



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

Name of designated centre:	St John's House
Name of provider:	St John's House
Address of centre:	202 Merrion Road, Ballsbridge, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	31 October 2018
Centre ID:	OSV-0000101
Fieldwork ID:	MON-0025403

## About the designated centre

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	28
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## How we inspect

To prepare for this inspection the inspector or 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
31 October 2018	10:00hrs to 17:00hrs	Ann Wallace	Lead

## Views of people who use the service

Residents who spoke with the inspector reported high levels of satisfaction with the care and services provided to them in the designated centre. Residents said that although the current premises met their needs and that they were warm and comfortable they were looking forward to the move to the new premises.

Residents told the inspector that staff were kind and approachable and that they felt safe in the centre. However a number of residents said that the current staff changes had been difficult for them as agency staff did not know them.

Residents were complimentary about the food and the menu choices that were available. Drinks and snacks were served throughout the day and residents told the inspector that they could have meals and drinks at other times if they requested to do so.

Residents said that they enjoyed the activities that were on offer in the centre and that the activities coordinators worked hard to ensure they enjoyed themselves. Some residents said that weekends and bank holidays were quiet and that the staff were busy and did not always have time to do activities with them.

## Capacity and capability

There had been improvements in the governance and management arrangements in the centre, and improvements required in relation to staffing levels had been identified and addressed. However the impact of unfamiliar staff was being felt by residents, and improvements were needed in relation to supervision arrangements for night staff.

There was a clear management structure in place which helped to ensure that the centre was well run for the benefit of the residents who lived there. The provider is an unincorporated body made up of a committee. A representative from the committee was available in the centre on the day of the inspection. She had spent the previous day in the centre sitting with residents and asking them about their experience of living in the centre and had used her observations and resident's feedback to compile a short report for the upcoming committee meeting. Staff and residents said that they had seen members of the committee in the centre on a regular basis over the past month and that they were approachable and spent time chatting with residents and staff. This was an improvement from the previous inspections and helped to ensure that the provider had oversight of the care and services provided and that the residents feedback was heard and reported back to

the committee.

The person in charge is a registered nurse who had worked in the centre as the Director of Nursing for more than six years. The person in charge was well known to residents, families and staff and was involved in the effective governance and the day-to-day operational management of the centre. She was on annual leave on the day of the inspection and in her absence the centre was managed by two clinical nurse managers who cooperated fully with the inspection process.

The inspector reviewed the rosters for the centre and found that although there were sufficient staff on duty to provide care for the residents there was a high number of agency staff on duty. This was due to a significant turn over of care staff in recent months and although the centre had worked hard to select and recruit new staff these staff were not yet available. As a result on the day of the inspection three care staff on duty were agency staff and one nurse on duty was also from the agency. Agency staff had received an orientation to the building and had sufficient information about the residents daily care needs however they did not know the residents well and the residents were not familiar with them as their carers. As a result the residents did not have continuity of care from staff who knew and understood their needs and preferences for care and daily routines.

The inspector found that the person in charge and the clinical nurse managers provided support and supervision to nursing and care staff in their day to day work. Systems were in place to ensure that nursing and care staff received regular feedback on their performance. The clinical nurse managers worked alternate weekends and evenings to monitor standards and support staff, however this level of supervision and support did not currently extend to staff working on night duty. There was a managers on-call rota and staff reported that they could access management support out of hours when needed.

Staff training records showed that staff had access to appropriate training and updates to develop their knowledge and skills in order to provide safe and effective care. Compliance with safe and effective practices was reviewed through the centre's quality assurance programme and feedback on staff performance. As a result staff were clear on their roles and responsibilities and demonstrated accountability in their work.

Residents told the inspector that they were able to spend their day as they liked and could get up and go to bed at a time to suit themselves. A number of residents told the inspector that they liked to have their breakfast in bed in the morning. The inspector observed that residents were offered choices in daily routines and activities for example; menu choices, activities and preferred clothing, makeup and jewellery. Where a resident did not want to take part in an activity this was respected by staff.

Residents said that they saw senior staff each day and told the inspector that they were able to raise any issues or concerns that they might have. Resident meetings were held every quarter but they were not well attended by residents or their representatives. For example the October 2018 meeting recorded six residents, one

family representative and seven staff attended the meeting. Records showed that feedback from these meetings was used to review menus, the activities programme and current issues and concerns such as the move to the new building and the current staff shortages.

The centre had completed an annual review of the service in 2017 and the report included feedback from resident surveys.

