

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. John's Community Hospital
Centre ID:	OSV-0000660
Centre address:	Ballytivnan, Sligo.
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Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Lead inspector:	Marie Matthews
Support inspector(s):	Leanne Crowe
Type of inspection	Announced
Number of residents on the date of inspection:	91
Number of vacancies on the date of inspection:	9

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
31 January 2018 10:00	31 January 2018 19:00
01 February 2018 09:00	01 February 2018 19:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Non Compliant - Moderate
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Major
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place over two days following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre. The responses to the action plans from the previous thematic inspection in 23 March 2017 were also reviewed. Seven of the eight actions were addressed. There was evidence that residents had appropriate access to both physiotherapy and speech

and language therapy. The action in relation the design and layout of the building remained outstanding.

The centre is registered to accommodate 100 residents. The provider has voluntarily reduced occupancy to 95, and 91 residents were accommodated on the days of the inspection. Twenty two residents had a diagnosis of dementia.

The current layout poses a challenge to the delivery of care due to the configuration of bedroom accommodation in ward-type unit and impacts on the privacy and dignity of residents. A restrictive condition is attached to the registration of this centre. This condition states that ' The physical environment in the designated centre must be reconfigured as outlined in the plans submitted to the Chief Inspector in April 2016. The reconfiguration must be completed by the end of 2019. The provider has met with the Authority previously regarding this issue and has submitted plans agreed at a national level, to bring the centre into compliance by December 2019. National approval has been authorised and planning permission has been granted. The refurbishment works had not commenced however at the time of the inspection.

A judgment of major non compliance was found in relation to two outcomes; 'Suitable and safe premises' and 'Residents rights dignity and consultation'. While focusing on a major refurbishment plan, the provider had not taken appropriate interim measures to address the issues which impacted on the privacy and dignity of residents.

The centre is run by the Health Services Executive (HSE) and there is an effective management structure in place with clear lines of responsibility. The centre was well resourced to ensure the delivery of safe, quality care services. An annual review was completed for 2017 and a quality improvement plan was being implemented.

Inspectors met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. While the environment where residents lived was safe it was clinical in nature rather than homely. Residents received a good standard of person centred care, nursing and healthcare support. There were measures in place to protect residents from being harmed or suffering abuse and residents confirmed that they felt safe in the centre. Residents had good access to nursing, medical and allied health care. The management of medicines was satisfactory. Inspectors saw that there were good opportunities for residents to participate in activities, appropriate to their interests and capacities.

There were strong links to the community with many residents and staff coming from the local area. The coffee shop area at the entrance was observed to be a busy social hub and provided a very pleasant social area which was well used by both residents and their families and friends. The coffee shop was closed in the evenings, but a tea/coffee dispenser was provided so residents and their families could still enjoy the area. Two churches are available within the centre which were used by residents and the local community. Outings were organised to concerts and local events and staff celebrated helped residents to celebrate birthdays and anniversaries in the centre's garden room which provided a pleasant social area for residents.

Residents and relatives were very positive in their feedback to the Authority and expressed satisfaction about care provided. They were complimentary about all aspects of residents' care and the support provided by staff and management. One relative expressed concerns regarding hygiene in relation to the hens. Inspectors reviewed this issued during the inspection and did not find any evidence to substantiate the concern. There was evidence that staff had access to education and training, appropriate to their role and responsibilities.

While there was a comprehensive risk management policy in place inspectors identified risks during the inspection which have not been identified or assessed and therefore appropriate action had not been taken. One of these was addressed immediately during the inspection.

The action plan attached to this report highlights the areas of non-compliance and these primarily relate to building layout and the impact this has on the rights of the residents to privacy and dignity.

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 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The Statement of Purpose contained the information required by Schedule 1 of the Regulations and accurately described the aims, objectives and ethos of the service. The document required minor review to accurately reflect the facilities and services provided which was completed on the day of inspection.

Judgment:

Compliant

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:

The statement of purpose described a clear management structure which was reflected in practice. The inspectors found that the centre was managed by an appropriate person in charge who was actively engaged in the governance, operational management and administration of the centre. She was supported by an Assistant Director of Nursing, and

a team of Clinical Nurse Managers.

The centre was well resourced and management systems were in place to ensure that the service provided was safe. An audit schedule was in place and inspectors saw that audits covered a range of clinical areas.

A report on the quality and safety of care was available which collated the audit findings and inspectors saw that a quality improvement plan was developed to address the areas that required action. Satisfaction surveys were completed regular to ensure that residents were satisfied with the quality of care.

The provider representative was described by the person in charge as very accessible. She visited the centre regularly and spoke with the person in charge on a daily basis.

Inspectors reviewed the minutes of management meetings and risk management meetings which indicated a proactive response by management to issues arising.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Upon admission to the centre, each resident was provided with a 'welcome pack' that contained various pieces of key information. This included advocacy services, residents' rights and a copy of the centre's most recent inspection report. A guide to the centre was also included in this pack, which contained all of the information required by the regulations.

Each resident had a written contract in place. Inspectors reviewed a sample of these contracts and found that these did not set out the fees to be charged, or include details regarding the number of occupants in each resident's bedroom.

Judgment:

Non Compliant - Moderate

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 meets the criteria required by the regulations in terms of qualifications, experience and management practice. She is an experienced registered nurse who works full-time. She had good knowledge of residents' care needs. She was actively engaged in the governance and management and could describe in an informed way the residents' care needs. Residents and relatives spoken with said she was responsive to any concerns raised and the feedback from residents and relatives spoken with. The questionnaires submitted to HIQA in advance of the inspection were positive regarding the management of the centre.

The person in charge has maintained her professional development. She had a post graduate diploma in Gerontology and attended mandatory training required by the regulations. She had also taken part in HSE national initiatives to reduce hospital admissions.

Judgment:

Compliant

*Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.*

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The inspectors found that the centre held all of the operation policies required by

Schedule 5 of the regulations. These were revised and updated on a regular basis and reflected the centre's practices. The directory of residents' contained all information required by Schedule 3 of the regulations and was maintained up to date.

A sample of staff files was reviewed for Schedule 2 information. The garda vetting verification forms found on some files was not the original garda vetting required by the regulations. The provider subsequently submitted the required garda vetting disclosures via the data controller.

The records of Schedules 3 and 4 were well-maintained and easily retrievable within the centre.

Adequate insurance was in place against injury to residents and loss or damage to their property.

Judgment:
Compliant

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The provider was aware of her responsibility to notify the Authority in the event that the person in charge would be absent for a period of 28 days or more. An assistant Director of Nursing deputised for the person in charge in her absence.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that there were systems in place to protect residents from being harmed. Management and staff within the centre could describe these systems to inspectors during the inspection.

There was a policy and procedure in place for the prevention, detection and response to abuse. Staff received regular training in relation to this policy, ensuring that they could appropriately respond to any allegations, disclosures or suspicions of abuse. Staff outlined to inspectors the various practices in place to ensure that there were no barriers to disclosing any suspicions or allegations of abuse. For example, the person in charge informed inspectors that a number of staff are currently undergoing or have completed training in order to become designated officers for safeguarding. Residents who spoke with inspectors told them that they felt safe in the centre.

A restraint-free environment was promoted in the centre. Risk assessments were undertaken and the care plans reviewed detailed the use of restraint. These risk assessments and care plans were reviewed on a regular basis. There was evidence that safety checks were completed when bed rails were in use. The inspector noted that additional equipment such as various sensor alarms, low-low beds and crash mats were used where possible.

A number of residents' pensions were being managed by the centre on their behalf. The systems in relation to pensions' management were in line with relevant guidelines.

