



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:	Announced
Date of inspection:	12 June 2024
Centre ID:	OSV-0000288
Fieldwork ID:	MON-0037996

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 12 June 2024	10:30hrs to 18:30hrs	Mary O'Mahony	Lead
Thursday 13 June 2024	09:00hrs to 15:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

The inspector found that St Joseph's Nursing Home was a well-run centre, where residents were supported to enjoy a good quality of life, with a team of kind and caring staff. Residents were encouraged to express their wishes and preferences with regard to the care provided to them. Feedback from residents was that they were extremely happy with the care provided by staff, describing the care as "dedicated and professional". They told the inspector that they were content living in the centre, which was homely and welcoming. One resident said they were treated "like one of their own family". They also said that their rights were respected and promoted.

This was an announced inspection which took place over two days. St Joseph's Nursing Home is a purpose built, single storey building with accommodation for 50 residents. It was located in a peaceful, scenic rural area, within walking distance from the town of Kenmare. There was one vacant bed, on the days of inspection, and two residents were in hospital. The home provides residential care for both male and female adults, with a range of dependencies and needs. The inspector met the majority of residents living in the centre over the two days and spoke in more detail to 6 residents and their relatives. Throughout the two days, the inspector also spent time observing residents' daily lives, and care practices in the centre, in order to gain insight into the experience of those living there. In addition, the inspector reviewed the content of 25 survey forms, which had been sent out to the centre prior to the inspection, a number of which had been returned to the Health Information and Quality Authority (HIQA), by post. The survey responses were all positive, with comments such as "very flexible" around visits, and "couldn't say a bad word" about the place, which was described as "in immaculate condition". A poster was displayed on the front door for residents, relatives and staff, informing them of the inspection, so that they could seek out the inspector and express their views.

The inspection commenced with an information meeting with the person in charge, the director, representing the provider, and the assistant director of Nursing (ADON). This was followed by a walk about the nursing home, to view the premises and meet residents. It was evident to the inspector that residents knew their way around the centre and the location of their bedrooms and communal rooms. All rooms were seen to provide a comfortable space to relax, rest or engage in activities. Bedrooms were seen to be personalised with pictures of residents' families and furniture from home. One resident told the inspector how they loved learning to paint and said that the staff had decorated their room with their newly completed, art work. This person said that it was a new hobby and they were delighted with the challenge. Conversation with the resident revealed that they had many transferable skills from their former work life. This meant that the resident felt validated, and continued to enjoy a meaningful life, reading their daily papers in the conservatory and developing new ways to express their individuality.

This inspection took place over two warm days in June. Over the two days, the inspector observed many residents availing of the three landscaped internal patio areas, as well as the front gardens. The inspector saw that these areas were very well maintained and welcoming, with water features, colourfully painted seating and a variety of plants, flowers and shrubs. Residents told the inspector that they loved the garden areas, and the opportunity to plant flowers, and sit outside with other residents, family or staff. As a result of this involvement, residents expressed great pride in the gardens, they used the garden spaces regularly and felt valued as participants in the upkeep of these areas. Some rooms had sliding doors, with direct access to the garden areas, and residents and their visitors were observed sitting out, having tea and enjoying the sunshine.

When talking with staff it was evident that they respected the residents and that they enjoyed getting to know them and their families. Many of the staff had worked in the centre for a number of years and they spoke positively about their work, their training and the enjoyment of interacting with residents each day.

From discussions with staff and residents, it was evident that the service promoted a culture of a rights-based approach to care. For example, residents were encouraged to be as independent as possible and go into the local town, to visit the coffee shops and restaurants. On the first day of the inspection the residents enjoyed a well-attended, live music session. On the second day, an art class, which was arranged for two different cohorts of residents, proved to be a very popular afternoon activity. The inspector saw many positive meaningful interactions between staff and residents, and it was evident that staff had a very good knowledge of resident's social histories, such as their previous occupations, their family, and their interests. The inspector observed that staff in the centre promoted a social model of care and a homely environment for residents.

