection, as part of a quality improvement plan.

Judgment: Compliant

Regulation 27: Infection control

Infection control processes were in place:

- A staff member had completed the infection control, link practitioner's course, and carried out audits of practice.
- The centre was very clean and there were two household, and one laundry personnel, on duty daily.
- Staff were observed to be adhering to good hand hygiene techniques.
- There were two sluicing facilities on the premises, which were clean and well maintained.
- Staff members were knowledgeable about cleaning practices, processes and chemical use.
- Hand washing facilities were available for staff, with plans in place to add more clinical, hand wash sinks, in the proposed, new extension.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken steps to prevent fire, and protect residents from fire:

- The fire safety management folder was examined, and records indicated that fire safety training was up-to-date for all staff.
- Residents had personal, emergency, evacuation plans, (PEEPs), in place.
- Appropriate service records were in place, for the maintenance of the fire fighting equipment, fire detection system and emergency lighting.

- The provider had undertaken a number of fire safety drills at regular intervals. Fire safety drills were also undertaken, to take in account the lowest level of staff at any time, and involving the largest compartment.
- A number of new fire doors, which had been purchased at the time of the last inspection, had been installed.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were a number of actions to be taken to ensure compliance with medicine management and to minimise any risk of an error:

- The prescription for one medicine required dose clarification.
- A medicine, which was out of date, had not been returned to pharmacy.
- Some medicines, which had been discontinued, were not signed, and dated, with the completion date.
- Where a psychotropic medicine was used, on a PRN, (when necessary), basis there was no record as to why the medicine was administered, or the effect of same, as required for best evidence-based practice.

Judgment: Substantially compliant

Regulation 6: Health care

The inspector found that residents had access to appropriate medical, and health and social care professional expertise, to meet their needs.

- Residents had a choice of general practitioner (GP), who attended the centre as required, or requested. The physiotherapist attended weekly, the hairdresser and chiropodist were regularly available.
- Residents were also supported with referral pathways to, the dentist, the optician, the psychiatrist, the gerontologist, the tissue viability nurse (TVN), palliative care, the dietitian, the speech and language therapist (SALT), the HSE personnel in charge of supporting those under 65, and the occupational therapist (OT).
- Care plans reviewed provided evidence of GP attendance, as well as entries of professional advice from a range of these professionals. This advice was then seen to be used, to underpin and update, relevant, care plans.
- There was a very low incidence of pressure ulcers acquired in the centre, and those acquired elsewhere were healed, indicating good wound care practices.

- There was also access to mobile X-ray services, which in some instances eliminated the necessity of admission to busy accident and emergency services, for residents.
- The pharmacist was attentive to the centre and reviewed medicines, with the GP, as well as auditing practice, at intervals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were trained in managing behaviours that challenge:

The centre had reduced the number of restraints (such as bedrails) in use, and where restraint was used it was risk assessed, and used in line with the national policy.

Residents, exhibiting responsive behaviours, (how residents with dementia respond to changes in their environment or express distress or pain), were well managed, and staff were observed to respond appropriately to such residents, throughout the day.

Relevant care plans reflected best practice, including the use of a clinical assessment tool, to analyse any antecedent and describe the consequence of the behaviour.

Judgment: Compliant

Regulation 9: Residents' rights

Management and staff promoted and respected the rights, and choices, of residents.

Residents were consulted about any developments in the centre, as evidenced in the minutes of residents' meetings and a review of residents' survey forms.

Dedicated activity staff implemented a varied and interesting schedule of activities over the seven days.

External musicians, art therapists, choirs and relaxation therapists also attended.

Outings were organised and celebrations were photographed. These pictures were displayed around the centre.

Residents had utilised independent advocacy services, which had developed a good relationship with the centre and responded to the needs of residents.

Residents had access to media, such as, a large selection of daily papers, radio, television, computers, personal mobile phones and internet access. Personal headphones were also available.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Joseph's Nursing Home OSV-0000288

Inspection ID: MON-0045972

Date of inspection: 16/01/2025

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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none">- Dose is being clarified by GP and the same medication has been made regular instead of PRN- Medication which was out of date has been returned to pharmacy. A dedicated tray now in place for any out of date medications and will be returned immediately.- Any short term medications such as antibiotics will be signed and dated on completion.- ABC charts are in place whenever a psychotropic medicine in use on a PRN basis. In addition to that we have added a chart to the drug administration folder to highlight all times when a psychotropic medicine in use. Same, as always will be recorded in the weekly KPIs.	

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 29(5)	The person in charge shall ensure that all medicinal products are 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.	Substantially Compliant	Yellow	17/01/2025
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal	Substantially Compliant	Yellow	17/01/2025

	products and disposed of in accordance with national legislation or guidance in a manner that will not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
--	--	--	--	--