

**Health Information and Quality Authority
Regulation Directorate**

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



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| Centre name: | St. John's Community Hospital |
| Centre ID: | OSV-0000660 |
| Centre address: | Ballytivnan, Sligo. |
| Telephone number: | 071 914 2606 |
| Email address: | melissa.kelly@hse.ie |
| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Geraldine Mullarkey |
| Lead inspector: | Marie Matthews |
| Support inspector(s): | Brid McGoldrick |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 90 |
| Number of vacancies on the date of inspection: | 10 |

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 March 2017 08:30 To: 23 March 2017 18:30

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

| Outcome | Provider's self assessment | Our Judgment |
|---|-----------------------------------|--------------------------|
| Outcome 01: Health and Social Care Needs | | Non Compliant - Moderate |
| Outcome 02: Safeguarding and Safety | | Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation | | Substantially Compliant |
| Outcome 04: Complaints procedures | | Compliant |
| Outcome 05: Suitable Staffing | | Compliant |
| Outcome 06: Safe and Suitable Premises | | Non Compliant - Major |

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on six specific outcomes relevant to dementia care. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also considered findings from the last inspection carried out on in April 2015, notifications submitted and information submitted by the provider in reply to a provider led investigation issued by the Health Information and Quality Authority (the Authority).

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. At the request of the Authority, the provider had submitted a completed self assessment tool on dementia care to the Authority comparing the services provided with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The centre is registered to accommodate 100 residents. There were 90 residents accommodated on the day of the inspection. The centre has 4 individual wards each with their own dining /sitting rooms and bathrooms. The current building poses a challenge to the delivery of care due to the configuration of bedroom accommodation in ward-type units. The provider has submitted plans and agreed a time frame to bring the centre into compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

21 of the residents had a formal diagnosis of dementia and others had some level of cognitive impairment. Inspectors found that residents were well known by staff and the care needs of residents with dementia were met. There was a relaxed atmosphere in the centre and the coffee shop at the entrance provided a very pleasant social focus for residents and kept them in touch with the local community.

There was a comprehensive admission procedures which included a pre-admission assessment. There was an schedule of organised events each week and residents had opportunities to engage in meaningful activity. Group and individual Sonas (a therapeutic activity for residents who are cognitively impaired) were provided for residents. Residents' healthcare needs were generally met and the general practitioners visited regularly. Improvements were identified in relation to ensuring the support services provided on site were deployed effectively to meet the needs of all residents. Improvements were also identified in relation to care planning . Inspectors found that better care plans for dementia were required improvement to capture the residents' current abilities.

The action plan at the end of this report identifies these and other 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 Quality 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 01: Health and Social Care Needs

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:

This outcome sets out the inspection findings relating to assessments and care planning, access to healthcare, maintenance of records and policies available governing practice. Social care is reported on in Outcome 3.

The self assessment tool (SAT) completed on behalf of the provider was rated as substantially compliant in this outcome with some areas for improvement highlighted. Inspectors focused on the experience of residents including those with dementia and they tracked their journey prior to and from admission. They also reviewed specific aspects of care such as nutrition, wound care, mobility, access to health care and support services, medication management, and end of life care and maintenance of records. Inspectors spent time in the four units of the centre and observed care practice.

In general, there were appropriate arrangements in place to meet the health and nursing needs of all residents including those with dementia. Most residents came from the hospital or the rehabilitation unit and a pre-admission assessment was completed prior to admission. Residents' files had a copy of their hospital discharge letters and the files of residents admitted under 'Fair deal' had a copy of their Common Summary Assessments (CSARS), which detailed various assessments undertaken by professionals such as a geriatrician, a medical social worker and nurse prior to admission.

A comprehensive assessment of the residents' ability to perform the activities of daily living, including eating and drinking, mobility, maintaining a safe environment, social needs, rest and sleep was completed for each resident. A range of clinical risks were assessed such as falls, malnutrition and the risk of pressure ulcer development. Care plans were developed to address problems identified. There was evidence that the resident and where appropriate, their family were involved in the care planning process.

There were two residents with pressure ulcers at the time of this inspection. Pressure-relieving mattresses and cushions were provided and an appropriate care plan was

developed. The advice of a tissue viability specialist was included in the care plan and was adhered to.

Care plans were reviewed on a four-monthly basis or as required by the residents' changing needs in consultation with residents or their representatives. Most care plans were person centred however some of those reviewed lacked detail, for example a care plan for a resident with epilepsy did not include the name of the medication to be administered in the event of a seizure or instruct how it was to be administered.

