

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St John's Community Hospital
<b>Centre ID:</b>	OSV-0000604
<b>Centre address:</b>	Munster Hill, Enniscorthy, Wexford.
<b>Telephone number:</b>	053 9233 228
<b>Email address:</b>	margaret.nowlanoneill@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Barbara Murphy
<b>Lead inspector:</b>	Ide Cronin
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	113
<b>Number of vacancies on the date of inspection:</b>	3

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
03 May 2017 09:35	03 May 2017 16:45
04 May 2017 09:15	04 May 2017 15:45

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Compliant
Outcome 13: Complaints procedures	Non Compliant - Moderate
Outcome 15: Food and Nutrition	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Non Compliant - Moderate

**Summary of findings from this inspection**

The purpose of this inspection was to monitor ongoing compliance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

Information and notifications of incidents received by the Health Information and Quality Authority (HIQA) since the last inspection were followed up at this inspection. The last inspection of the centre was an unannounced thematic inspection that focused on dementia care. It took place on 21 January 2016. 16 action plans were generated from that inspection. These were reviewed under the related outcomes on this inspection and for the most part were found to have been addressed.

HIQA had received unsolicited information prior to this inspection on three separate occasions between 2016 and 2017 regarding the quality and nutritional content of

meals. A provider led enquiry had been issued to the service provider in relation to these issues in 2016 and it was found to be satisfactory. On this inspection the inspector found that the provider had in the main met their legislative responsibilities and some of the information received was not substantiated. However, the inspector met with a group of residents during the inspection and for the most part residents were not satisfied with the quality of meals and timing of the evening meal at 16:30 hours. Some of these issues had been previously highlighted in an inspection report compiled by HIQA dating back to 2015. This is further discussed under Outcome:13.

There was a clearly defined management structure that identified the lines of authority and accountability. Persons participating in the management of the centre demonstrated throughout the inspection process that they were knowledgeable regarding the legislation, regulations and standards underpinning residential care. Day to day management responsibilities are with the assistant directors of nursing who work closely with the person in charge, and both are nominated persons in the absence of the person in charge. Residents were complimentary about the care and support provided by staff and management.

The premises, facilities, furnishings and décor were of a high standard. Staff interacted well with residents and in a respectful, responsive and appropriate manner. Staff demonstrated good knowledge of residents' needs, likes, dislikes and preferences. A routine of daily activities was in place and facilitated by activity coordinators. Safe and appropriate levels of staffing and supervision were in place to maintain residents' safety and meet their care needs. Residents' healthcare needs were met with referrals to medical and allied health professionals.

The action plan at the end of this report identifies areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Management systems were in place to ensure that the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. Management meetings were well established and reviewed all aspects of service provision, staffing, health and safety, training, complaints and any other relevant issues.

The roles and responsibilities were clearly defined, evidence of audit and review of practice evident from this inspection and previous monitoring events confirmed this. During the inspection the management team demonstrated effective communication and provision of information and records when requested.

The inspector reviewed audits completed by the management team. Some areas reviewed included medication management, health and safety, infection control, hygiene, and care planning. The person in charge and assistant director of nursing discussed improvements that were identified with staff and an action plan to address any deficits were outlined as observed by the inspector.

Arrangements were in place to consult with residents about their experience of the service. There was a residents' committee that met regularly and the inspector observed that the regular meetings gave them a forum to express their views and changes were made as a result of their opinions.

Satisfaction surveys were completed on an ongoing basis. An annual review of the quality and safety of care had been completed for 2016 and it informed the service plan for 2017 as observed by the inspector. The inspector saw that this review had been discussed with residents at a residents' meeting.

There were adequate resources deployed to meet the needs of residents in relation to

staff, training opportunities, equipment and ancillary services to ensure appropriate care was delivered to residents. There was a plan for ongoing training in 2017 which was comprehensive.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***  
***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The person in charge fulfils the criteria required by the regulations in terms of qualifications and experience. The person in charge has not changed since the last inspection. She is a registered nurse and holds a full-time post. She had good knowledge of residents' physical and psychosocial care needs.

