<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St John's House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000101</td>
</tr>
<tr>
<td>Centre address:</td>
<td>202 Merrion Road, Ballsbridge, Dublin 4.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 269 2213</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:admin@stjohnshouse.ie">admin@stjohnshouse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td>Registered provider:</td>
<td>St Johns House of Rest</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Nuala Rafferty</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Angela Ring</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>29</td>
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<td>Number of vacancies on the date of inspection:</td>
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About Dementia Care Thematic Inspections

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 08 August 2018 07:30
To: 08 August 2018 16:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Governance and Management</td>
<td></td>
<td>Substantially Compliant</td>
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</table>

Summary of findings from this inspection

This was an unannounced inspection conducted by two inspectors over one day. The purpose of this inspection was to determine what life was like for residents with dementia living in the centre. The inspection also followed up on actions required from the previous inspection and considered information received by the Health Information and Quality Authority (HIQA) in the form of notifications and other relevant information.

The provider had completed a self- assessment tool on dementia care and had assessed the compliance level of the centre as substantially compliant for health and social care needs safeguarding, rights, dignity and consultation and staffing. The
provider assessed complaints as compliant and premises as moderately non-compliant. This inspection agreed with the providers assessment for complaints and also found safeguarding to be compliant. Inspectors also agreed the providers assessment for health and social care needs, staffing and premises but found rights, dignity and consultation to be non-compliant.

Inspectors found that the provider had made a good effort to come into compliance with many of the actions arising from the previous inspection in September 2018 and considerable progress was found in many areas. There was a good level of care being delivered to residents but some improvements were required to meet the care needs of all residents, including those with dementia in a connected and holistic manner. Areas of improvement were identified and are included in the action plan contained in this report.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Health and Social Care Needs**

**Theme:**
Safe care and support

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

**Findings:**
Actions arising from the last inspection in September 2017 were addressed. Improvement to the safe transfer of residents in wheelchairs was found. All residents using wheelchairs had footrests in place. Evidence that residents' personal care needs were being met in accordance with their care plans was also found.

Residents had access to medical care, out-of-hours doctor services and a full range of other services available on referral, including occupational therapy, speech and language therapy, dietitian, chiropody, dental services and optical services. Evidence of referral and review was available and viewed, with early recognition of the signs of clinical deterioration and appropriate management. Regular review of all residents by a medical officer as needs changed or every four months was found. Transfer of information within and between the centre and other healthcare providers was good. Discharge letters for those who had spent time in acute hospital and results of blood tests and other health screening detailing findings after clinic appointments were maintained.

Samples of clinical documentation including nursing and medical records were reviewed. The systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents’ health, were implemented by the nursing team. Care plans were detailed enough to guide staff on the appropriate use of interventions to manage the identified need, and reviews considered the effectiveness of the interventions to manage or treat the need. Comprehensive risk assessments on which to base care plans were in place and there were efforts to plan and deliver care in a person-centred manner. Social care assessments of residents' interests or past activities were available, and care plans were in place. Inspectors heard that these were used to support the provision of opportunities for meaningful stimulation and meet residents' individual mental health and social well-being needs. However, although a programme of activities was delivered, inspectors observed long periods where residents, many with high dependency needs, were not provided with meaningful engagement or stimulation.
Menus were available and all residents were offered a choice at each meal. The inspectors observed residents having their lunch in the dining rooms. All staff sat beside the resident to whom they were giving assistance with their meal. Residents on modified diets were provided with the same choices and each element of the meal was separately presented on the plate.

Residents' weights were checked on a monthly basis, and, where required, daily intake charts were to be put in place to monitor food or fluid intake. Improvements were noted to the timeliness of the recording of intake to ensure accuracy.

Nursing staff were observed administering medicines to residents and following appropriate administration practices. The nurse knew the residents well, and was familiar with the residents' individual medication requirements.

Details of all medicines administered were correctly recorded. Prescribed medicines were regularly reviewed by the residents' general practitioner.

Judgment:
Substantially Compliant

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Actions arising from the last inspection were addressed. A bank account separate to the centre's business account was set up to receive residents' personal funds. Arrangements to have the residents funds transferred to this account were in progress but were delayed due to requirements to determine capacity for consent.