### Regulation 15: Staffing

The recent turnover in nursing and care staff and the high use of agency staff in the centre did not ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Not compliant

### Regulation 16: Training and staff development

Records showed that staff had access to a comprehensive induction when they started working at the centre and had access to appropriate ongoing training and mandatory updates in fire safety, moving and handling and elder abuse.

There were established supervision systems in place for nursing and care staff however these had not been fully implemented with those staff working on night duty.

Judgment: Substantially compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place which identified the roles and responsibilities and the lines of authority and accountability.

The changes in the staff team had been identified by the management team and steps were being taken to ensure staffing levels and skill mix was being maintained. This included a recruitment programme, that was well advanced, and the use of agency staff to ensure appropriate numbers of staff were available.

Management systems were in place to monitor that the service provided was safe and appropriate and delivered to the required standards in line with the centre's

## Statement of Purpose.

The centre had completed an annual review of the service in 2017 which had been made available to the residents.

Judgment: Compliant

## Regulation 30: Volunteers

The volunteer working in the centre had their roles and responsibilities set out in the Volunteer handbook. Records showed that Gardai vetting was in place.

The volunteer received supervision and support in their role.

Judgment: Compliant

## Quality and safety

The inspector found that care and services were provided to a good standard and that there were effective systems in place to monitor the quality and safety of the service, but improvement was required to ensure those with cognitive impairments were supported to engage in meaningful activity, and were consulted about the service being provided.

Individual residents had their needs met through a range of medical and specialist services which included general practitioner (GP), dietician, chiropody, speech and language therapy, physiotherapy and mental health services. Where a specialist practitioner had prescribed a specific treatment or intervention, this was communicated to the relevant staff and the resident's care plan was updated. Residents had access to regular optical and dental checks to promote their health and well-being. In addition, the centre organised annual flu vaccinations for residents who wished to take part in the programme.

Residents told the inspector that they felt that their rights were respected and that they could choose how and where to spend their day although a number of residents said how much they missed the garden and access to fresh air since the building work had commenced. The inspector found that overall daily routines and care were designed to give residents choices. Where a resident declined care or services this was respected by staff.

All staff and volunteers were vetted by An Garda Síochána. Records showed that staff had attended training in elder abuse and safeguarding vulnerable adults. Staff who spoke with the inspector were aware of their responsibility to keep residents

safe and to report any concerns. Staff said that they could talk to managers if they had any concerns. Residents said that staff were polite and courteous and that they felt safe in the centre.

The inspector noted that the person in charge had investigated a recent concern in line with the centre's own policies and procedures and had put appropriate measures in place to safeguard the residents.

The activities programme was organised and provided by two activity coordinators. The programme included a daily schedule of group and one to one sessions. Small group and one to one sessions were provided for those residents who had significant cognitive impairment and were provided by activity staff who were trained in specialist SONAS techniques. However some residents with higher levels of dependencies were found to have longer periods without meaningful engagement with staff. This was a finding of the previous inspection.

Residents who spoke with the inspector said that they enjoyed the activities and entertainments that were available for them and that there was plenty going on throughout the week but that weekends and bank holidays could be boring. Staff told the inspector that they organised a movie evening on Saturday evenings and that Sundays were busy with mass and visitors but other activities were not organised at the weekends. Residents had access to daily newspapers radio and television. The centre had made arrangements for residents to vote in the recent referendum either in the centre or to travel with their families back to their local polling station.

Resident council meetings were held every three months. Records showed that the meetings were not well attended by residents and that at the last meeting 50% of the attendees were managers and staff. These meetings were used to discuss key areas such as menus, activities, the new building and other issues relating to the residents' daily lives in the centre. There was evidence that suggestions and feedback from the residents was acted on. However it was not clear that all residents especially those with cognitive impairments were adequately represented through these meetings or that other methods were used to gain the views of people less able to engage in this type of feedback method.

Visitors were made welcome in the centre and there were a number of visitors in the centre throughout the day of the inspection. Visitors met with residents in their rooms or in one of the small seating areas situated around the ground floor.

## Regulation 8: Protection

The provider had taken reasonable measures to protect the residents including; staff

training in relation to the detection and prevention of abuse and the processes in place to respond to concerns and incidents of abuse.

Staff were aware of their role and responsibility to keep residents safe and to report any concerns or incidents.