The person in charge had suitable deputising arrangements in place. The inspector was satisfied that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis and had demonstrated a commitment to improving outcomes for the resident group.

The person in charge has maintained her professional development and attended mandatory training required by the regulations.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***  
***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

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

**Findings:**

On the previous inspection it was found that clear strategies were not outlined to support residents to manage behaviour that challenges or that focussed on a proactive and positive approach. Strategies were not outlined to support residents in relation to all the behaviours specific to the resident. The care plans did not outline sufficiently the antecedents and communication functions of the behaviours displayed which, when identified promptly, would guide staff to support residents in preventing incidents of responsive behaviours. These issues had been addressed.

Measures to protect residents from being harmed or suffering abuse were in place. A policy on, and procedures for the prevention, detection and response to allegations of abuse was in place in accordance with HSE procedures. The Safeguarding Vulnerable Persons at Risk of Abuse documents were available and accessible to staff. There were systems in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. Staff confirmed that there were no barriers to raising issues of concern. A review of incidents since the previous inspection showed that there were no current open allegations of abuse in the centre. A review of training records indicated that 96% of nursing staff and 93% of non nursing staff were trained in elder abuse.

Through observation and review of care plans it was evidenced that staff were knowledgeable of residents' needs. Due to medical conditions, some residents showed behavioural and psychological signs and symptoms of dementia (BPSD). There was a policy on the management of responsive behaviour. Care plans were in place for any residents with responsive behaviours.

Staff provided support that promoted a positive approach to the behaviours and psychological symptoms of dementia. Staff could explain triggers which may cause an altered pattern in mood or behaviour by a resident. They could describe early signs for individual residents and the action they took to minimise any escalation in responsive behaviour. Residents were comfortable in the company of staff. Observations noted they responded well to interactions to assist and guide their daily routine.

Efforts were made to identify and alleviate the underlying causes of some residents' responsive behaviour. Training programs were provided and were on going to inform and support staff practice. Psychotropic medications were monitored by the prescribing clinician and regularly reviewed to ensure optimum therapeutic values. There was good access to the psychiatry of later life team. There was evidence in files reviewed of changes being made to medicines and alternatives being trialled to ensure optimum therapeutic values. There a register of residents using chemical restraint which was reviewed by the multidisciplinary team on a regular basis. However, a review of training records indicated that staff were not provided with up-to-date knowledge and skills, appropriate to their role to enable them to manage and respond to responsive behaviours. This was an action from the previous inspection also.

The centre had a policy on the use of restraint which was in line with "Towards a Restraint Free Environment" to ensure residents were protected from potential harm. The use of any measures that could be considered as restraints such as bed rails was underpinned by an assessment and was reviewed on a regular basis. There was evidence that discussion had taken place with the resident, his/her representatives and in instances where these measures were requested the staff provided information on associated hazards and offered alternative options such as low to floor beds. Staff could outline a range of hazards and were clear that any restraint was used as a measure of last resort and only considered when less restrictive interventions had not achieved the desired outcome to keep the resident safe.

The inspector reviewed the measures that were in place to safeguard residents' comfort money donated by the friends of St. John's and found that the systems in place were not robust. The inspectors saw that money was stored in a safe on the ward and transactions were not co signed and witnessed by two staff members which did not safeguard residents' comforts money or staff.

**Judgment:**

Non Compliant - Moderate

***Outcome 08: Health and Safety and Risk Management  
The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Measures were in place to prevent accidents in the centre. A fire safety register was in place on each unit and associated records were maintained and precautions against the risk of fire were in place. Records confirmed that the fire alarm system and fire safety equipment including emergency lighting and extinguishers were serviced appropriately and serviced on a regular basis. Directional signage was visible in prominent places. Means of escape and fire exits were unobstructed as observed by inspector. All staff were trained in fire safety and those who spoke with the inspector were familiar of what to do in the event of a fire. The inspector saw that regular fire drills had been completed the last one had been held in January 2017. The inspector noted that the fire drills also recorded the length of time taken to evacuate.