Efforts to establish and maintain a restraint free environment were on-going and inspectors found a low level of use of restrictive practices such as bed rails, lap-belts or medicinal restraints such as anti-psychotics or anxiolytics to manage responsive behaviours. Residents were assessed to determine the most appropriate measures to ensure their safety, and alternatives to restraints were available.

Information in the form of notifications was received from the person in charge since the last inspection. Issues arising from these notifications were discussed with the provider representative and the person in charge at a number of meetings in the interim.

Evidence of actions taken to respond to safeguarding risks was found on this inspection. Inspectors found that procedures were implemented to ensure residents safety including appropriate staff allocation systems, improved supervision and training in safeguarding and protection.

Staff spoken with on the day of inspection confirmed that they had received recent training on safeguarding and were able to describe the steps they would take if they had
concerns, or a resident reported an issue to them. Inspectors spoke with a number of residents on the day of inspection and all reported feeling safe in the centre. Residents who were unable to verbalise their thoughts, did not exhibit behaviours associated with fear or distress.

Judgment:
Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

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

Findings:
Actions arising from the last inspection were partially addressed but some care practices were not person centred and further improvements were required to develop and embed an inclusive culture of holistic health and social care.

Actions arising that were addressed included the service of breakfasts to ensure they reached the resident at the optimal temperature.
Inspectors observed that measures to improve the service were fully implemented and were supervised closely by the clinical nurse manager on duty.
Records were available and viewed to evidence that the majority of residents personal care needs were met in line with their assessed needs and preferences. However, the lack of suitable shower facilities and equipment for residents with limited physical ability to maintain an upright sitting position, continued to negatively impact on the provision of care for some residents, this will be addressed by the new build which was almost complete.

An activities programme was in place delivered by an activities coordinator each day. It included a mix of activities, intended to stimulate residents both physically and mentally, such as: arts and crafts, cards, exercise sessions, dog therapy, music and baking. Dementia relevant activities were also included in the programme such as reminiscence. All activities took place in the ground floor sitting room.

Evidence that residents and relatives were involved and included in decisions about the life of the centre was viewed. Meetings were held regularly where residents were consulted about future activities and future developments in the centre. Minutes of these meetings were viewed. It was noted that there was a large attendance at many of these meetings but most of the attendees were either staff, management or members of the provider entity governance committee. Whilst inspectors acknowledged the importance of the provider engagement it was noted that the number of resident
attendees was not a proportionate representation at a meeting specifically arranged for them.

Inspectors observed that residents' rights to privacy and dignity were respected with personal care delivered in their own bedroom or in bathrooms with doors closed, and the right to receive visitors in private. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms. In general terms, inspectors found residents' choice was respected and residents were asked if they wished to attend activity sessions. However, inspectors also observed instances where the right to choose was not facilitated, these included staff giving residents refreshments without offering a choice of the variety on offer. Staff were also observed giving residents tea with milk and sugar already added without consulting them or promoting their independence.

Inspectors took time to observe the interactions between staff and residents during different periods throughout the day. These observations revealed a mix of interactions with some good meaningful engagements but the majority of interactions were supervisory and instructive rather than socially orientated. However, inspectors noted that all interactions were respectful and residents spoken with said all staff were kind and helpful.

A weekly activities programme was in place and was delivered by the full-time activities person from Monday to Friday each week. The programme included a mix of activities, intended to stimulate residents both physically and mentally, such as card games, quizzes, music and arts and crafts. Some activities specific to meet the needs of residents with dementia such as Sonas were also included. Occasional outings were also arranged and an outing was arranged for later in the week. No formal activities were available at the week-ends and inspectors were told that the weekend was a busy period for visitors and church services.

The inspectors observed that there was limited meaningful mental or sensory stimulation provided to residents during the inspection with the exception of the planned group activity by the activity person. Staff were observed to be busy and concentrated most of their time meeting residents physical needs. Staff engaged well with residents but usually only when a resident required assistance with an aspect of daily living such as eating, drinking or moving. Otherwise there were few opportunities provided to residents to converse or interact, in particular for those with communication difficulties to try to dispel loneliness or boredom.

Judgment:
Non Compliant - Moderate

Outcome 04: Complaints procedures

Theme:
Person-centred care and support
**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A complaints process was in place to ensure the complaints of residents, their families or next of kin, including those with dementia, were listened to and acted upon. The process included an appeals procedure.

