



## Office of the Chief Inspector

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

Name of designated centre:	St John's House
Name of provider:	St Johns House of Rest
Address of centre:	202 Merrion Road, Ballsbridge, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	07 June 2019
Centre ID:	OSV-0000101
Fieldwork ID:	MON-0023798

## About the designated centre

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

St John's House is a purpose built nursing home currently offering 39 beds with a further 17 beds becoming available in late 2019. Bedrooms with accessible en suite shower rooms are situated over the two upper floors with the ground floor provides a large concourse, hairdressing salon, medical and treatment centre, offices and reception. There are many outdoor spaces provided throughout the building, including a courtyard garden, a large outdoor space to the rear and a large terrace on the first floor. The nursing home is located just five minutes from the dart and on the direct bus route to the city centre. It is close to the seafront, Sandymount strand. St. John's House is close to many amenities including a shopping centre, cafes, bars, and restaurants.

It is the aim of St. John's House to provide a residential setting, where residents are supported and valued within a care environment that promotes person centred care, health, quality and well-being. The centre has a Church of Ireland ethos. All residents are supported in their interactions within their spiritual domain.

Care is provided for residents with low, medium, high and maximum dependencies, and with a variety of conditions, including dementia, stroke, cardiovascular needs, and diabetes. Both long term and respite care is provided by twenty four hour nursing care.

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

Number of residents on the date of inspection:	36
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## How we inspect

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

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
07 June 2019	09:45hrs to 16:45hrs	Sarah Carter	Lead

## What residents told us and what inspectors observed

The inspector met many residents during the course of the inspection. Several residents were keen to discuss their views on their home.

Residents spoken with said they liked the home a lot, and thought the new building was lovely. Some spoken with had transferred recently from another designated centre, and while they were only getting used to their new surroundings all said they were happy. They were happy with how their move was handled, and felt there was enough staff to help them settle in. Some staff had also transferred over to the centre to work, and residents said they thought that was a great idea.

Resident who had been in the older building (now closed and under renovation) also commented that they liked the new facilities, singling out the concourse, and the victors spaces as particularly pleasant.

All spoken with said they like the décor of the building in general, but really liked their rooms.

Resident said they felt safe in the centre and well cared for. They could meet the Doctor when they needed and had been seen or referred to specialist as appropriate. They knew the staff who were caring for them, and thought staff were good, friendly and interested in them.

Some spoken with said they were aware that staff had changed over recently, but all said they felt there was enough staff available and when they called for help they did not experience delays getting it.

Some residents told the inspector they had made friends with other residents since they had moved in, and thought that the provision of social coffee mornings and activities really helped them to get to know each other.

Residents who were not in a position to speak with the inspector were observed to be well dressed and efforts were being made by staff to include them in the day to day activities of the centre.

A small number of visitors were also in the centre on the day of inspection, and spoke highly of the facilities and care their loved one was receiving.

## Capacity and capability

The centre was well governed, and operated a service that both met residents' needs, and planned to meet their future needs.

The centre had recently taken on a new person in charge. They were well known to the provider and had sufficient skills, qualifications and expertise to manage the service. The person in charge was also working in another centre, which is in the process of closing down and amalgamating with this centre. They displayed an open and transparent approach to this role and this transitional phase and communicated openly with the inspector regarding the challenges and plans of the transition.

The statement of purpose in the centre had been updated to include the new person in charge in the centre.

Staffing in the centre was sufficient to meet the needs of the numbers of residents and the layout of the building. The centre had experienced a large turnover of staff in the previous months, but there were indications that this was stabilising. These indications included no agency staff on the roster for the week following the inspection, an increase in newly recruited staff, and several staff at advanced stages of recruitment. Contingency measures included a bank of staff consisting of the centre's staff and staff from the centre that is amalgamating with it later this year. This bank of staff would be available to fill any vacancies on any shift. The person in charge was also planning different initiatives to increase staff retention and decrease any patterns of absenteeism. The provider had been sending updates on the staffing to the office of the chief inspector and undertook to continue this in the weeks following inspection to provide full assurance that this situation had stabilised.

Staff had received all their mandatory training and some additional training in different topics, for example in dementia care. Staff were given an induction. There was a three week induction programme taking place for health care assistants that was supervised by nursing staff. Staff who were in induction had received basic training in the mandatory areas, and were all scheduled to attend formal training sessions in the coming weeks.

The designated centres operations are overseen by a board, and the registered provider representative was a board member and available to meet the inspector on the day. Members of the board visited the centre routinely to meet residents and to hear residents' views of the centre. The governance structure in the centre was clear, with each member of the management structure having clear roles and responsibilities. The person in charge was supported in her role by full time administration staff and clinical nurse managers (CNM). Staff knew who to report to, and who was responsible for different areas.

The CNMs completed audits, and had a schedule of audits planned. They repeated audits until practices improved in the area being audited and until compliance in an area received 90% or more. The schedule of audits had been followed until earlier

this year at which point the impact of staff turnover and managing the roster became the primary focus. As the staffing situation had just stabilised, assurances were given that the audit schedule would resume immediately. When audits were completed they were summarised and presented a report format to staff and to the board who oversees the centre. The person in charge also compiled and presented key performance data compiled on clinical areas, for example falls and diabetes to the board. In addition recent person in charge reports to the Board showed that the person in charge was also considering different quality improvement plans for the centre, and was also planning and reviewing the transfer plan of the resident's from the other centre. An annual report on quality and safety had been completed and was presented to the board and staff.