The inspector found that the health and safety of residents, staff and visitors in the centre was promoted and protected. There was an up-to-date health and safety statement on each unit. There was a risk management policy that was in line with the regulations. There was information on general hazard identification and a risk register that outlined general and clinical risk areas. The inspector reviewed the emergency plan



and found that it provided sufficient guidance to staff on the procedures to follow in the event of an emergency.

The inspector saw that accidents and incidents were reviewed by the management team and then discussed at staff meetings. The centre had an infection control policy in place. Staff were trained in infection control and inspectors observed that adequate sanitising gels, hand washing facilities, gloves and aprons were provided. The centre was conducting a hand hygiene week as observed on inspection and hand hygiene audits were completed also.

There was a strategy in place to prevent falls whilst also promoting residents' independence. An evidence-based assessment tool was used to assess residents' risk of falls on admission and reviewed at least every three months thereafter. Falls and incidents reported were reviewed, trended and analysed. The inspector saw that falls were discussed at the monthly quality and safety forum. The inspector also observed that other satisfactory measures were in place to mitigate all risks associated with falls such as environmental measures, staffing ratios, physiotherapy and occupational therapy referrals.

However, not all staff had been trained in manual handling as observed by the inspector. This is actioned under Outcome:18.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There were operational policies relating to the ordering, prescribing, storing and administration of medicines to residents. The nurses on duty were familiar with all residents' medication needs and any specialist requirements in relation to medicines administration.

The medicine administration records included the required information for safe administration of medicines such as the resident's name and address, date of birth, general practitioner and a photograph of the resident. There was a doctor's signature present for all medicines prescribed. The maximum doses of p.r.n (a medicine given as the need arises) to be given in 24 hours was recorded.

The medicine administration sheets were observed to be signed by the nurse following administration of medicines. The drugs were administered within the prescribed timeframes. There was space to record when a medicine was refused or omitted on the administration sheet. However, in one instance the inspector observed that the frequency of administration, greater than the maximum licensed frequency of administration for this medicine, had not been confirmed with the prescriber prior to administration, in line with guidance issued by An Bord Altranais agus Cnáimhseachais. The inspector outlined this to the nurse manager who agreed with the finding and level of risk that it presented.

Medicines that required strict control measures were managed appropriately and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of all controlled drugs. The inspector confirmed that the stock balance was checked and signed by two nurses at the change of each shift. There were appropriate procedures for the handling and disposal of unused and out of date medicines. A system was in place for reviewing and monitoring safe medication management practices. The inspector saw that medication management audits were completed as part of the quality metrics system. Staff told the inspector that a protocol was not in place to ensure that the pharmacist was facilitated to meet the obligations in line with guidance issued by the Pharmaceutical Society of Ireland, including the provision of personal pharmaceutical care to residents.

**Judgment:**

Non Compliant - Moderate

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**Theme:**

Effective care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care. The inspector saw that the care planning documentation process in the centre had been revised since the last inspection.

On the previous inspection it was found that inspectors were unclear if the process used to obtain a valid consent in accordance with legislation and current best practice. On this

inspection the inspector found that staff had undertaken training in consent and there was a very good understanding of the application of the national policy. The inspector saw that an easy read booklet had been compiled for a resident who had to attend an outpatient's appointment. The booklet used picture enhanced communication and colour to aid communication for the resident.

On the previous inspection it was found that the care plans did not describe effective positive behavioural strategies for use by staff to manage these behaviours. This action was completed and has been outlined under Outcome:7.

There were processes in place to ensure that when residents were admitted, transferred or discharged to and from the centre, relevant and appropriate information about their care and treatment was available and maintained, and shared between providers and services. The records reviewed confirmed that residents were assisted to achieve and maintain the best possible health through medication reviews, blood profiling and other diagnostics when required. There was adequate supervision of residents in communal areas and good staffing levels to ensure resident safety was maintained.