Residents spoke positively about their experience of living in the centre and detailed how staff supported them to engage in their choice of activity. There were two enthusiastic staff member responsible for activities in the home. The activity coordinator, accompanied the inspector, and a male resident, down to the view the donkey paddock, which was a daily event for the resident. He said he liked to feed the two pet donkeys. The inspector saw, and heard, other activities taking place such as, music and sing songs, bingo, art and exercise classes. Some residents chose not to take part in activities. A number were observed reading or watching television in the other sitting rooms, and being visited by staff, for a chat and choice of afternoon snack.

Communal spaces within the centre were decorated to a high standard. It was evident that a lot of time and effort had been invested in the internal decor of the centre, as it was modern, freshly painted and furnished, with high quality furniture and fittings. There was also a hair dressing salon available for beauty therapy. Residents were encouraged to be as independent as possible, in these communal spaces and were seen to move around freely between the rooms. The inspector saw that there was appropriate, directional signage in the centre, to assist residents to find their way around each hallway.

Residents told the inspector that they were offered a choice of meals at each mealtime. In general, assistance was available to those residents who needed support. The dining experience was observed. The food was plentiful, hot and varied. Second helpings were readily available. Residents in the dining room said that they enjoyed socialising, watching the activity of serving, clearing up and staff interactions. This aspect of residents' experience required some actions however, as described under the relevant regulations, in the Quality and Safety section of the report.

Residents, who could not communicate their needs verbally, appeared comfortable and content. Friends and families were facilitated to visit residents, and the inspector observed visitors coming and going throughout the day. One person brought in the newest member of the family to meet their grand-uncle. A number spoken with were very complementary about the care which their relative received. They said that staff were "approachable". One relative said that their relative "always had their make up on".

Residents said that they felt safe in the centre, and they could generally choose where to spend their day, and what time to get up and return to bed. A number told the inspector that they did not feel restricted in any way. Residents, many of whom were local, were aware of who the person in charge was, and knew the names of the staff. Residents said they were aware of how to make a complaint and felt that any complaint or concern would be addressed.

In summary, residents lived a good quality of life in the centre, where they were facilitated to enjoy each day to the best of their ability, as well as developing new skills.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an announced inspection undertaken over two days, to monitor ongoing compliance with the regulations. The last inspection of this centre had been carried out on 25 August 2023. Overall, the findings of this inspection were that the governance and management of St Joseph's Nursing Home was robust and it was a well-managed centre, which ensured that residents received good quality, safe care and services. The provider and team of staff were committed to a process of quality improvement, with a focus on respect for residents' human rights. The effective governance and management of the centre was reflected in the overall good compliance of the centre, through the regulations reviewed. Nonetheless, as described under Regulations 6 and 18 respectively, actions were required in aspects

of healthcare and nutrition, in the Quality and Safety dimension, of this report.

The registered provider of St Joseph's Nursing Home is Rathsheen Developments Ltd, which comprises of four directors. The centre was found to have an effective management structure in place, where lines of accountability and authority were clearly defined. From a clinical perspective, care is directed by an appropriately qualified person in charge, who is also a named director of the company. Another director, who represents the provider, works in the centre, as a senior administrator, on a daily basis. A third director, is the financial manager and also attends the centre, in person, two days a week. The person in charge is supported in the delivery of care by, an assistant director of nursing, a clinical nurse manager, and a team of nursing, healthcare, activities, catering, household and maintenance staff. The provider also employs, full-time, receptionist staff. Management cover was available in the centre over the seven days.

On the days of inspection the inspector found that there were adequate resources to ensure the effective delivery of care, in accordance with the statement of purpose. There were two nursing staff and two healthcare attendants on duty each night. There was a comprehensive induction programme in place, to support staff in the provision of safe care to residents, and to underline the philosophy of care in the centre. Staff had access to education and training, appropriate to their role. Training was well monitored within the centre.

The inspector saw that regular meetings were held in the centre, to ensure effective communication across the service, such as, management team meetings, nursing team meetings, and care staff meetings. The inspector reviewed minutes of these meetings. It was evident that key issues such as, recruitment, clinical care, a review of falls, complaints and risks, were appropriately reviewed. Comprehensive action plans were developed following the meetings where necessary. There was evidence of consultation with residents on the running of the centre, through surveys and regular residents' meetings. The quality and safety of care was being monitored through a variety of comprehensive audits with associated action plans, to address any deficits identified as a result of the audit. Key performance indicators (KPIs) were also used to support the monitoring of clinical care practices, in areas such as, falls, incidents, infection, wounds and use of appropriate antibiotics and assessed restraint.