There was a policy and procedure in place for managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Due to their complex medical conditions, some residents showed responsive behaviours. Inspectors saw that assessments had been completed and these were used to inform the development of behavioural support plans. The staff who spoke with inspectors were aware of the possible triggers for responsive behaviours and could describe the interventions that they would use. Where chemical restraint was implemented, it was used as a last resort after all other interventions were tried.

Judgment:

Compliant

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:

There were systems in place to ensure that the health and safety of residents, visitors and staff is promoted and protected. A risk management policy was available and a risk register was maintained and regularly updated. Inspectors identified that a radiator in one resident's bedroom was excessively hot and presented a burns risk and this had not been identified by the centre's risk identification procedures. This issue was brought to the attention of the person in charge who immediately organised to remedy the problem.

Measures were in place to prevent accidents to residents which included regular assessments, a falls prevention plan which identified residents at high risk, low entry beds and crash mattresses were also in use. There was a plan in place for responding to emergencies or major incidents.

Inspectors saw that appropriate procedures were in place for the prevention and control of healthcare associated infections. Staff were observed appropriately using PPE (Personal Protective Equipment) throughout the inspection, and performing hand hygiene when required.

There were fire policies and procedures in place that were centre-specific and had been revised in May 2017. There were fire safety notices for residents, visitors and staff appropriately placed throughout the building. Each staff member spoken to during the inspection was familiar with evacuation requirements of residents and confirmed that they had attended fire evacuation drills. The centre had carried out drills that simulated staffing levels during the day but had not completed a drill with the night staff allocation on duty since 2016. The records of fire drills were noted to be comprehensive and described the situation that was enacted. Documentation indicated that quarterly servicing was carried out on fire alarms and fire safety equipment was serviced on an annual basis. There were records of fire safety checks on fire exits, fire doors and fire fighting equipment available and records were comprehensive and indicated a consistent approach to this safety check. At the time of inspection all fire exit doors were free from obstruction.

Staff had received training in fire safety and evacuation. This was confirmed by the training records reviewed and by staff spoken with who were clear on fire safety practices and knew what to do in the event of a fire. The inspectors found that fire evacuation drills were completed regularly and records were maintained as to the duration of the drill, the staff who took part and any impediments to the timely evacuation. A fire drill had been completed simulating a night duty scenario when the least amount of staff were on duty. The records identified the area evacuated and the staff members involved and identified any impediments.

Each resident had a personal emergency evacuation plans (PEEPs) which were kept in their room, however some lacked detail regarding the level of assistance the resident

required to evacuate the centre or the equipment such as a wheelchair or evacuation sheet required.

A smoking room was provided in each unit. Some had been adapted from previously used storage rooms and items that were stored in these rooms such as bedrails, were still stored on shelving which created a risk to residents using the rooms . Appropriate mechanically aided extract ventilation was not provided in one smoking room to remove smoking fumes from the room.

Judgment:

Substantially 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 was a medication management policy in operation in the centre, which was last reviewed in February 2017. This policy was found to be reflected in practice by nursing staff. Pharmacists were facilitated to meet their obligations in line with the regulations.

Medication administration records were appropriately completed and medicines to be administered in a crushed format were individually prescribed by a GP. An action identified at the previous inspection had been completed: inspectors found that the maximum dosage for PRN medications was now clearly recorded.

Nurses wore red "do not disturb" bibs while administering medications and inspectors noted that the nursing staff adopted a person-centred approach. For example, when administering medication staff were observed interacting with each resident in a supportive and considerate manner; speaking to residents and eliciting feedback prior to administering medication.

Medicines were stored in a locked cupboard, medication trolley or within a locked room only accessible by nursing staff. Medicines requiring refrigeration were stored securely and appropriately. The temperature of the medication refrigerator was noted to be within an acceptable range and the temperature was monitored and recorded daily.