Care plans provided a good overview of residents' care and how care was delivered. On admission, a comprehensive nursing assessment and additional risk assessments were completed for all residents. This assessment process involved gathering personal information and using validated tools to assess each resident's risks in specific areas, for example falls, skin integrity, malnutrition, moving and handling and pain. The inspector noted that the range of assessments were used to inform care plans and that care was delivered in accordance with set criteria to ensure well being and prevent deterioration. There was evidence of resident/relative involvement in the care planning and review process.

There was prompt access to the GP and allied health professionals for residents who were identified as being at risk of poor nutrition. There was on going monitoring of residents nutrition. Nutritional screening was carried out using an evidence based screening tool. All residents were weighed regularly. Resident identified at risk were weighed on a more frequent basis. There was a good emphasis on personal care and ensuring wishes and needs were met. Staff were knowledgeable of resident's preferred daily routine, their likes and dislikes.

Staff spoken with had a good understanding of end-of-life care. There was evidence that the end-of-life needs and wishes of residents were discussed with them and/or their next of kin as appropriate and documented in a care plan. The care plans reviewed by the inspector addressed the resident's physical, emotional, social and spiritual needs. The care plans reflected each resident's wishes and preferred pathway as part of their end of life care.

**Judgment:**  
Compliant

***Outcome 13: Complaints procedures  
The complaints of each resident, his/her family, advocate or representative,***

***and visitors are listened to and acted upon and there is an effective appeals procedure.***

**Theme:**

Person-centred care and support

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

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

**Findings:**

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and outlined in the residents' guide and statement of purpose.

The complaint's policy was in place and the inspector noted that it met the requirements of the regulations. The complaints procedure in leaflet format was on display in the units and there was an easy read format also. There was evidence from records and interviews that complaints were managed in accordance with the HSE "Your Service Your Say" policy. Issues recorded were found to be resolved locally at unit level or formally by the complaints officer as appropriate.

However, as on the previous inspection the inspector observed that the outcome of the complaint was not recorded as being resolved and there was not any recording of whether the complainant was satisfied or not. This was also evident from the resident group that met with the inspector. One resident told the inspector that he was not sure if anyone took his complaints seriously as he had not gained satisfaction from issues that were raised.

**Judgment:**

Non Compliant - Moderate

***Outcome 15: Food and Nutrition***

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a nutrition committee which included nursing staff, catering staff and dieticians from St John's and two other centres. This committee had responsibility to oversee nutritional care for residents. There was a policy on nutritional status and hydration care. The inspector observed that nutritional audits were conducted.

Each resident had a nutritional care plan. All residents were weighed monthly or more frequently if they were identified as being at a higher risk. There was evidence that the recording of a weight loss or gain prompted an intervention if a risk was identified. Access to dietitian and a speech and language therapist was available when required to obtain specialist advice to guide care practice.

The catering department were responsible for the preparation of 1,100 meals per day. This included not just St John's but a number of other centres in the community. There was a four weekly menu and the inspector observed a choice of meals available at lunch. The menu plan had been developed in conjunction with the dietitian to ensure adequate nutritional value. There was a residents' council with food as a standing agenda item as observed by the inspector. The inspector observed that breakfast and lunch were served at suitable times for residents.

The inspector was informed that neither the catering manager or any of the chefs attended the residents' committee meetings but they received minutes of the meetings. The person in charge said that she endeavoured to take any complaints in relation to food on board and would always meet with the catering manager in relation to any dissatisfaction with food. The inspector observed that residents' requests in relation to different types of food were accommodated. The inspector saw that there were different snacks available on each ward for residents. The inspector reviewed the complaints log and saw that issues in relation to food were addressed by the management team and the catering department. This is further detailed under Outcome:13.

The inspector met with a group of seven residents during the inspection. Some residents said that the choice was limited and some were not keen on the food as the taste was bland and they did not like the quality of the food either. Some residents told the inspector that teas were served at 16:30 hours which was far too early and therefore the night was very long. The inspector discussed these issues with the catering manager who agreed that teas were served too early and if teas were cooked later would enhance the quality of the meal for residents. This issue has been raised by HIQA on previous inspections also. Therefore the inspector formed the judgement from speaking with residents and staff and reviewing documentation that all meal times were not convenient to residents and that the daily routine of the centre including evening meal times should not be solely dictated by staffing rosters.