There were appropriate processes in place to ensure that when a resident was transferred to and from the centre, relevant and appropriate information about their care and treatment was shared with the acute services. However in one instance, a copy of this information was not retained on the resident's file.

A Medical Officer(GP) was employed directly by the provider and an out of hours on call service was also provided. The medical officer was onsite every day and staff nurses alerted him to the residents who wished to see him. Inspectors saw that residents were seen promptly following admission and regularly thereafter.

Inspectors reviewed the management of clinical issues such as wound care, falls, restraint, epilepsy and nutrition care management. Allied healthcare professionals including tissue viability, physiotherapy, dietetics, speech and language therapy, occupational therapy and podiatry services were all available on site. Care plans had been updated to reflect the recommendations of various members of the multidisciplinary team. Inspectors saw that residents had access to mental health services and psychiatry of later life services.

A physiotherapist employed by the provider also provided care to residents in an adjoining rehabilitation unit run by the provider. Inspectors saw that residents with limited mobility and those at risk of falls had been reviewed by the physiotherapist, however; the demands of the rehabilitation unit impacted on the time available to residents in the centre . This meant the physiotherapist had less time to complete proactive work and passive exercises with residents to promote mobility and to prevent residents developing contractures.

Some residents had care plans in place to address elimination and continence problems. Residents were provided with continence wear based on their assessed needs. Inspectors observed that a significant number of residents were prescribed a laxative and the person in charge was asked to conduct a review of laxative use in the centre.

Inspectors saw that residents were weighed on a monthly basis, or more frequently if weight loss was identified. Nutritional intake monitoring charts were completed where weight loss was observed and there was evidence of review by dietetic services. Most food monitoring charts contained a good level of detail however some did not have the quantities recorded in sufficient detail to be of therapeutic value. The advice of the dietician was obtained and this was incorporated into the residents care plan. Inspectors saw that meals were fortified to increase calorific intake and where nutritional supplements were prescribed they were administered appropriately.

Inspectors reviewed the file of one resident who had had two episodes of choking. The resident was referred to a speech and language therapist but had not yet been reviewed. The person in charge advised inspectors that the speech and language therapist employed was going planned leave imminently and there were no contingency arrangements in place to replace this service and ensure residents with impaired swallow or in needs of assistance with communication were seen promptly and provided with the appropriate care.

Each unit had a sitting/dining room and inspectors observed that practice in relation to mealtimes had improved. There were fewer residents eating their meals by their beds than on the previous inspection and better use of the dining facilities. Inspectors observed residents having their lunch and saw that a choice of meals was offered. Staff sat with residents while providing encouragement or assistance with the meal.

There was appropriate communication between nursing and catering staff to support residents with special dietary requirements. Some residents were on fortified, weight reducing, diabetic, modified consistency or high protein diets and the inspectors spoke with catering staff and verified that there were processes in place to ensure residents received the appropriate diet.

Some nurses were trained to replace percutaneous endoscopic gastrostomy (PEG) tubes and in the administration of subcutaneous fluids which helped to avoid unnecessary hospital admissions. Inspectors reviewed the care of one resident who had a PEG tube and found that the care plan directed the resident's care in relation to the management of the tube, rest periods and the feeding regime however; the regime for flushing the tube was not accurately recorded.

There were arrangements in place to review accidents and incidents within the centre, and each resident was assessed for risk of sustaining a fall. A falls prevention programme was well established and those at risk of falls were identified through a colour coded symbol displayed over their bed. Inspectors saw that following a fall, the resident's risk assessment was revised, medications reviewed and their care plan was updated to include interventions to prevent further falls.

A copy of HSE medication policy was available and the person in charge said that this was under review nationally. In general inspectors found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. In a small number of prescriptions for as required or PRN medication the maximum dosage was not clearly stated and inspectors saw that in some instances residents prescribed PRN medication were receiving the medication on a daily basis and the prescription hadn't been changed to a regular prescription.

There was one resident receiving end of life care at the time of the inspection and inspectors saw that there was good support provided by the community palliative care services. End of life care plans were developed for all residents, however some 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. Single rooms were available for end of life care and the person in charge said that these rooms were

made available where possible.