There were measures in place for the handling and storage of controlled drugs that were accordance with current guidelines and legislation. Nursing staff with whom inspectors spoke demonstrated knowledge of the general principles and responsibilities of medication management. Controlled drugs were recorded as administered in the

medication administration records in accordance with guidance issued by An Bord Altranais agus Cnáimhseachais.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors reviewed a record of incidents and accidents that had occurred in the centre and cross referenced these with the notifications received from the centre. The inspectors found that the centre adhered to the legislative requirement to submit relevant notifications to the Chief Inspector.

The quarterly notifications had been submitted to HIQA as required.

Judgment:

Compliant

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:

Non compliances identified on the last inspection related to lack of access to speech and language therapy for residents and restricted access to physiotherapy services. This had been addressed at this inspection. A physiotherapy programme had been developed

which provided proactive physiotherapy and passive exercises to residents to help prevent residents developing contractures and to promote mobility. A falls champion worked with the physiotherapy department to develop an exercise programme for all residents within the centre on a weekly basis. Consequently the number of falls had reduced in the centre.

Arrangements had been put in place to cover leave arrangements for the speech and language therapist and inspectors saw that residents who required the service were regularly reviewed. The person in charge said she was also working with the speech and language therapist to develop an in-hospital programme delivered by health care assistants. This would be under the supervision of the speech and language therapist.

There were 91 residents in the centre during the inspection and most had high dependency and complex medical care needs. Twenty-two residents had a diagnosis of dementia and others had some aspect of cognitive impairment. The Cairde unit accommodated some residents with an acquired brain injury or degenerative diseases.

The inspectors found that care assistants and nursing staff had a good knowledge of residents' needs and their treatment plans. A comprehensive assessment of residents' care needs was completed prior to admission and on admission a nursing assessment was completed. Observations such as blood pressure, pulse and weight were assessed on admission and according to assessed need thereafter. A range of evidenced-based assessment tools were used to determine health and care needs, and care plans were developed which were person-centred and regularly reviewed. However, due to the volume of care plans in place it was sometimes difficult to determine which care plans were current or which were required in order to direct the care of residents.

Relatives were consulted and their contributions were recorded to guide practice. Risk areas that included falls, vulnerability to the development of pressure sores, malnutrition and dementia were also assessed and care plans put in place to prevent deterioration and enhance wellbeing. Staff demonstrated good knowledge and understanding of each resident's background in conversation with the inspectors.

A Medical Officer/General Practitioner (GP) was employed directly by the provider and an out of hours on call service was also provided. The GP was onsite every day and staff nurses alerted the GP to the residents who wished to see him. Residents' spoken with described a good service and inspectors saw from the medical files reviewed that residents' were seen by the GP promptly following admission and regularly thereafter.

Judgment:
Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations

2013.

Theme:

Effective care and support

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

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

Findings:

Similar to findings on all previous inspections, the design and layout of parts of the premises did not conform to the matters listed in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The layout of the centre is clinical and does not meet the individual and collective needs of residents for privacy and dignity due to the configuration of bedrooms in ward-type units. The actions with regard to multi-occupancy bedrooms remains live. The impact on residents' privacy and dignity is further discussed under Outcome 16. The provider has met with the Authority previously regarding this issue and has submitted plans agreed at a national level to bring the centre into compliance by December 2019. National approval has been authorised, planning permission has been granted and final plans have been agreed.

The centre is registered for 100 residents. The provider has reduced occupancy to 95 residents. Staff had made efforts to ensure the centre is homely and try to protect the dignity and privacy of residents however the current layout poses a challenge to this. Accommodation is organised in four ward-like units: Cairdre, Hazelwood, Curam and Rosses. Bedroom accommodation across the entire centre currently comprises seven single bedrooms, three 2-bedded rooms, four 3-bedded rooms, 15 four-bedded rooms and two 5-bedded rooms.

Single bedrooms are generally prioritised for infection control and for residents with special needs. Two rooms which normally contained four beds had five beds on the day of the inspection on the recommendation of the infection control nurse.

The centre had voluntarily reduced occupancy in multiple occupancy bedrooms which had originally six beds and consequently, there was more space available for each resident. However, the inspectors found that the additional space created by removing the beds was not used to benefit residents. Privacy curtains were still configured based on a layout of six-bedded rooms and the additional space was often used for storage or left empty. Each resident had a bedside locker with lockable storage facilities and a wardrobe and some residents has personalised the space around their beds in so far as was possible. Each room had a television installed, however the TV in some multiple occupancy bedrooms was small and it was not positioned to allow each resident to watch it.

The toilet and shower facilities currently provided also posed a challenge to the delivery of care as described in the statement of purpose. Ensuite bathroom facilities located between multiple occupancy bedrooms are shared by between 8 and 10 residents and

generally have one/two toilet cubicles and a shower. The shower area did not have a door and there were no locks on the two doors which accessed the room from the bedrooms to stop someone from entering when the shower was in use. The toilet cubicles were also only accessible to mobile residents.

Judgment:

Non Compliant - Major

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):

No actions were required from the previous inspection.

Findings:

There was a policy and procedure in place for the management of complaints. The policy had been reviewed in February 2017. A summary of the complaints' process was displayed prominently in the centre and was also included in the centre's Statement of Purpose and the Residents' Guide.

The centre's person in charge was responsible for the management and recording of complaints. A complaints log recording all complaints received was maintained in the centre and was reviewed by inspectors. These records contained all of the information required by the regulations, including the details of the investigations into complaints and the actions taken to address the complaints. Complainants' satisfaction with the outcome of complaints was also recorded.

A second person was identified in the complaints' policy to ensure that all complaints were recorded and responded to appropriately. While inspectors were informed that all complaints were reviewed by this person on a monthly basis, and would communicate with the person in charge if further action or information was required. However, evidence of this review taking place was not being recorded.

There was an independent appeals process in place for complainants, should they choose to use it.

Inspectors spoke with staff and residents about complaints or issues of concern. Residents were able to identify who they should make complaints to and staff could outline how they would respond to a complaint.

Judgment:

Compliant

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Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

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:
On the previous inspection, inspectors found that some end-of-life care plans had limited information regarding the family members the resident wished to have with them or the resident's choice regarding their preference for delivery of care. Inspectors reviewed the notes of recently deceased residents. Care plans contained good information regarding the residents' end-of-life wishes and inspectors saw that care was delivered in accordance with the residents' wishes. Pain assessments were used and the centre worked closely with the Medical Officer to ensure pain was well managed. In one end-of-life care plan reviewed, the resident's spiritual wishes were not clearly recorded. The staff members spoken with confirmed that residents receiving end-of-life care were offered a single room. Palliative care services were located on site.

The policy of the centre is that all residents are for resuscitation unless clinical decisions have been made that indicate otherwise and all such decisions were documented. The inspectors saw that decisions made in relation to resuscitation status were reviewed regularly and this information was clearly available in each unit.

Judgment:
Compliant

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

Findings:

Inspectors found that residents were provided with food and drinks regularly, that food and liquids were available in consistencies that met their assessed needs, and that there were processes in place for the monitoring and recording of nutritional intake. A dietician had reviewed the centre's menus to ensure optimal nutrition and inspectors were told the centre participated in a healthy eating initiative. Where unexplained weight loss was identified, residents were closely monitored and nutritional monitoring records were maintained which contained a good level of detail. This was an action from the previous inspection.

Food was prepared in the centre's main kitchen and there was good communication processes between the kitchen staff and nursing and care staff to ensure that residents did not experience poor nutrition or hydration. Inspectors saw that the meals served were well presented. Residents on specialised diets such as diabetic, fortified diets, modified consistency diets received their correct diets and were offered the same choices regarding meals. Residents receiving thickened fluids were served appropriate fluid consistencies.

Each unit had a sitting/dining room and fewer residents ate their meals by their beds (this practice was identified on previous inspections). The dining space in each unit was limited and the area became congested where residents had their own specialised chairs. An action to address this has been included under outcome 12. Inspectors observed residents having their lunch and inspectors saw that a choice of meals was offered and the staff sat with residents while providing encouragement or assistance with the meal in a discreet manner. Snacks and drinks were available throughout the day and the centre's coffee shop was also well used by residents and their families.

Residents were referred to the dietician and speech and language therapy services as required and inspectors saw that their recommendations were recorded in care plans and implemented in practice by staff.

Judgment:

Compliant

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:

As described under outcome six, the current layout of the centre impacts negatively on the privacy and dignity of residents.

While staff took care to provide care in a respectful manner to residents, practice in relation to showering and assisting residents to use the toilet did not ensure their privacy and dignity was respected. This resulted in residents having to use a commode in ensuite bathrooms or shower rooms. The dividing wall between the toilet cubicles in these rooms did not extend to the ceiling, so sounds and odours would not be contained. No door was provided separating the shower area and the toilet cubicles and doors into these ensuite rooms could not be locked while they were in use.

The additional space gained by the removal of beds had not been consistently used to create more personal space for the remaining residents or to make the bedroom more homelike.

These findings were discussed with the centre's management team at the conclusion of the inspection.

Residents were consulted with and participated in the organisation of the centre. Residents and relatives who spoke with inspectors could identify the person in charge and stated that they could speak with her if they so wished. The person in charge outlined to inspectors how residents and relatives' feedback had been used to make improvements, for example, an upgrade to the centre's TV system. A residents' committee met a number of times a year, which was attended by residents, staff and occasionally a resident's relative or representative. An action from the previous inspection relating to the objectives of these meetings had been addressed. Minutes of recent meetings were reviewed by inspectors and these indicated that the committee discussed activities, improvements made to the service and upcoming events. In addition to this an annual residents' survey was also carried out in 2017. About 40% of the surveys issued were returned, and the findings were analysed by the centre's management. The majority of feedback was found to be positive, and related to residents' choice, staffing, activities, the premises and the services provided.

There were measures in place to ensure that all residents had opportunities to participate in meaningful activities in line with their interests, preferences and capabilities. A large number of initiatives had been developed to enhance residents' lives in this respect. A number of members had joined a local art group, an in-house library had been developed and fundraising was in progress to buy a bike that could transport two people in a covered carriage. Once purchased, the person in charge told inspectors the bike will be used to bring residents on excursions in the surrounding area.

There was evidence that the centre was part of the local community, and residents were supported to access local media, events and information about the area. A coffee shop was located at the entrance to the building and was a well-used social area for residents and visitors.

The centre had purchase hens which were found in one of the enclosed gardens available to residents. A number of life-size statues of other farm animals had also been

installed in the garden to add interest for residents. A sensory room was located in one of the units, and this was used to provide one-to-one therapeutic experiences to residents. Staff outlined the positive impact that these sessions had on the residents that participated in them. A programme of activities were completed across the units on a weekly basis. A large dayroom located outside the units held many group activities, and inspectors observed smaller activities taking place in the respective units. These included baking, bingo, music and other games.

Staff were aware of residents' communication needs and these were reflected in care plans and in practice. Several residents used hand held computer tablets to communicate and internet access was provided to residents on request. The person in charge was investigating how 'wireless' broadband services could be improved for residents. Telephones were available for use if needed.

Residents civil, political and religious rights were respected. A large Catholic church was located within the centre, and residents of other religions could be supported to practice their faith if required.