**Judgment:**

Non Compliant - Moderate

***Outcome 16: Residents' Rights, Dignity and Consultation  
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to***

***exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.***

**Theme:**

Person-centred care and support

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The inspector saw that residents were consulted about how the centre was planned and run. There was a residents' committee which met regularly and residents who spoke with inspectors outlined that they would raise any issues or concerns they had at this meeting or with the staff at any time. There was also a suggestions/comments box at reception if any resident, relative or staff member wanted to make any suggestions or comments.

The inspector found that residents were treated with dignity and respect and that there were good relationships between residents and staff. There was information in care records that described communication capacity and obstacles to communicating effectively such as difficulty hearing, vision problems or cognitive impairment. The inspector observed that staff engaged and acknowledged residents when they met, when they entered and left rooms and during times when care was in progress. Contacts were noted to be cheerful, pleasant and respectful with plenty of general conversation in evidence.

The inspector observed that residents were well dressed and personal hygiene and grooming were attended to by care staff. During the day residents were able to move around the centre freely. There was good signage to help residents to find their way and rest rooms and bathrooms were clearly posted. Newspapers were available as observed by the inspector. There was an open visiting policy in the centre and residents confirmed that relatives were made to feel welcome in the centre. The inspectors saw many visitors coming and going during inspection.

There were notice boards available providing information to residents and visitors. Staff informed inspectors that every effort was made to provide each resident with the freedom to exercise their choice in relation to their daily activities. Residents were facilitated to exercise their political and religious rights. Pastoral care was facilitated and the inspector saw that mass took place. Residents had access to independent advocacy services if they wished.

Since the previous inspection there was an activity coordinator in place on a full-time basis. Residents were seen enjoying various activities during inspection. A range of activities took place each day and there was a timetable of activities posted on the notice boards on each unit. The activity programmes in each unit were facilitated by department of social protection staff. There was also a volunteer group who provided a comprehensive activity programme based on each resident's individual needs. Residents

told the inspector that they enjoyed the different outings that took place. The inspector saw that pet therapy had also commenced through the Irish Guide Dogs Association.

**Judgment:**

Compliant

***Outcome 18: Suitable Staffing***

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

On the previous inspection it was found that that the staffing numbers and skill mix were not at all times appropriate to the assessed needs of residents, the size, layout and purpose of the unit. Since the previous inspection staffing had been increased on the dementia unit by one WTE (whole time equivalent) nursing staff and two WTE healthcare assistants. Staff told the inspector that the extra staffing hours allowed them to really deliver person-centered care.

From an examination of the staff duty rota, communication with residents and staff the inspector found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents on three units assessed by the inspector. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge and management team. The inspector found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care.

Records reviewed confirmed that not all staff had mandatory training in place in relation to manual handling and elder abuse. Since the previous inspection there was a professional development office in place on a part time basis. Staff had also been provided with education on a variety of topics, such as dementia, responsive behaviours, infection control, sharps, and medication management. There was a training plan available for 2017. Staff spoken with told the inspector their learning and development needs were being met. The centre had recently been deemed suitable as a clinical placement site for MSc/Post Graduate gerontological students.



There was a recruitment policy in place which ensured that staff were selected and vetted in accordance with best recruitment practice. The person in charge and management team confirmed to the inspector that Garda vetting was in place for all staff. The inspector reviewed a sample of staff files, and found that they contained all of the information required by Schedule 2 of the regulations, including professional registration for nursing staff. There were volunteers working in the centre at the time of this inspection all of whom were Garda vetted. However, the inspector observed that roles and responsibilities of volunteers were not set out in writing as required by the regulations.