Contracts of care in the centre were reviewed and were very clear. The personnel responsible to manage contracts was clear in his role, and met residents and families at length to give information and clarity on the contracts. The contracts were clearly written, and spaced well with a good sized font. The terms on which the resident resided in the centre was specified and included a room allocation and a breakdown of fees. Care was taken to reflect retail prices in any service or additional a resource offered. The officer in charge of contracts was aware of the guidance on contracts of care recently published by the competition and consumer protection commission and was looking at ways to implement changes if identified to meet these new guidelines.

The residents register was up to date and reflected any transfers in and out of the centre.

The provider had sufficient insurance in place, and the detail of this was displayed in the main area of the centre.

#### Regulation 14: Persons in charge

The person in charge had management experience and suitable qualifications.

Judgment: Compliant

#### Regulation 15: Staffing

There was a registered nurse on duty at all times, and sufficient staff on the roster for day and night to meet the needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training, and received training regularly. Staff were supervised in their roles.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was up to date and contained all aspects of the information as required in the regulations.

Judgment: Compliant

### Regulation 22: Insurance

The provider had appropriate insurance cover in place.

Judgment: Compliant

### Regulation 23: Governance and management

There were sufficient resources in place to meet the needs of the residents. The management structure was clear there were systems in place to measure and the safety of the services and provide effective monitoring. An annual report had been prepared for the previous year

Judgment: Compliant



## Regulation 24: Contract for the provision of services

Contracts signed by residents were seen. The contracts were clearly written and contained the terms and fees of the residents stay in the centre.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose contained all aspects required by the regulation.

Judgment: Compliant

## Quality and safety

A good standard of care was provided by knowledgeable staff.

Care plans were seen for a selection of residents with different needs. The plans seen were clear and informed staff how to treat residents' needs. Residents had been seen by specialists as required, and in most cases the care plan reflected this. In a small sample seen the care plan had not been updated following a specialist review, however the daily notes and prescriptions were updated with the new information and staff were knowledgeable about the residents' requirements.

Care plans had been transferred with residents who had recently transferred from another centre and staff knowledge of the new residents was good.

The care plan format was the subject of an on-going initiative in the centre, as its format was changing. Some care plans seen had the new format, some had the older format.

The premises were clean, bright and airy. It was pleasantly decorated. In bedrooms seen, residents had personalised their room, and there were sufficient wardrobes and lockers for residents' belongings. All bedrooms had spacious accessible en-suites, and these bathrooms had some storage built in for residents' items. There were several seating areas throughout the building, including some quieter spots at the end of corridors which had views of nearby streets or the trees. There were handrails along all corridors and grab rails positioned in all bathrooms seen, that would assist resident's independence.

There were facilities for recreation, and an activity programme facilitated by three

different activity staff, who ran a variety of social groups, sonas therapy and also individuals to facilitate their social interactions. On the day of the inspection they also planned and facilitated a coffee morning, which included a birthday celebration. Residents had access to their own TVs in their own bedrooms and there was a facility to have newspapers delivered if they wished. There was access to balcony areas and a garden at ground level, and there were plants and seating positioned in both to facilitate residents to enjoy the space.

There were storage rooms on each floor and there was evidence these were used, however a hoist was seen stored on a corridor. This was immediately addressed by the person in charge. Residents privacy was upheld by both the staff practice of knocking before entering rooms, and by bedrooms which had their windows overlooked by nearby buildings, had privacy screens placed on their windows.

An advocacy service was available and a volunteer chaired the residents meetings, which were held every three months.

Staff knowledge of emergency and the procedures to follow in the event of a fire were clear, and mirrored the policy on fire prevention and response. Weekly drills were being conducted and records kept indicted the situation, time taken and the lessons learned from each one. Fire prevention equipment records indicated the correct inspection and testing schedule was being followed. The fire system installed in this new building included a sprinkler system.

### Regulation 12: Personal possessions

Residents retained control over their own possessions. A laundry service was available in the centre and residents had space to store their personal belongings.

Judgment: Compliant

### Regulation 17: Premises

The premises was clean and suitably decorated. It had handrails where required, safe floor covering, storage rooms and external grounds suitable for residents use. There was sufficient space for residents to relax other than in their own bedrooms. The building had two lifts for residents use.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had taken adequate precautions to prevent fire. Staff were fully trained, and there was adequate means of escape and equipment had a maintenance and testing schedule. Drills were practiced often and the fire evacuation notices were displayed throughout the building.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents were assessed regularly and if their needs changed. Care plans were developed and updated every four months or more often if needs changed. Care plans were person-centred and had sufficient detail to guide staff in their work with residents.

Judgment: Compliant

## Regulation 6: Health care

Residents had a choice of general practitioner and access to specialists as required.

Judgment: Compliant

## Regulation 9: Residents' rights

Suitable facilities for recreation were provided for residents, and residents had opportunities to participate in activities in groups and on their own. Residents' privacy was maintained. Residents had access to religious services, and were facilitated to vote in recent election.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant