

St John's Community Hospital inspection report, 6 August 2013

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**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Johns Community Hospital
Centre ID:	0604
Centre address:	Munster Hill
	Enniscorthy
	Co Wexford
Telephone number:	053 9232700
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Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered provider:	Health Service Executive
Person authorised to act on behalf of the provider:	Stephanie Lynch
Person in charge:	Deirdre Lang
Date of inspection:	6 August 2013
Time inspection took place:	Start: 10:45hrs Completion: 17:15hrs
Lead inspector:	Íde Batan
Support inspector:	Margaret O' Regan
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced
Number of residents on the date of inspection:	115
Number of vacancies on the date of inspection:	1

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 their 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
- 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

This inspection report sets out the findings of a monitoring inspection, in which 18 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

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

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input checked="" type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input checked="" type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input checked="" type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input checked="" type="checkbox"/>
Outcome 14: End of Life Care	<input checked="" type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input checked="" type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection inspectors met with residents, relatives, and staff members. Inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, inspectors were satisfied that the centre was operating in compliance with the conditions of registration granted to the centre. The statement of purpose had been updated since the registration certificate had been issued to the provider and included all the required information as outlined in Schedule 1 of the Regulations.

Inspectors found that the management structure was robust. Inspectors found that the person in charge had systems in place to manage St John's Community Hospital effectively. She demonstrated a commitment to person-centred care for residents and to the training and development of staff.

Inspectors were satisfied that measures to protect residents being harmed or suffering abuse were in place. The nursing care provided was evidence-based and residents' had access to a number of allied healthcare professionals. Resident assessments, care plans and daily evaluations were detailed and person-centered.

Residents were positive about their day to day life experiences. They expressed satisfaction with the centres' routines and activities and were complimentary of the staff team, reporting that there were adequate staff on duty to attend to their needs. Inspectors saw that residents had opportunities to participate in meaningful activities, appropriate to their interests and preferences.

The person in charge and staff demonstrated a commitment to care delivery and continuous improvement, and had adequate knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Inspectors identified some aspects of the service requiring improvement to enhance the findings of good practice on this inspection. These are discussed under the outcome statements. The related actions are set out in the Action Plan under the relevant outcome.

Section 41(1)(c) of the Health Act 2007
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Leadership, Governance and Management
Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1
There is a written statement of purpose that accurately describes the service 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.

References:
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The statement of purpose is kept under review by the person in charge and the provider. It contained all the requirements of Schedule 1 of Regulations.

Inspectors were satisfied that the statement of purpose accurately described the aims, objectives and ethos of the centre and the service that was provided.

Outcome 2

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.

References:

Regulation 28: Contract for the Provision of Services

Standard 1: Information

Standard 7: Contract/Statement of Terms and Conditions

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed a sample of contracts and found that they included details of the services to be provided for that resident and the fees to be charged.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors were satisfied that the person in charge meets the requirements of the Regulations with the appropriate skills, knowledge and experience.

During the inspection she demonstrated that she had sufficient knowledge of the regulations and standards pertaining to residential/nursing care, the principles and philosophies underlying the care provided and clinical knowledge to provide leadership for the team.

She is supported by a general manager and the assistant director of nursing who reports to her. Staff were familiar with the organisational structure. Inspectors found that all members of the team were clear about their areas of responsibility and reporting structure.

Outcome 4

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 2009 (as amended).

References:

- Regulations 21-25: The records to be kept in a designated centre
- Regulation 26: Insurance Cover
- Regulation 27: Operating Policies and Procedures
- Standard 1: Information
- Standard 29: Management Systems
- Standard 32: Register and Residents' Records

Inspection findings:

**Where "Improvements required" is indicated, full details of actions required are in the Action Plan at the end of the report.*

Residents' Guide

Substantial compliance Improvements required *

Records in relation to residents (Schedule 3)

Substantial compliance Improvements required *

General Records (Schedule 4)

Substantial compliance Improvements required *

Operating Policies and Procedures (Schedule 5)

Substantial compliance Improvements required *

Directory of Residents

Substantial compliance

Improvements required *

Staffing Records

Substantial compliance

Improvements required *

Medical Records

Substantial compliance

Improvements required *

Insurance Cover

Substantial compliance

Improvements required *

Outcome 5

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

References:

Regulation 37: Notification of periods when the Person in Charge is absent from a Designated Centre

Regulation 38: Notification of the procedures and arrangements for periods when the person in charge is absent from a Designated Centre

Standard 27: Operational Management

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge has not been absent for more than 28 days which required notification to the Authority. The person in charge was aware of her reporting requirements and submitted appropriate notifications. The assistant director of nursing deputises in the absence of the person in charge.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

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.

