Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St John's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Munster Hill, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	18 January 2023
Centre ID:	OSV-0000604
Fieldwork ID:	MON-0038770

About the designated centre

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

St. John's Community Hospital is located on the outskirts of a busy town. It is a purpose-built single-storey centre which can accommodate up to 104 residents. It provides rehabilitation, respite and extended care to both male and female residents over the age of 18, although the majority are over 65 years of age. The centre is divided into four units. In total, there are 20 four-bedded rooms, two twin rooms and 20 single rooms. All have full en-suite facilities. Other areas include day rooms, a smoking room, kitchenettes, offices and treatment rooms. There is also a large main kitchen and laundry. There are enclosed external gardens which are spacious and well maintained. Seating is provided there for residents and their visitors. There is parking space provided for residents, staff and visitors. According to their statement of purpose, St. John's aim to provide person-centred care to the older population of County Wexford. They aim to provide quality care in a homely environment where everyone is treated with dignity and respect.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	90

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
Wednesday 18 January 2023	10:45hrs to 18:00hrs	John Greaney	Lead
Thursday 19 January 2023	08:30hrs to 17:15hrs	John Greaney	Lead
Thursday 19 January 2023	09:15hrs to 17:15hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

Overall, the feedback from residents was that staff were responsive to their needs and they were happy living in the centre. Over the course of the inspection, inspectors observed residents moving freely around the corridors and communal areas.

This inspection was unannounced and was conducted over two days. There was one inspector on the first day of the inspection and two inspectors on the second day. The inspector arrived unannounced to the centre on the first day and was guided through the infection prevention and control measures in place, this included hand hygiene and wearing a face mask. Following an opening meeting with the person in charge, the inspector was accompanied on a tour of the premises.

St. John's Community Hospital is a modern, single storey building situated on spacious grounds close to the town of Enniscorthy. In addition to the designated centre for older people, there is also a day centre for older people and a range of mental health service facilities on the same campus.

Bedroom accommodation in the centre is predominantly multi-occupancy with over 75% of beds in 4-bedded rooms. The centre is divided into four units, Oak, Elm, Ivy and Beech. Ivy unit is the designated dementia unit and accommodates 20 residents in three 4-bedded rooms and eight single rooms. Beech unit is predominantly for short stay residents that are admitted for rehabilitation, respite or as step down from acute hospital prior to returning home or transitioning to long term care. Beech unit accommodates 32 residents in five 4-bedded rooms, two twin bedrooms and eight single bedrooms. Both Oak and Elm units accommodate long stay residents. Oak comprises six 4-bedded rooms and two twin bedrooms. Elm also comprises six 4-bedded room and two twin bedrooms. Due to the number of residents accommodated in multi-occupancy bedrooms in both Oak and Elm units, there is a designated palliative care room in each of these units to accommodate residents that wish to have a single room as they approach end of life.

The centre is spacious with surfaces, finishes and furnishings that readily facilitated cleaning. Overall the general environment and residents' bedrooms, communal areas and bathrooms inspected appeared well maintained and clean. However, the décor in some communal areas and bedrooms appeared clinical and lacked a homely feeling.

Due to the limited communal space in both Oak and Elm units, the provider had recently converted one 4-bedded room in each of these units to dining rooms. In an effort to provide a more homely feel, there were large murals on the walls and antique style glass cabinets with chinaware in both dining rooms. Further work was required, particularly in Elm unit, to achieve a homely feel.

Each unit contained a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment within each unit; a clean utility room with suitable handwashing facilities for the storage and preparation of medications, clean and sterile supplies and dressing trolleys; and a dirty utility room which facilitated effective infection prevention and control. However, excessive COVID-19 signage was on display throughout the centre.

Wall mounted dispensers for aprons, masks and gloves were available along corridors and in the sluice rooms. Conveniently located alcohol-based product dispensers and clinical hand wash sinks facilitated staff compliance with hand hygiene requirements. The sinks complied with the recommended specifications for clinical hand wash sinks. However, two bottles of antimicrobial soap (chlorhexidine) was observed at a hand hygiene sink in a treatment room. This is associated with skin care issues and it is not necessary for use in everyday clinical practice.