The complaints procedure was clearly displayed in the centre and both residents and their families were aware of the process. Complaints were recorded separately to residents' care plans. Policies and procedures, as per Schedule 5 of the regulations, were available, which provided staff with guidance, on delivering best evidence-based care to residents. Incident records were being maintained and there was good oversight of incidents by the person in charge and the provider. From a review of the records maintained at the centre, it was evident that, specific, incidents were notified to the Chief Inspector, in line with legislation.

Regulation 16: Training and staff development

The training matrix indicated that appropriate and mandatory training sessions were undertaken by staff.

Staff appraisals, induction records and probationary meeting records were available in staff files.

A weekly roster was compiled and this correlated with the number of staff on duty on the day of inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents was maintained, in line with the requirements set out under Schedule 3, of the regulations for the sector.

Judgment: Compliant

Regulation 21: Records

The records required to be maintained, under Schedule 2, 3 and 4 of the regulations for the sector, were available to the inspector.

Documents were securely stored, staff files were well maintained, and the sample of staff files viewed, contained the regulatory documents.

Judgment: Compliant

Regulation 22: Insurance

An up-to-date contract of insurance was in place, as required by the regulations for the sector.

A copy was made available to the inspector.

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, a plan was put in place to rectify this.

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 3: Statement of purpose

The statement of purpose was reviewed on an annual basis.

It outlined the governance arrangements, the ethos of care, the complaints process and the arrangements for residents to be involved in their care plans and activity provision.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents were submitted in a timely manner, as set out by the regulations.

This included, sudden deaths, or accidents requiring hospitalisation.

Records of these events were looked into during the inspection, and they were found to be well managed.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that the comprehensive governance

system, as described in the first section of this report, ensured that good quality care was provided to residents in St Joseph's Nursing Home. Residents were supported to have a good quality of life, where their rights and choices were promoted and respected. Nevertheless, action was required in the areas of healthcare and nutrition.

Residents were given appropriate support for their social well being and generally, were facilitated to access a range of health professionals, to meet any identified health care requirements. For example, residents had access to physiotherapy services in the centre weekly. Any new residents were assessed prior to admission, to ensure that the centre had the capacity to meet their needs. The sample of care plans viewed by the inspector were personalised and contained sufficiently detail to direct care. A review of residents' records found that there was regular communication with the residents' general practitioner (GP). Recommendations were implemented and reviewed frequently, to ensure care planning was effective. As highlighted previously some action was required for two residents to ensure optimal nutrition, timely reassessment and supervision, as described under Regulation 6: Healthcare and Regulation 18: Food and Nutrition.

Based on the observations of the inspector and documentation reviewed during the days of inspection, there were good procedures in place in relation to infection prevention and control. The centre appeared very clean, and there were appropriate household staff employed in the centre. The management team were monitoring any infections and the use of appropriate antibiotics was reviewed, as recommended by the HSE. This meant that the specific antibiotic required was used, which reduced the likelihood of antibiotic resistance developing.

This inspection found that the management of fire safety in the centre was good. Records maintained evidenced that there was a proactive, maintenance schedule for fire safety equipment in place and the fire alarm and emergency lighting were serviced, in accordance with the recommended frequency. A number of new fire doors were awaiting fitting, following a recent upgrade and servicing, of all such doors, Evidence of this was seen in emails, and in documentation related to the servicing.