References:

Regulation 6: General Welfare and Protection
Standard 8: Protection
Standard 9: The Resident's Finances

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspectors found that measures were in place to protect residents from being harmed or abused. Residents told the inspectors they felt safe, well cared for, and that their privacy and dignity was respected.

The inspector saw that there was a policy in place on the prevention, detection and response to elder abuse and found that it gave guidance to staff on the types of abuse, the procedures for reporting alleged abuse and the procedures to follow when investigating an allegation of elder abuse.

However, a review of training records indicated that not all staff had up-to-date training in adult protection.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety
Regulation 31: Risk Management Procedures
Regulation 32: Fire Precautions and Records
Standard 26: Health and Safety
Standard 29: Management Systems

Actions required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The findings of the inspection were that the health and safety of residents, visitors and staff were being promoted and protected.

A culture of managing any identified risk was evident and resident safety was a management priority. There was a risk register and systems in place for the identification, recording, investigation and learning from serious or untoward incidents or adverse events. Records of incidents included information on incidents and the actions taken in response to them.

The front door was secure. There was a visitors log in place to monitor the movement of persons in and out of the building. There was a missing person policy which included clear procedures to guide staff should a resident be reported as missing.

There was an internal emergency plan in place with emergency procedures to follow.

Moving and handling training was provided to staff and the inspectors viewed training records to show that staff had received this mandatory training.

The health and safety policy and safety statement was up to date.

A policy was in place to guide staff in the event of any incident of violence, aggression, self harm and assault. A centre-specific infection prevention and control policies and procedures were found to be in place. Hand washing and drying facilities and hand disinfectant gels were available throughout. All parts of the building assessed by inspectors were visually clean during the course of the inspection.

The fire alarm and fire fighting equipment was maintained. Means of escape were clear and unobstructed.

However, inspectors raised concerns in relation to the level and frequency of training provided to staff.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was a policy in place for the management of medications and the inspector found that safe practices were in place for the managing of medications. Practices observed reflected policy. Medication administration observed was as per the centres policy and as per "Guidance to Nurses and Midwives on Medication Management 2007" (An Bord Altranais agus Cnáimhseachais na hÉireann).

There were procedures in place for checking the stock balance of MDA Schedule 2 drugs. Inspectors checked the stock balance which was found to be correct.

However, inspectors saw that the current system in operation for access to the keys of the controlled drugs storage was not adequate. The key were kept on the same bunch as all other keys to medication cupboards. Therefore it was impossible to ascertain responsibility and accountability issues as all staff had access to these keys.

Outcome 9

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

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The provider and person in charge were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents as set out in the Regulations.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 10

The quality of care and experience of the residents are monitored and developed on an ongoing basis.

References:

Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement

Action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

There was evidence of quality improvement strategies and monitoring of the services.

There is an active residents committee in place which allowed residents to raise issues and bring forward their experiences and suggestions of the care and service provided. Inspectors viewed minutes of the most recent meeting.

Data was being collected on a number of key quality indicators such as falls, use of bedrails and satisfaction surveys had been completed in January 2013 which indicated that residents were happy with services provided.

Improvements are required in relation to consulting with residents and their representatives in relation to the system for reviewing and improving the quality and safety of care, and the quality of life of residents.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. 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.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action required from previous inspection:

The action required from the previous inspection were partially implemented.

Facilitate each resident's access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.

Inspection findings

Each resident had a care plan completed in the sample reviewed. The inspector reviewed a sample of care plans in detail. There was a record of the resident's health condition and treatment given completed on a daily basis. In the sample of care plans reviewed there was evidence care plans were updated at the required three monthly intervals or in a timely manner in response to a change in a resident's health condition.

Residents had timely access to a doctor with the centre retaining a GP two days per week and the services of an agency three days per week. After hours medical care is provided by Care Doc. Appropriate therapies were provided such as occupational therapy, speech and language therapy and chiropody.

Recognised assessment tools were used to evaluate residents' progress and to assess levels of risk for deterioration for example; falls, mental health needs, nutrition levels and wound care were noted to be completed. Risk assessments were regularly revised and the plan of care updated accordingly.

There was limited evidence of residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed or updated. In one instance whereby a resident was unable to agree to their plan of care there was no narrative outlining the reason.

Residents were seen enjoying various activities during the inspection. A range of activities took place each day and printed timetables of activities were posted on the notice boards in each of the units.

The activities programme in four of the wards was facilitated by FÁS staff on a community employment scheme. There was a volunteer group also who provided a comprehensive activity programme for residents based on their individual needs.

Residents still do not have appropriate access to physiotherapy as part of healthcare and health promotion for residents.

Outcome 12

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. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Actions required from previous inspection:

The actions required from the previous inspection were partially implemented.

Ensure that suitable and sufficient storage is provided for special equipment.

Provide adequate sitting, recreational and dining space separate to the residents' private accommodation.

Provide suitable storage facilities for the use of each resident.