Staff promoted a person-centered approach to care. Inspectors observed that staff interactions with residents were positive and kind. It was evident that staff knew residents well and residents were comfortable and relaxed in the presence of staff. Inspectors spoke with a number of residents over the two days of the inspection. Residents informed inspectors that staff were attentive and responded to their requests for assistance in a timely manner.

There were a number of staff from a community employment scheme responsible for coordinating social events and activities in Ivy, Oak and Elm units. There is no activity staff assigned to Beech unit and residents in this unit spend a significant part of the day in their rooms. Additionally, the staff member scheduled to provide activities in Elm unit was escorting a resident to an external appointment on the second day of the inspection and hence there were minimal activities taking place in this unit.

Visitors were observed coming and going throughout both days of the inspection. Inspectors availed of opportunities to speak with a number of visitors and the feedback from visitors was overwhelmingly positive. Visitors confirmed there were no restrictions on visiting. They were complimentary of the staff and the care they provided to residents.

The next two sections of this report present the findings in relation to the governance and management in the centre and how governance and management affect the quality and safety of the service delivered.

Capacity and capability

This was an unannounced inspection conducted over two days to carry out a review of the care of residents and to follow up on the previous inspection compliance plan. Inspectors found that the overall, management were committed to providing a good quality of life to residents, however, some improvements were required to fully

achieve this aim. Residents were cared for by staff that knew them well and were responsive to their needs. However, there were required improvements identified at the last inspection that were repeated findings on this inspection. These included areas such as fire safety, residents' rights and infection control.

The provider of St. John's Community Hospital is the Health Service Executive (HSE). It is part of the HSE campus located in a quiet setting on the outskirts of Enniscorthy town. There is a clearly defined management structure in place with identified lines of authority and accountability. The governance structure comprises a person in charge that reports to the general manager for Older Person Services. The person in charge had responsibility for the day-to-day operation of the centre. On the days of the inspection the person in charge was supported by two assistant directors of nursing (ADONs). One of the ADONs had only just returned from a long term absence and the other ADON was in the role in an acting capacity from another designated centre. Management demonstrated an understanding of their role and responsibilities and were a visible presence in the centre. They were supported by clinical nurse managers and a full complement of staff including nursing and care staff, housekeeping, catering, administrative and maintenance staff.

The centre was well resourced in terms of staffing. On the day of the inspection there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The team providing direct care to residents consisted of at least one registered nurse on duty at all times in each unit and a team of healthcare assistants. Staff had the required skills, competencies and experience to fulfil their roles. The assistant director of nursing and clinical nurse managers provided clinical supervision and support to all the staff. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents.

The provider had systems in place to monitor and review the quality of the service provided for the residents. A range of audits had been completed which reviewed practices such as care planning, use of restraint, antimicrobial use, medication management, and infection prevention and control practices. While some areas identified for improvement were addressed, other areas, such as those identified at the most recent inspection conducted in February 2022 were not all addressed satisfactorily. This is discussed in more detail under Regulation 23 of this report. There were policies and procedures available to guide and support staff in the safe delivery of care.

A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. The provision of mandatory infection prevention and control training was up-to-date for the majority of staff. There were deficits in attendance at training in mandatory areas, such as responsive behaviour and safeguarding residents from abuse. This is outlined under Regulation 16 of this report.

There was a risk register which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of

incidents was in place. The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Inspectors found that that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection. The provider had ensured there was formalised and regular access to infection prevention and control specialists within CHO5. A staff nurse from in each unit, with the required training, had taken up the infection prevention and control link practitioner roles. There was evidence that they were supported in their role by a infection prevention and control specialist nurse.

The provider had implemented a number of antimicrobial stewardship measures. For example onsite training had been delivered by an antimicrobial pharmacist and national antimicrobial stewardship guidelines were available. The provider had engaged with the "Green/ Red Antibiotic Quality Improvement Initiative for Community Prescribers". This preferred antibiotic initiative classified commonly used antibiotics as either "green" which are generally preferred narrow spectrum agents or "red" which are broad spectrum agents generally best used very selectively.

Monthly monitoring of a minimum dataset of healthcare associated infection (HCAI), antimicrobial resistance (AMR) and antimicrobial consumption was also undertaken through CHO 5. Monthly reports reviewed included breakdown and benchmarking nationally and within CHO5. The most recent report showed reducing levels of prophylactic antibiotic usage within the region. These initiatives provided ongoing assurance to management in relation to the quality and safety of services, in particular the burden of HCAI and AMR in the centre.

The centre had a comprehensive infection prevention and control guideline which covered aspects of standard and transmission based precautions. Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. The majority of staff had received education and training in infection prevention and control practice that was appropriate to their specific roles and responsibilities.

A small number of staff were due hand hygiene refresher training. However, inspectors identified, through talking with staff, that further training was required to ensure staff are knowledgeable and competent in the management of residents colonised with multi drug resistant organisms (MDROs) including Carbapenemase-Producing Enterobacterales (CPE).

Overall, the provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. Details of issues identified are set out under Regulation 27.

Regulation 14: Persons in charge

The person in charge is an experienced nurse and manager. It was evident from interactions with the person in charge that she was involved in the day to day operation of the centre and was familiar with individual residents care needs. The person in charge had the required experience and qualifications as specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

Staffing was in line with the centre's statement of purpose and was sufficient to meet the needs of residents. Staff members were knowledgeable of individual residents needs and all interactions with residents were noted to be respectful.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements required in relation to staff training included:

- inspectors identified through speaking with staff that additional training and education on MDRO prevention and control was required. Findings in this regard are further discussed under Regulation 27.
- staff attended a variety of training modules to support them care for residents with responsive behaviour, however, not all attended this training
- approximately 29% of staff were overdue attendance at training in safeguarding residents from abuse

Judgment: Substantially compliant

Regulation 21: Records

A review of a sample of four personnel files found that an employment history was not available for one staff member.

Judgment: Substantially compliant

Regulation 23: Governance and management

Improvements required in relation to governance and management included:

- areas of required improvement found on the last inspection were also found on this inspection and had not been addressed in the interim. For example, issues in relation to fire safety had not been satisfactorily addressed such as gaps in fire doors and there were repeated findings in relation to infection control
- even though it was determined that the partition door between Oak and Elm units did not form a fire compartment boundary, fire safety management systems were not put in place to mitigate this risk
- the programme of audits could be enhanced through the addition of a centre-wide audit to validate the audits conducted on each individual unit

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints, all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

The centre had a suite of written policies and procedures to meet the requirements of Schedule 5 of the regulations that were reviewed and up-to date. The most

recent Health Protection and Surveillance (HPSC) COVID -19 guidance were also available to staff working in the centre.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that residents living in the centre received care to a good standard. Inspectors saw that staff were respectful and courteous towards residents. There were positive interactions between staff and residents observed throughout the inspection. Action was required by the provider to come into compliance with the regulations, particularly in relation to fire safety and assessment and care planning. Improvements were also required in relation to residents' rights, infection control and the premises.

Visiting restrictions had been removed and public health guidelines on visiting were being followed. Residents said they were glad that visiting had resumed. Resident outings and visits to homes of families and friends were also being facilitated.

Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. Staff and residents were regularly monitored for signs and symptoms of infection to facilitate prevention, early detection and control the spread of infection. Staff continued to avail of serial COVID-19 testing fortnightly. This had identified some isolated cases of COVID-19 among staff and appropriate controls were put in place to prevent ongoing transmission. However, outbreaks of COVID-19 affecting a large number of residents and staff had occurred within three units in November/ December 2022. The outbreaks had since been declared over by Public Health and all residents that had tested positive during these outbreaks had fully recovered. However, a review of the documentation in the outbreak folders indicated that the multi-occupancy accommodation may have presented challenges in containing the outbreaks.

Inspectors observed consistent application of standard and infection prevention and control precautions. For example, staff were observed performing appropriate hand hygiene and wearing appropriate personal protective equipment (PPE). Waste and used laundry was segregated in line with best practice guidelines.

Improvements had been made to the premises since the last inspection. There was a new dining room in both Oak and Elm units and these were seen to be used by residents on both days of the inspection and had a positive impact on the dining experience for residents. Efforts had been made to provide a homely feel to these areas through large wall murals and the use of cabinets with chinaware. However, these rooms still lacked a homely feel. All areas and rooms were cleaned each day and the environment appeared visibly clean. Rooms were deep cleaned every two weeks. The provider also had a number of assurance processes in relation to the standard of environmental hygiene. These included cleaning checklists, the use of

colour coded flat mops and disposable cleaning cloths to reduce the chance of cross infection. Audits of environmental cleanliness were also completed. However, improvements were required in the oversight of equipment hygiene. Findings in this regard are presented under regulation 27.

Residents' needs were assessed on admission to the centre through validated assessment tools. This information informed the development of care plans that provided guidance to staff on the care to be delivered to each resident. Care plans viewed by the inspectors were generally personalised and sufficiently detailed to direct care. Care plans ensured that information about residents health-care associated infection status was accessible. However, there were some exceptions and these care plans did not provide adequate details such as in the care of some wounds. Additionally, MDRO care plans did not highlight circumstances when contact precautions should be applied in addition to standard precautions. There was also a need to ensure that a full and comprehensive assessment was conducted following each admission to the centre.

Arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire fighting equipment. All records were made available for review and were up-to-date. A review was required of fire safety compartments. There are two 10-bedded compartments, one 12-bedded compartment, three 18-bedded compartments and one 20-bedded compartment. One of the 18-bedded compartments traverses Oak and Elm units and fire management systems were not in place to address this. While there were regular fire drills conducted, fire drill scenarios did not incorporate the need for a coordinated response by staff in both of these units should a fire occur in one of the units. Fire safety is addressed in more detail under Regulation 28 of this report.

As found on the last inspection, local community employment participants worked in the centre from Monday to Friday to provide a programme of activities to meet residents' recreational and occupational needs. Group activities are facilitated up to 3.30pm on some days and until 4.45pm on other days in Oak, Elm and Ivy units. There are no designated activity staff in Beech unit. There continues to be an over reliance on designated activity staff to facilitate activities for residents and in the absence of these staff, there were little or no activities for residents. This is discussed f Regulation 9 of this report.

Regulation 11: Visits

All visiting restrictions had been removed and public health guidelines on visiting were being followed. Visits were encouraged and practical precautions were in place to manage any associated risks. Visitors spoken with by inspectors were complimentary of staff and of the care delivered to residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported to maintain control of their clothing and personal belongings. Residents had adequate storage space in their bedrooms, including a lockable space for their valuables if they wished.

Judgment: Compliant

Regulation 17: Premises

Some improvements are required in relation to the premises. For example:

- some resident' communal areas were being used to store equipment such as hoists, wheelchairs and beds
- further work was required with the new dining rooms to provide a more homely feel

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The centres admission assessment and transfer form did not include a comprehensive MDRO colonisation assessment.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. This contained reference to the five specified risks as outlined under regulation 26.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. For example;

- surveillance of healthcare associated infection (HCAI) and MDRO colonisation was not routinely undertaken. The centre's safety pause did not include accurate MDRO data.
- additional education was required to ensure all staff are knowledgeable and competent in the management of residents colonised with MDROs including Carbapenemase-Producing *Enterobacterales* (CPE) should they be admitted to the centre in the future.

The environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- the centre had introduced a tagging system to identify equipment and areas that had been cleaned, however, this system had not been consistently applied at the time of inspection. For example, some stickers were not dated and several pieces of shared equipment in store rooms were not tagged to give assurances they had been cleaned after use.
- storage space was limited. As a result there was inappropriate storage of equipment including wheelchairs, commodes and used linen trolleys in some areas of the centre. The surfaces and finishes of a new storage shed for equipment were not impervious and smooth. This impacted on effective cleaning.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure that adequate arrangements were in place to protect residents from the risk of fire. For example:

- there was a large fire compartment containing 18 beds that encompassed a section of both Oak and Elm units. These units are separated by a wooden partition and management confirmed to the inspector that the partition did not form part of a fire compartment boundary. Discussions with staff indicated that they were not aware that the areas on either side of the partition were within the same fire compartment. Hence, staff were unaware of the need to evacuate residents on both sides of the partition in the event of a fire on one side. Additionally, fire drills did not simulate this scenario
- fire safety training comprised theory only and was done online. All staff were overdue attendance at the practical element of fire training
- there were gaps in some fire doors that would negatively impact on their ability to contain smoke and flame in the event of a fire

- the fire door leading to the external courtyard from one of the dining rooms was observed to be obstructed by dining chairs
- there were inadequate arrangements in place for the management of smoking, including:
    - there were cigarette ends on the floor of an external storage shed and there was the smell of cigarette smoke indicating that someone had been smoking there shortly prior to being viewed by the inspector
    - the smoking risk assessment for one resident was most recently reviewed in 2019. The risk assessment and care plan for this resident did not reflect that evidence of cigarette burns had been found on the resident's clothing

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Improvements were required in relation to assessment and care planning. For example:

- a resident that had a number of wounds did not have an assessment and care plan record for all wounds. This resident would have benefited from the use of a body map to identify the location of all wounds.
- the care plan for one resident indicated that it was written when the resident was admitted for respite. The care plan had not been rewritten when the resident was admitted for long-term care even though there was a significant period of time between both admissions and the needs of the resident had changed in the interim
- the advice of wound care specialists should be sought for residents with significant chronic wounds
- more detail was required in some care plans, for example, more detail around blood sugar monitoring for a resident with diabetes

Judgment: Not compliant

Regulation 6: Health care

Inspectors found that residents had access to appropriate medical care to meet their needs. Residents had access to a general practitioners (GP) that visited the centre on a regular basis. Residents also had access to an out-of-hours GP service at evenings and weekends. Services such as physiotherapy, psychiatry of later life, speech and language therapy and dietetics were available when required. Inspectors

found that the recommendations of health and social care professionals was acted upon which supported the achievement of good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with by inspectors knew how to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Records indicated a low incidence of bedrail usage. Where restraints were used, records indicated alternatives to restraint were trialled prior to use.

Judgment: Compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. Staff spoken with were knowledgeable regarding what constitutes abuse and the appropriate actions to take should there be an allegation of abuse. The provider was pension agent for 16 residents living in the centre and adequate systems were in place for the management of these finances. The provider was also pension agent for a resident in another designated centre and was requested to review arrangements for the management of these finances.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements required in relation to residents' rights included:

- records of residents' meeting did not indicate that issues raised at these meetings had been assigned to an individual to be addressed and it was not indicated when issues were addressed to the satisfactory of residents
- there was an over reliance on activity staff to provide activities to residents and adequate arrangement were not put in place for time when these staff are not present. For example, the person from the community employment scheme schedule to be in Elm unit on the second day of the inspection was escorting a resident to an external appointment. Inspectors observed minimal activities taking place in the unit on this day.

Judgment: Substantially 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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St John's Community Hospital OSV-0000604

Inspection ID: MON-0038770

Date of inspection: 19/01/2023

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • There is a new policy regarding Management of CPE in Community Settings in place Feb 2023. All Nurse Manages are to undertake HSelanD AMRIC AMS elearning modules by end March 2023, and all staff to undertake appropirate modules of above training by end June 2023. • There is Enhancing and Enabling in Dementia care training on 22nd March 2023 with further dates planned to have all staff trained. • Safeguarding training – all staff to have completed by 30 April 2023	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: • Employment history now on file (Therefore) 31 January 2023 Action complete	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: • Maintenance programme to address the gaps in the fire doors was in progress on day of inspection and due for completion in 31 March 2023. Weekly inspection of fire doors in place. • Risk due to fire compartment being in 2 ward areas has been risk assessed - Fire drill has been carried out in February 2023 and a plan in place for monthly drills across both ward simultaneously. • Standardized audit schedule in place throughout St. John's and report validated monthly. Feb 2023

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: • Residents communal areas are complete and available for use by the residents 20 Feb 2023 - Action complete • Further work has been undertaken to provide a homely environment and further enhance the dining rooms. Action completion date 31 March 2023.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: • An infection Prevention & Control Assessment has been developed for residents being admitted, transferred and discharged. 27 Feb 2023 Action complete

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

• Audit has been carried out to ensure all MDRO's have been identified in the Safety pause

• See Reg. 16 There is a new policy regarding Management of CPE in Community Settings in place Feb 2023. All Nurse Manages are to undertake HSelanD AMRIC AMS elearning modules by 31 March 2023, and all staff to undertake appropirate modules of above training by 30 June 2023.

• The use of I Am Clean stickers has been reviewed and a standard operating procedure has been developed. Action complete

• To be audited by 31 May 2023.

• Storage has been reviewed and storage of excess addressed. Action complete 27 February 2023.

• Plan is in place to provide a cleanable surface to the storage shed. Action completion date - 31 May 2023.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Education is provided to increase staff awareness of compartmentation between and across wards, note new fire evacuation drawings in each ward unit.
• Risk due to fire compartment being in 2 ward areas has been risk assessed - Fire drill has been carried out in February 2023 and a plan in place for monthly drills across both ward simultaneously.
• Additional practical fire training is being sourced and this will include fire extinguisher training. Action completion date 30 June 2023.
• Fire door Maintenance programme was in progress on day of inspection and due for completion 31 March 2023. Weekly inspection of fire doors in place.
• Awareness training planned to avoid any reoccurrence of smoking on site 31March 2023.
• Smoking risk assessments for residents have been reviewed and updated. Action complete.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• Wound care bundle being introduced to all areas of St. John's
Action completion date 31 March 2023
• All admissions have a comprehensive assessed carried out and Care metrics
Action completed 27 February 2023.
• Email Contact details of Tissue Viability (CNS) is available on all wards: January 2023
• Audit planned. Action completion date 30 April 2023.

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Items raised at Residents meetings are recorded in the minutes and following the meeting an action plan is developed with identified person to address items raised. At subsequent residents meeting the level of satisfaction is to be elicited – with over sight by DON. Action completion date 30 April 2023.
• Staff Nurse assigned to Activities is providing education to staff in delivery of social activities for residents to enhance their Quality of Life. Action completion date 30 April 2023.
• Staff are identified on roster to support residents in activities out of hours Action complete 17 February 2023
• Activities box has been developed in each area so a ready supply of materials are available. Action completed February 2023.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2023
Regulation 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	31/01/2023
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	31/03/2023

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 25(2)	When a resident returns from another designated centre, hospital or place, the person in charge of the designated centre from which the resident was temporarily absent shall take all reasonable steps to ensure that all relevant information about the resident is obtained from the other designated centre, hospital or place.	Substantially Compliant	Yellow	27/02/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2023
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre	Not Compliant	Orange	30/06/2023

	to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	31/03/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/03/2023
Regulation 28(2)(iv)	The registered provider shall make adequate	Not Compliant	Orange	31/03/2023

	arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	30/04/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/03/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where	Not Compliant	Orange	30/06/2023

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/03/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/03/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/04/2023