Good supervision practices were in place with the nurses visible on the floor providing guidance to staff and monitoring the care delivered to residents. Residents told the inspector that they were very well cared for by staff.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

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

### **Acknowledgements**

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

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

Ide Cronin  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority



## Health Information and Quality Authority Regulation Directorate

### Action Plan



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

<b>Centre name:</b>	St John's Community Hospital
<b>Centre ID:</b>	OSV-0000604
<b>Date of inspection:</b>	03/05/2017 and 04/05/2017
<b>Date of response:</b>	26/05/2017

### Requirements

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

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

### Outcome 07: Safeguarding and Safety

#### Theme:

Safe care and support

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

A review of training records indicated that staff were not provided with up-to-date knowledge and skills, appropriate to their role to enable them to manage and respond to responsive behaviours.

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

Under Regulation 07(1) you are required to: Ensure that staff have up to date

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

knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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

Training in managing responsive behaviour is scheduled for 6 June 2017. This will ensure that all staff have been educated to the required standard.

**Proposed Timescale:** 06/06/2017

**Theme:**

Safe care and support

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

A review of training records indicated that all staff had not received training in the detection, prevention of and response to abuse.

**2. Action Required:**

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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

Training is to take place on 13 June 2017 and this will ensure that all staff have been trained.

**Proposed Timescale:** 13/06/2017

**Theme:**

Safe care and support

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

The inspector saw that money was stored in a safe on the ward and transactions were not co-signed and witnessed by two staff members which did not safeguard residents' comforts money or staff.

**3. Action Required:**

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

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

The correct procedure has been implemented to ensure that residents are safe from abuse.

**Proposed Timescale:** 10/05/2017

## Outcome 09: Medication Management

### Theme:

Safe care and support

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

Staff told the inspector that a protocol was not in place to ensure that the pharmacist was facilitated to meet the obligations in line with guidance issued by the Pharmaceutical Society of Ireland, including the provision of personal pharmaceutical care to residents.

### **4. Action Required:**

Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

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

Management are endeavouring to ensure that there will be pharmacy presence in the hospital on weekly basis.

**Proposed Timescale:** 30/06/2017

### Theme:

Safe care and support

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

The inspector observed that the frequency of administration, greater than the maximum licensed frequency of administration for this medicine, had not been confirmed with the prescriber prior to administration, in line with guidance issued by An Bord Altranais agus Cnáimhseachais

### **5. Action Required:**

Under Regulation 29(5) you are required to: 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.

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

All GPs attending the hospital have been met and informed of the correct procedure for the prescribing of drugs.

**Proposed Timescale:** 15/05/2017

## Outcome 13: Complaints procedures

**Theme:**

Person-centred care and support

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

The inspector observed that the outcome of the complaint was not recorded as being resolved and there was not any recording of whether the complainant was satisfied or not.

**6. Action Required:**

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

All complaints will be evaluated to ensure that the complaint is satisfied and the same is documented accordingly.

**Proposed Timescale:** 01/06/2017

**Outcome 15: Food and Nutrition****Theme:**

Person-centred care and support

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

Residents told the inspector that their evening meal was not served at a reasonable time.

**7. Action Required:**

Under Regulation 18(2) you are required to: Provide meals, refreshments and snacks at all reasonable times.

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

Consultation with unions has commenced meeting held on 18 May 2017 to discuss the change of rosters to facilitate the change of mealtimes in the unit. Variations of menus have commenced and walkabouts by catering manager and chef have commenced to ensure residents are happy with food.

**Proposed Timescale:** 03/07/2017

**Outcome 18: Suitable Staffing****Theme:**

Workforce

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

Ensure that all staff have up-to-date mandatory training as required by the regulations.

**8. Action Required:**

Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

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

Plan is in place to ensure that mandatory training is offered to employees to ensure compliance with regulations.

**Proposed Timescale:** 30/09/2017

**Theme:**

Workforce

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

The inspector observed that roles and responsibilities of volunteers were not set out in writing as required by the regulations.

**9. Action Required:**

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

Roles and responsibilities have been developed for all volunteers to ensure compliance under regulation 30(a).

**Proposed Timescale:** 15/05/2017