Given that measures had not been put in place to address the non compliances identified in previous reports which impacted on the residents' rights to privacy and dignity, a judgment of major non compliance was merited for this outcome

Judgment:

Non Compliant - Major

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors saw that each resident had a locker which was lockable and a single wardrobe in their room. Storage space was limited in the wardrobes provided which meant that residents could not store all of their possessions. Additional overflow wardrobes were used in some of the multiple occupancy bedrooms to store surplus clothing such as winter coats. Some wardrobes had very little personal belongings as relatives looked after the residents' laundry and brought in clean clothing daily.

Clothing in wardrobes was labelled with markers however the inspectors saw that in some instances the ink had become faded and was difficult to read. In discussion with

staff the inspectors were told that alternative more durable labelling system was been considered.

Laundry facilities were provided and appropriate systems were in place to ensure residents' belongings were returned to them. The staff in the laundry room had a system for collecting, washing, separating and returning clothes to residents including those which soiled.

There were systems in place to safeguard residents' property and money. A record of each resident's personal property was maintained which was updated as new items were acquired. There was an established system in place for safeguarding residents finances in accordance with HSE procedures for the management of personal finances. Money held on behalf of residents was secure and could be easily accessed by the resident.

Judgment:

Substantially 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:

Inspectors found that there were sufficient staff on duty to meet the needs of residents, however there continued to be a reliance on agency staff. Although the person in charge said she tried to ensure that the same agency staff were consistently employed, the recruitment policy required review to ensure the centre was adequately resourced with regular staff who have the appropriate skills, qualifications and experience to meet the assessed needs of all residents.

An actual and planned duty roster was in place, with all changes clearly indicated. The roster reflected staff on-duty on the days of the inspection. A separate management roster was maintained which included the person in charge. There was evidence of good communication between staff of various grades. A handover meeting was held at the beginning of each shift. A further communication tool referred to as the "safety pause" also gave an opportunity for staff to communicate any changes in the residents.

Meetings for the various staff disciplines and grades were held regularly and minutes of these were available for review by inspectors.

Good supervision of staff was evident in all units at the time of the inspection, for example, nurses and care assistants were allocated to teams to care for residents. A clinical nurse manager supervised care in each unit and at night time a clinical nurse manager was on duty to supervise care in all four units. The inspectors found that a good team spirit had been developed in each team.

Staff were facilitated to attend training to maintain their professional development and skills. A training matrix was provided to inspectors, which indicated that all staff had completed training in fire safety, moving and handling practices and the prevention, detection and response to abuse. Staff spoken with on the day of the inspection were knowledgeable about varied aspects of the service that included residents' care needs, hygiene practices, nutrition management and safeguarding.

A sample of staff files were reviewed by inspectors. All staff records as required by Schedule 2 of the Regulations were available for inspection with the exception of An Garda Síochána vetting disclosures. The person in charge confirmed to inspectors that An Garda Síochána vetting disclosures had been completed by all staff and were held centrally.

The person in charge described new initiatives for involving community volunteers in supporting residents. Evidence of An Garda Síochána vetting was available for volunteers working in the centre.

Judgment:
Substantially Compliant

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:

Marie Matthews
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 report¹

Centre name:	St. John's Community Hospital
Centre ID:	OSV-0000660
Date of inspection:	31/01/2018 & 01/02/2018
Date of response:	23/04/2018

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 03: Information for residents

Theme:

Governance, Leadership and Management

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

The sample of contracts reviewed by inspectors did not contain the number of occupants in the residents' respective bedrooms.

1. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident

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

shall reside in the centre.

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

The register provider and the person in charge are reviewing all contacts of care as per Regulation 24(1) to ensure that the number of occupants in each resident's bedroom is clearly documented in the contract of care.

Proposed Timescale: 30/03/2018

Theme:

Governance, Leadership and Management

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

The sample of contracts reviewed by inspectors did not outline the fees to be charged to residents.

2. Action Required:

Under Regulation 24(2)(b) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the fees, if any, to be charged for such services.