Residents were consulted about their care needs, and about the overall service being delivered. Resident' meetings were held frequently and there was a good level of attendance by residents. Records indicated that issues raised at these meetings were addressed, such as suggestions for food, outings and activities. The centre provided care and accommodation for seven residents, aged under 65 years. A number of these residents were spoken with. They said they were happy there and enjoyed the freedom to go outdoors all year round, and in some cases to smoke in the smoking area. A number of the younger cohort of residents were seen to have good rapport with staff, and to gather around the nurses station with them, for afternoon tea and for a catch up. Staff said that this area was commonly referred to as the "bar". The person in charge explained that these residents availed of the services of the psychiatric team, who were described as very attentive, the HSE, and the intellectual disability (ID) Ireland team, who had supplied relevant residents with appropriate devices for communication and seating. Acquired Brain injury Ireland

(ABI) provided a service for one resident, who was hoping to be accommodated in their own house, in the near future.

Regulation 10: Communication difficulties

Residents who had communication difficulties and special communication requirements, had these recorded in their care plans.

They were observed to be supported to communicate freely.

Residents were also supported to access additional supports, such as, assistive technology to assist with their communication.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the number and needs of residents in the centre and set out in accordance with the statement of purpose.

The premises conformed to the matters set out in Schedule 6 of the regulations.

All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Suitable, directional signage was displayed throughout the centre, to support residents to navigate their environment.

There were adequate sluice rooms in the building and an assisted bath.

A large foyer, a hairdressing room, an oratory and well furnished conservatories added to the homely, person-centred, atmosphere, with the focus on residents' comfort and well-being.

Residents had access to three, enclosed gardens and patios, with colourful, substantial, outdoor furniture and raised flower beds, planted by residents and staff.

New, gas supply piping had been installed, since the previous inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

There were some aspects of food and nutrition which required action:

A resident was found to require support and supervision at their meal, in order to maintain their dignity, as the resident had a number of challenges when eating. There was no staff attending to them when seen by the inspector.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had taken appropriate steps to ensure that fire safety was well managed in the centre.

Findings from previous inspections had been addressed.

In addition, nine, new fire-safe doors (doors which inhibit smoke or flames for periods of between 30 to 60 minutes) had been sourced following an inspection and audit of those doors. All the existing doors had been repaired and passed as safe, while awaiting the installation of the new doors.

Fire drills were undertaken at regular intervals, and staff spoken with were knowledgeable of what to do in the event of a fire.

Daily, weekly and three monthly checks of fire safety equipment and fittings were recorded and certified, where required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were well managed.

A review of a sample of residents' care plans indicated that they were completed within 48 hours of admission and reviewed four monthly, in accordance with regulatory requirements.

Assessments of need were completed using a range of validated, evidence-based, risk assessment tools.

Care plans were developed in a personalised manner, to provide guidance on meeting the social and healthcare needs.

Judgment: Compliant

Regulation 6: Health care

Not all healthcare needs were satisfactorily assessed and reviewed:

One resident, with a low, body mass index (BMI), had not been reviewed by the dietitian for a period of time, to ensure that all professional advice had been explored, to increase the resident's intake and ensure adequate nutrition.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse.

Safeguarding training was up to date for staff.

Any safeguarding issues identified, were reported, investigated and appropriate action taken to protect the resident.

The provider was not acting as a pension agent and the financial systems in place were monitored effectively.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were happy in the centre and felt their rights were respected and promoted.

Advocacy services had been made available to residents.

The provider had prepared a residents' guide, to ensure residents were aware of their rights and the services available to them. This meant that residents were reminded of their rights, through a number of different avenues and they expressed that the centre was "like home". One resident stated "this is the best place to get, if you need to go".

Residents said they felt safe, and had access to social outings, meaningful activity, garden activity, religious services and external and internal celebrations, with friends

and family.

Residents felt that they could raise concerns about the centre and they told the inspector that their opinion would be listened to.

Activities were meaningful and challenging to them and they praised the accommodation, the staff and the support provided.

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 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0037996

Date of inspection: 13/06/2024

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 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Supervision of the resident has been increased at mealtimes. The Resident has been referred to a specialist team who are reviewing with a view to drafting a business plan which will provide resources for additional support and services.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: Care plans have been re-reviewed, appropriate referrals are complete. Multidisciplinary teams active in the care and review of residents.	

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 18(3)	A person in charge shall ensure that an adequate number of staff are available to assist residents at meals and when other refreshments are served.	Substantially Compliant	Yellow	08/07/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	08/07/2024