Inspection findings

St John's Community Hospital is a purpose-built single-storey building, which provides services for 116 residents. The premises is set in a large health campus, which also provides a day centre for older people and a range of mental health service facilities, some of which are currently under construction.

According to the statement of purpose, St John's Community Hospital aims to provide person-centred care for members of the older population of Co Wexford. Residential accommodation is divided into four wards.

Oak Ward provides residential accommodation for 32 male and female residents and Elm provides accommodation for 32 male and female residents. Both wards were built to the same design. Residential accommodation in each consists of seven four-bedded rooms, one two-bedded room and two single bedrooms. Each of the rooms has ensuite facilities with shower, toilet and wash-hand basin. Each of the bedrooms is equipped with ceiling track hoists. Communal facilities in each ward include a sitting room and dining room. Each ward has an assisted bathroom with a bath, a shower, a toilet and a wash-hand basin. There is also a separate toilet in each for residents. Each ward has a nursing station, a clinical nurse manager (CNM) office, a treatment room, a linen room, a housekeeper's room, a sluice room, a number of storage rooms and a relative's room, which has a reclining chair and en suite facilities including a shower, a toilet and wash-hand basin. A kitchen is shared between the wards.

Ivy ward is a dedicated 20-bedded dementia care unit for male and female residents. Residential accommodation includes eight single bedrooms and three four-bedded rooms.

Each of the rooms has en suite facilities with shower, toilet and wash-hand basin. There is an assisted bathroom with a bath, a shower, a toilet and a wash-hand basin. There are three toilets, one for staff use only. There is a sitting room, a dining room and an activities room. There is a nursing station, a CNM office, a treatment room, a linen room, a launderette, a housekeeper's room, a sluice room, a number of storage rooms and a kitchen.

Beech ward is a 32-bedded ward which provides continuing care to 12 residents and rehabilitation services to 20 residents. Residential accommodation consists of seven four-bedded rooms, one two-bedded room and two single bedrooms. Each of the rooms has en suite facilities with shower, toilet and wash-hand basin. There is an assisted bathroom with a bath, a shower, a toilet and a wash-hand basin. There is also a separate toilet for residents. There are two sitting rooms, a dining room and an activity room. There is a nursing station, a CNM office, a clinical room, a kitchen, a linen room, a housekeepers' room, a sluice room and a number of storage rooms.

Other facilities include an oratory, a smoking room, administration offices, and staff changing facilities, a staff canteen, the central kitchen, a staff library, and the main reception area. Occupational therapy and physiotherapy offices and treatment facilities are provided for residents in the rehabilitation service and for outpatients.

However, additional review of the premises and facilities by the provider is required in order to meet the Authority's Standards, multiple-occupancy rooms including twenty four four-bedded rooms where no formal plans are in place to address and implement the Authority's Standards.

There are three enclosed, secure gardens which are accessible to residents and provide some shelter and seating. One of these was for the sole use of residents and visitors in the dementia unit.

There is ample car parking to the front of the premises.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 13

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.

References:

Regulation 39: Complaints Procedures
Standard 6: Complaints

Action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The complaints process was displayed in a prominent position.

The complaints policy contained all procedures as required by the regulations including, a named person to whom complaints can be made, a nominated person who would monitor that the complaints process was followed and recorded and an independent appeals process.

Outcome 14

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.

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Each resident is facilitated to exercise his/her religious rights in accordance with their wishes. The local priest visits and says mass on a regular basis.

Caring for residents at end of life was regarded as an integral part of the care service provided.

Links to palliative care service were in place. Access to specialist advice and review was available as observed by the inspector on a previous inspection.

Outcome 15

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 discreet and sensitive manner.

References:

Regulation 20: Food and Nutrition

Standard 19: Meals and Mealtimes

Action required from previous inspection:

Ensure each resident has access to a safe supply of fresh drinking water at all times.

The action required from the previous inspection were satisfactorily implemented.

Inspection findings

Inspectors saw that each resident was provided with food and drink at times and in quantities adequate for his/her needs.

Access to dietetics was provided and a nutritional assessment was in place in care plans examined. Residents' weights were monitored monthly and those identified at risk had their weight reviewed on a more frequent basis weekly. Supplements were prescribed for residents identified with nutritional risk.

Residents were aware of what was on offer for each meal as the menu was available on the notice board. Inspectors saw that drinking water was available to residents. Residents were offered drinks and snacks throughout the day as observed by inspectors. There was a nutrition policy available. The dining experience appeared pleasant and unhurried.

Outcome 16

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.

References:

Regulation 10: Residents' Rights, Dignity and Consultation

Regulation 11: Communication

Regulation 12: Visits

Standard 2: Consultation and Participation

Standard 4: Privacy and Dignity

Standard 5: Civil, Political, Religious Rights

Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations

Standard 20: Social Contacts

Action required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors saw that residents were consulted with and participated in the organisation of the centre. Each resident's privacy and dignity was respected, including receiving visitors in private as observed by the inspector.

Inspectors found that there was a commitment to promoting the independence, choice and personal dignity of the residents.

Family and social relationships were encouraged through the open visiting policy.

Inspectors observed good interactions between staff and residents. Inspectors observed staff knocking before entering residents' rooms. There was adequate screening provided in shared rooms. There was a high visibility of staff in communal areas observed chatting freely with residents. Residents stated that they could talk to staff at any time.

Outcome 17

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.

References:

Regulation 7: Residents' Personal Property and Possessions
Regulation 13: Clothing
Standard 4: Privacy and Dignity
Standard 17: Autonomy and Independence

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Inspectors saw, and residents confirmed, that residents were encouraged to personalise their rooms. Bedrooms were comfortable and many were personalised with residents' own furniture, pictures and photographs. Residents could appropriately use and store their own clothes. Storage space was provided and locked storage space had been provided.

The system in place for managing residents' clothing was effective. Residents stated that they were happy with the way their clothing and personal belongings were managed in the centre.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

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.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Obtain in respect of all staff, the information and documents specified in Schedule 2 of the regulations.

Inspection findings

The staffing levels and skill mix were adequate to meet the needs of residents. There was a staff training plan in place for 2013. Inspectors saw that some continuous professional development training had taken place in line with the aims and objectives of the centre as set out in the statement of purpose and function. However, as already stated in Outcome 6, the training records given to the inspector documented that some staff had not attended elder abuse recognition and prevention training in the centre.

The inspector saw evidence in the files reviewed that staff nurses had renewed their registration with An Bord Altranais agus Cnáimhseachais na hÉireann for 2013.

Inspectors saw that staff and volunteers were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

There was a policy for the recruitment, selection and vetting of staff. A sample of files was reviewed. All the information required by Schedule 2 of the regulations was available in the staff files reviewed.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, the person in charge and the assistant director of nursing to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Íde Batan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

12 August 2013

Action Plan

Provider's response to inspection report *

Centre Name:	St. Johns Community Hospital
Centre ID:	0604
Date of inspection:	6 August 2013
Date of response:	22 August 2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Theme: Safe care and support

Outcome 6: Safeguarding and safety

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

The training records given to the inspector documented that some staff had not attended elder abuse recognition and prevention training in the centre.

Action required:

To make all necessary arrangements, by training staff or by other measures, which are aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

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

Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 10: Residents' Rights, Dignity and Consultation Regulation 17: Training and Staff Development Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Three final training dates have been agreed for month of October 2013 which will be facilitated by two train the trainers in elder abuse who work in St John's Hospital (2, 9 and 16 October 2013).	30 October 2013

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect: Mandatory fire training had not been provided for all staff.	
Action required: Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.	
Reference: Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: An external company has been employed by HSE South to carry out fire training. Four dates have been booked for October 2013 to capture all staff (1, 10, 22 and 29 October 2013).	30 August 2013

Theme: Effective care and support

Outcome 8: Medication Management

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

The keys for the controlled drug cupboard were not held separately to other keys as required by regulations pertaining to controlled drugs.

Action required:

Ensure the keys to the controlled drug cupboard are kept separate to other keys.

Reference:

Health Act, 2007
Regulation 33: Ordering, Prescribing, Storing and Administration
Medicines
Standard 14: Medication Management

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

Timescale:

Provider's response:

MDA Keys are held separately from all other keys.

Completed

Outcome 11: Health and social care needs

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

Care plans reviewed were not signed by residents or their relatives to confirm their involvement in their plan of care.

Residents had limited access to physiotherapy.

Action required:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Action required:

Revise the resident's care plan, after consultation with them, unless it is impracticable to carry out such consultation; and notify the resident of any review.

Action required:	
Facilitate each resident's access to physiotherapy, or any other services as required by each resident.	
Reference:	
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 10: Assessment Standard 11: The Resident's Care Plan Standard 13: Health Care Standard 18: Routines and Expectations	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
Care plan discussion document will be signed by residents /relatives. Haddington road hours have been added to the service which will facilitate physiotherapy and occupational therapy.	6 August 2013
A meeting is scheduled for 12 September 2013 to coordinate this service for residents.	31 October 2013

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect:
Multiple occupancy rooms including twenty four, four bedded rooms are used where there are no formal plans are in place to address and implement the standards to ensure privacy and dignity of residents is fully addressed.
Action required:
Review size and layout of multiple-occupancy rooms to ensure they meet the individual and collective needs of residents, and put in place a formal plan to meet the standards and make available a copy to the Chief Inspector.
Reference:
Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A plan to meet regulations has been sought from estates by the service provider.	Ongoing