Inspectors also followed up on the issues raised at the last inspection and found that one action had been not been adequately addressed. Care plans for residents with dementia or cognitive impairment were not comprehensive and did not give a good clinical picture of the resident or the range of memory function they retained or the support that should be provided to ensure their wellbeing.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

Findings:

Inspectors found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse. All residents spoken with said they felt safe and secure in the centre, and felt the staff were supportive. Relatives of residents spoke highly of the care provided by the staff and their caring attitude. The person in charge confirmed that there were no allegations of abuse under investigation.

Measures were in place to safeguard residents. Staff spoken with were knowledgeable of the policies and procedures to ensure residents were safeguarded against abuse. All staff had undertaken training in recognising and responding to allegations of abuse. The Health Service Executive (HSE) policy on "Safeguarding Vulnerable Persons at Risk of Abuse" 2014 was available in the centre. Residents spoken with stated they felt safe and secure in the centre.

All staff spoken with knew what action to take if they witnessed, suspected or had abuse disclosed to them. They also clearly explained what they would do if they were concerned about a colleagues behaviour.

On the previous inspection it was found that improvements were required to the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). This action plan had been completed. There were a small number of residents who had responsive behaviours and inspectors reviewed their care. Assessments were completed and care plans developed to assist staff to manage the residents' behaviours. ABC charts were completed to establish factors that might trigger the behaviours and this information was incorporated into a care plan. Although there was still no specific behaviour care plan, information on various interventions to alleviate

the residents anxieties and provide a consistent person centred approaches to care was contained in communication care plans.

There was evidence that appropriate referrals had been made to mental health services and expert recommendations had been implemented with positive outcomes for the residents. Some staff members had completed training in the management of behaviours further training dates were scheduled.

The HSE policy on restraint was available. A restraint register was available and 41 of the 90 residents used bed rails at night. The person in charge said that most residents came from the acute hospitals and had become used to having a bedrail in situ. Some of the bedrails in use were at the request of the resident to prevent them resident from rolling out of bed. The enabling function was recorded in the care plans reviewed. The inspector reviewed a sample of the assessments completed for the use of a bedrail and saw that less restrictive alternatives were considered before the bed rails were used including sensor alarms and low entry beds. Residents had been risk assessed prior to using bedrails and care plans were in place which detailed the frequency of safety checks. There was documented evidence that hourly safety checks were completed.

Some residents were prescribed sedation and psychotropic medications to manage an underlying condition. Inspectors saw that these medications were regularly reviewed and inspectors found evidence that chemical restraint was used as a last resort.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

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 part of the inspection, inspectors spent a period of time observing staff interactions with residents with a dementia. The observations took place at three different times for intervals of 30 minutes in the sitting/dining areas. Inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals the quality of interactions between staff and residents in two communal areas. The scores for the quality of interactions are +2(positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care).

The interactions observed between residents and staff were generally positive and connective. Staff chatted with and responded positively to residents when they initiated

conversation and spent time encouraging residents to voice their views and opinions. As several residents stayed in their bedroom there were periods when there was no activity in the communal areas however inspectors observed that when resident required attention, the staff responded promptly and respectfully.

There was a resident's forum and inspectors saw from the minutes that residents were consulted on the organisation of the centre. Meetings were held every 6 weeks and discussions included day to day changes affecting residents.

Inspectors observed that staff were respectful towards residents' privacy and dignity and screens between bedrooms were closed while staff attended to personal care however as discussed under outcome 6 the configuration of bedrooms in multiple occupancy greatly impacted on the privacy and dignity of residents and on their ability to make choices about the time they went to sleep and woke up as bedrooms were shared with three other residents. An action is included under outcome 6 requiring the provider to address this.

The coffee shop area at the entrance provided a very pleasant social area and was observed to be very well used by both residents and their families and friends. The new garden room was in use and also provided a pleasant social area.

There was a good schedule of activities organised on each unit daily and several residents had attended various events in the community. Sonas sessions (a therapeutic passive exercise activity for residents with dementia) were held twice a week and individual therapeutic activities for residents unable to participate in group activities. Other activities included a serenity group, bingo, passive exercises, class's karaoke, music sessions and a craft exhibition. The person in charge was also planning on introducing yoga and music therapy to the activities schedule. Inspectors saw that residents were brought on various trips to the local theatre, concerts on the services mini bus.

Residents had access to a variety of national and local newspapers and magazines to reflect their interests. These were located in easily accessible areas and available to residents daily. Arrangements were in place for consultation with residents on the running of the service. A residents committee was well established and met every 6 weeks. Minutes of these meetings suggested there was a bigger emphasis on communication by management of changes regarding the centre than on collecting feedback on the issues that concerned the residents.