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

The Registered Provider and the person in charge are reviewing all contracts of care as per Regulation 24(2)(b) to ensure that the fees to be charged to each resident is clearly documented in the residents contact of care.

Proposed Timescale: 30/03/2018

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Proper ventilation was not provided in one smoking room to extract smoking fumes from the room.

3. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The Register Provider and the person in charge met with the maintenance supervisor regarding the ventilation of smoking rooms. An extractor fan is now in place to extract

smoking fumes from the smoking room ensuring proper ventilation as per Regulation 26(1)(b).

Proposed Timescale: 22/02/2018

Theme:

Safe care and support

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

A personal emergency evacuation plan was available for each resident however some of these lacked sufficient detail regarding the level of assistance the resident required.

4. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

The Registered Provider and the Person in Charge are reviewing all personal emergency evacuation plans for each resident and these will be updated to reflect the level of assistance required by each resident as per Regulations 28(2)(iv).

Proposed Timescale: 30/03/2018

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Due to the volume of care plans in place, it was sometimes difficult to determine which care plans were current or which were required in order to direct the care of residents.

5. Action Required:

Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

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

The Person in Charge is working with the practice development department to review all aspects of the care plan in place. Following the review and implementation of a comprehensive care plan the Person in Charge will ensure that care plans are easily accessible to identify the current direct care appropriate to the resident as per Regulation 05(3).

Proposed Timescale: 30/06/2018

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The design and layout of the premises does not conform to the matters listed in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

6. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

The Register Provider has been working with the estates department to ensure that by December 2019 the centre will comply with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. To date planning permission has been obtained, the fire and disability cert has been obtained. Plans of the centre have been agreed and the estates department are awaiting tenders for the upgrade. Building works are planned to commence in the first quarter of 2019.

Proposed Timescale: 31/12/2019

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The arrangements available to residents in relation to toileting and showering did not always maintain residents' privacy and dignity.

Additional space gained by the removal of beds from multi-occupancy rooms had not been consistently used as personal space for the remaining residents.

There were no locks on the ensuite bathroom doors to ensure privacy.

7. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

The Registered Provider has worked closely with the estates department to ensure that the refurbishment meets the needs of residents in relation to toileting and showering. Plans for the refurbishment ensure that each room has access to an ensuite bathroom and shower facility. In the interim the registered provider has approved the reconfiguration of privacy curtains in the multi-occupancy rooms to ensure that additional space can be utilised at resident's bedsides.

A review of the bed spaces has taken place and the additional space will be used to make residents bed spaces more person centred.

The Register Provider has met with the maintenance department and locks are to be placed on the ensuite bathroom doors to ensure the privacy of the residents.

Proposed Timescale: 28/09/2018

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

Storage space was limited in the wardrobes provided which meant that residents could not store all of their possessions within their own personal space.

8. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

The Person in Charge is ensuring that additional spaces around resident's bed is being utilised. The additional space will enable additional wardrobe space for each resident to store their possessions as per Regulation 12(c).

Proposed Timescale: 30/10/2018

Theme:

Person-centred care and support

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

The system in place to identify each resident's clothing required review to ensure that clothing was returned to the resident after laundering.

9. Action Required:

Under Regulation 12(b) you are required to: Ensure each resident's linen and clothes are laundered regularly and returned to that resident.

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

The Person in Charge has meet with the laundry department and a marking system has been implemented. Each resident's laundry is sent to the laundry in personal bags and is now returned from the laundry in the resident's personal bag ensuring that each residents laundry is easily identified on return to the centre as to ensure compliance with Regulation 12(b).

Proposed Timescale: 30/03/2018

Outcome 18: Suitable Staffing

Theme:

Workforce

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

The centre relied on agency staff to make up the staffing complement .

10. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The Register Provider is currently working with the local HR department to recruit permanent staff to be employed by the HSE. With the introduction of additional HSE staff to the centre this will eliminate the use of agency staff within the centre.

Proposed Timescale: 29/06/2018