The person in charge had investigated a recent concern in line with the centre's policies and procedures and had put appropriate measures in place to protect the resident.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents said that they felt their rights were respected by staff in the centre and that they were able to choose how to spend their day. Residents also said that their privacy was respected by staff when they were receiving care.

Facilities for meaningful occupation and recreation were provided through a scheduled programme of activities. However those residents with higher levels of cognitive impairment had less opportunities to participate in activities in accordance with their capacity. There was also no process to ensure those with cognitive impairments were adequately represented through resident council meetings and in other feedback such as surveys. Residents had access to independent advocacy and were supported to use these services when required.

Residents were able to exercise their civil rights to vote in the recent referendum, and were supported to attend mass and other services in line with their religious beliefs.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
<b>Quality and safety</b>	
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St John's House OSV-0000101

Inspection ID: MON-0025403

Date of inspection: 31/10/2018

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Currently some of our regular staff have returned from annual leave and sick leave which has assisted with reducing the number of agency staff.            The centre is working with a number of recruitment agencies to source suitable staff mainly Health Care Assistants and this is proving effective. We have also received a number of CVs through advertising, drop in to the centre as well as through staff contacts. The recruitment process is currently impacted by an increased delay in receiving Garda Vetting on new employees, however, four new health Care Assistants are approved- one has commenced on the 15th November, two are commencing the week of the 19th November 2018 and another on the 3rd December. In total these equal 3.6 WTE. A further 1 WTE health care assistant is due to commence in January 2019. We have made a job offer to 1 health care assistant this week and will be interviewing 2 health care assistant on Thursday the 22nd November 2018 and subject to satisfactory interview references and Garda vetting this will bring us up to 92% of our full complement of staff by early December and 98% by January 2019. These figures are inclusive of annual leave and sickness leave. We are confident that further recruitment between now and December will increase this to a full complement of staff thus eliminating the need for agency staff. The one carer due in January will not impact on the full complement as this extra is contingency for leave and absence cover.            We have recruited a replacement full time Staff nurse who is due to commence possibly the 26th November subject to availability of garda vetting bringing our nursing compliment back to normal.</p> <p>All Staff receive induction and we expect that by their third week of induction they would be working with their own caseload under supervision.            Supervision: Supervision has been extended to nights commencing this week and documented records of this will be added to the supervision records. These night supervisions will be carried out by the CNMs but will be rostered retrospectively. We do not retain staff on permanent nights and all staff are rotated to days. One nurse does slightly more nights but has day time rostered days.</p>	

Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Follow up to the previous action plan regarding the requirement for training of staff in the area of interaction with and activities for those residents with advanced dementia and cognitive impairment include retraining of staff in this area and two staff – one nurse and one carer attended Engaging Dementia activity training in October. This course includes practical assignments which have to be completed to receive certificates this is in place currently. We plan to carry this training through to all staff to develop their knowledge and skills.</p> <p>We have also agreed a two-day training programme with Engaging Dementia commencing the end of November. This is to address the social care needs of higher dependency residents and to ensure the newer staff are fully trained. It involves one day on Dementia and person centered care and the second facilitated day is about developing the practical solutions and activities for people with dementia. The group will be small and the resident focus will be on the residents to whom these staff are key workers. The group will have a leader, nurses and carers and possibly others if required but initially clinical staff. It is proposed to have a follow up to review projects the groups complete. This will be repeated in the new year for a second group. The learning outcomes are in line with the last action plan.</p> <p>The residents have one to one activities however the actual intervention needs to be built into the care plan and documented more clearly This work has already commenced. One page profiles are being developed on all residents and will also be easily available to staff. These will be complete by the 31st December 2019</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Before December 31st we will review the terms of reference of the resident's council with the residents to find ways for all residents to voice their views and opinions.</p> <p>We are working with SAGE to develop advocacy champions from within the nursing home and we see this as significant in introducing this change. The development of the staff and advocacy champions will commence in January with the SAGE regional facilitator.</p> <p>The activities co-ordinators role will also expand to include a role of engagement with</p>	

residents as a group to voice their views and concerns and can assist with keeping notes for the group.

The combination of both of the above will facilitate residents to express their wishes and to assist with choosing who they wish to invite to their meetings. It may be that the residents wish to meet more frequently themselves to set the agenda and organise a meeting with whom they choose to invite.

The next resident's council meeting is due in February and it is proposed to aim for these changes to take place in time for this meeting.

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	20/12/2018
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	20/11/2018
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/12/2018
Regulation 9(3)(d)	A registered	Substantially	Yellow	31/01/2019

	provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Compliant		
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