The residents' religious beliefs and values were facilitated. There was a large chapel centrally located where Mass was said on a weekly basis and a separate Church of Ireland chapel was also located nearby.

Judgment:

Substantially Compliant

Outcome 04: Complaints procedures

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:

A complaints process was in place to ensure that the complaints of residents, their families or next of kin including those with dementia were listened to and acted upon. The HSE national complaints policy 'your service your say' was available in the centre. The policy gave details of the person to whom complaints could be made, a nominated person who monitored the complaints process and an independent appeals process if the complainant was not satisfied with the outcome of their complaint. An independent advocate attended the centre and represented the views of residents unable to do so themselves.

Inspectors reviewed a log of complaints which included some minor and more formal complaints. The action from the previous inspection was addressed, and the satisfaction of the person making the complaint was recorded on the form. The complaints procedure was on display at the entrance the centre. It was also summarised in the residents guide. Relatives and residents who spoke with inspectors knew the procedure if they wished to make a complaint.

There was only one complaint recorded in the log for 2017. The Inspector saw that the complaint was promptly investigated and responded to.

The person in charge reviewed all complaints which was evidenced by her signature on each complaint form. Residents and relatives spoken with confirmed that they would complain should the need arise and said they would feel comfortable speaking to any staff member or the PIC.

Judgment:

Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

On the last inspection staffing levels were found to require review. Ten additional care assistants had been employed. Inspectors reviewed the staff rosters and found that the number and skill mix of staff on duty during this inspection was sufficient to resident numbers and dependency levels and healthcare needs. In addition to the person in

charge and the assistant director of nursing, there were eight nurses and 18 care assistants on duty during the day between the four units. This reduced to four nurses and 11 care assistants in the evening and seven nurses and 4 care assistants at night. A clinical nurse manager also provided cover at night. Agency staff are used to cover staff absences and the person in charge said she tried to ensure that the same agency staff were consistently used.

Staff actual and planned rosters were available and reflected the staffing provision on the day of inspection. Staff knew the residents well and were seen responding to their needs in a timely manner. Residents told inspectors they felt supported by staff that were available to them as required.

The staff spoken with had a good knowledge and understanding of each resident's background in conversation with inspectors. There was evidence of good communication with relatives when they visited and via the phone.

A recruitment policy in line with the requirements of the Regulations was implemented in practice. Inspectors reviewed a sample of staff files which included all the information required by Schedule 2 of the Regulations. Garda vetting had been obtained for all of those working in the centre.

Judgment:

Compliant

Outcome 06: Safe and Suitable Premises

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:

The current building poses a challenge to the delivery of care in line with the Statement of Purpose. On the previous inspections by the Authority, inspectors identified that the physical environment did not comply with the specifications of the National Quality Standards for Residential Care Settings for Older People in Ireland or the requirements of regulations due to the configuration of bedroom accommodation in ward-type units. The provider has met with the Authority and submitted a proposed plan to bring the centre into compliance with the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Accommodation is organised in four ward-like units which are multiple occupancy bedroom with four beds in some rooms and five in others. Bed numbers had been

reduced and efforts made to ensure the centre is homely and the dignity and privacy of residents is respected to the best of their ability given the constraints of the environment. There were also new wardrobes provided for each resident in response to the last inspection. Bedrooms and communal areas were found to be clean, well ventilated and comfortably warm. Separate changing facilities are provided for care and kitchen staff to enhance infection control practices. There was appropriate equipment for use by residents and staff were trained to use equipment.

Although there is ample communal space in the centre, there is limited communal space on each unit. A sitting room /dining room is located on each unit and this was observed to be well used during this inspection. A pleasant communal room known as the Garden room was shared between the units and was well used by residents for meeting with families and for group activities. A large Catholic church and a Church of Ireland oratory were also available.

Signage had improved since the last inspection, but in general, there was poor use of colour or visual cues to help orientate people with dementia.

Judgment:

Non Compliant - Major

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

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| Centre name: | St. John's Community Hospital |
| Centre ID: | OSV-0000660 |
| Date of inspection: | 23/03/2017 |
| Date of response: | 01/06/2017 |

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 01: Health and Social Care Needs

Theme:

Safe care and support

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

Care plans for residents with dementia or cognitive impairment did not give an overall clinical picture of the resident, the care plans reviewed didn't fully describe the range of memory function retained by the resident or the support that should be provided to ensure the residents wellbeing

1. Action Required:

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

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:

Care plans are being reviewed and updated to ensure that the clinical presentation of the residents with dementia is clearly outlined including their range of memory function and the support they require to ensure their wellbeing.

A regional local working group has been developed to review all aspects of the care plan to ensure person centeredness.

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:

Some care plans lacked detail, for example a care plan for a resident with epilepsy didn't include the name of the medication to be administered in the event of a seizure or say how it was to be administered.

Some end of life care plans did not reference the resident's choice regarding their preferred setting for delivery of care. Single rooms were available for end of life care and the person in charge said that these rooms were used for residents who wished to remain in the centre.

2. 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:

Care plans are currently being reviewed and updated to include specific details that are person specific to ensure care plans are person centred.

End of life care plans are being reviewed and updated to ensure that the resident's choice regarding their preferred setting for the delivery of end of life care is specified. Currently seven Clinical Nurse Managers are partaking in the National Clinical Programme for Palliative Care. This programme has led to the implementation of an end of life care plan using the palliative care needs assessment tool. By introducing this assessment tool into clinical practice this will lead to person centred care plans being developed.

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:

An appropriate Speech and language therapy service was not available for residents due to the planned absence of the current post holder.

3. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

The PIC has met with the Speech and Language Therapist. Currently within St Johns Community Hospital there is no resident assessed as requiring Speech and Language input daily. The Speech and Language Therapist has identified ten residents that would benefit from 1-2 weekly Speech and Language sessions, (Communication, language, specific intervention techniques). The Speech and Language Therapist has identified three residents that require assessment and has identified 15 residents as requiring review by the Speech and Language Therapist.

A meeting has been arranged with the General Manager of Older Persons Services and the Speech and Language Therapy manager to discuss Speech and Language Therapy issues in St. John's and the transfer of a Speech and Language Therapist for St. John's Hospital where the need has been identified to assist in covering for Maternity Leave.

The Person In Charge is also working with the Speech and Language Therapy to develop an in-hospital programme delivered by a HCA under the supervised of the Speech and Language Therapist.

Proposed Timescale: 16/06/2017

Theme:

Safe care and support

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

Physiotherapy available to residents in the centre was limited by time available to provide only proactive/passive exercises to promote mobility and to prevent residents developing contractures.

4. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

A physiotherapy programme is currently being developed within St. Johns Community Hospital this will provide proactive and passive exercises to residents within the centre

which will prevent residents developing contractures while also promoting mobility.

The falls champion within the hospital is also working with the physiotherapy department to develop an exercise programme for all residents within the centre. This will be held on a weekly basis.

Proposed Timescale: 31/05/2017

Theme:

Safe care and support

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

Some nutritional monitoring records were not completed in sufficient detail to be of therapeutic value.

5. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

All nutritional monitoring records will be completed fully as to provide therapeutic value to care. Audits will be carried out monthly by the PIC to ensure compliance with the completion of nutritional monitoring records.

Proposed Timescale: 30/04/2017

Theme:

Safe care and support

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

In a small number of prescriptions for as required or PRN medication the maximum dosage wasn't clearly stated. In some instances residents prescribed PRN medication were receiving the medication on a daily basis and the prescription hadn't been changed to a regular prescription.

6. 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:

Review of all PRN medication is to take place within the hospital to ensure that the maximum dose is clearly stated. Any residents that are receiving PRN medications daily

are to have prescriptions reviewed by the medical officer and the pharmacist and changed to regular prescriptions if deemed appropriate.

Proposed Timescale: 30/09/2017

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Minutes of the residents meetings suggested there was a bigger emphasis on the communication by management of changes to the centre than on consulting /collecting feedback on the issues that concerned the residents.

7. Action Required:

Under Regulation 09(3)(d) you are required to: Ensure that each resident is consulted about and participates in the organisation of the designated centre concerned.

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

Minutes of the residents meeting will clearly identify areas of concern that the residents have highlighted. The minutes will also outline the consulting process in place to ensure the concerns of the residents are addressed.

Proposed Timescale: 30/04/2017

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

The premises do not conform to the matters set out in Schedule 6 of the regulations. Accommodation is organised in ward-like units which are multiple occupancy and impact on the privacy and dignity of residents.

8. 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:

Revised plans have been submitted for planning permission. The plans include twenty single rooms which will ensure greater privacy and dignity of residents.

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| Proposed Timescale: 31/12/2019 |