The complaints policy met the regulatory requirements. Some residents spoken to with could tell inspectors who they would bring a complaint too. Few complaint were made to date and were dealt with promptly, and there were records available to document the outcome and satisfaction of the complainant.

**Judgment:**
Compliant

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**Outcome 05: Suitable Staffing**

**Theme:**
Workforce

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

**Findings:**
Actions arising from the last inspection were addressed in that the skill mix and the level of staff were sufficient to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified. A specific staff allocation system was in place that identified the staff for each area on every floor in the centre. All staff were aware of the system which was implemented in full. The system also identified staff supervision of communal areas throughout the day. There were also sufficient support staff available including household, catering, administration and maintenance staff. Arrangements to replace staff to fill unexpected absences were in place.

A sample of personnel files for different categories of staff members were reviewed and found to contain all documentation required under Schedule 2 of the regulations, including vetting by An Garda Síochána and evidence of active registration with the Nursing Board of Ireland. A substantial number of staff were up to date in their mandatory training in fire safety, safeguarding of vulnerable adults, and manual handling. There was a tracking system in place to identify staff due to attend training sessions and assurances were given that all staff will have completed a refresher on these areas within the next five weeks. Written assurance was subsequently provided that the small number of staff who required it, had attended safeguarding training three
days after the inspection.

Since the last inspection evidence was found that the provider had committed a large amount of resources into development and up-skilling for staff. An external company was engaged to deliver training to staff in areas relevant to their role such as; three day course on practical care-giving skills, nutrition, falls prevention, restrictive practice and infection prevention and control. Nurses also received training on their scope of practice and care planning.

Inspectors found that the standard of care delivered to residents had improved. Inspectors also noted that the nursing and clinical management team showed a greater understanding of their responsibilities and accountability for the standard of care being delivered. This was demonstrated through the improved level of supervision and direction being provided to the other staffing grades by the nursing team. However, it was noted that this was not yet fully embedded and inconsistencies in practice were evident.

Inspectors also observed that some care was delivered in a task orientated manner and that a culture of positive connected and social care was not yet fully developed in the centre. This indicated a need for increased and ongoing guidance and leadership by example to be shown by the senior nursing team to drive change and embed a more inclusive ethos of care.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. All walkways were clear and uncluttered to ensure resident safety when mobilising. Grab rails and hand rails were installed were required.

Communal facilities were available on the ground floor including two small bright sitting rooms, with access to a sunny patio room and garden, a large dining room and visitors room

All of the bedrooms were personalised to reflect residents' individual wishes with pictures photograph's and mementos.

However, aspects of the premises required improvements in order to meet the requirements of the Care and Welfare Regulations 2013 (as amended) and the National
Standards for Residential Care settings for Older People in Ireland 2016. At the time of this inspection, a large extension to the premises was almost complete in order to meet these requirements. It was hoped that the new building would be commissioned soon. The impact of the current facilities is reflected in outcome 3 of this report. Although signage and way finding for residents required to be improved in the existing premises, inspectors were assured that this would be addressed in the new building.

**Judgment:**
Non Compliant - Moderate

### Outcome 08: Governance and Management

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Actions arising from the last inspection to improve the oversight of care and the delivery of safe and suitable care to residents were partially addressed. Improvements to the oversight of care were found with increased nursing resources to provide frontline supervision of care practices. Focused education and training inputs to drive improved care practices, the introduction of best practice processes including two hourly reviews of the care delivered to resident's with high level of needs, high risk or clinically deteriorating.

Risk management processes including fire safety management had improved and staff spoken with were clear on the fire procedures to follow and there were individual evacuation plans in place for each resident. Regular simulated fire drill practices were held to reinforce training for staff. Records of these drills were viewed and it was found that they would benefit from greater detail to inform learning going forward. Improvements to the high level governance structure and systems were also found. The role and responsibility of the provider entity and their oversight and involvement in the governance of the centre was clarified and had improved. Evidence of improvements of communication and supports to the operational management team was found.

Audit processes to review clinical care practice and promote improved outcomes for residents were on-going. The review of open incidents to include actions taken to address, reduce and prevent recurrence had improved and of six incidences open on the system it was noted only two were outside the 28 day timeframe for management and the reasons for this were clear and appropriate.

Improved performance and appraisal processes were noted. Evidence that the management team were reviewing staff performance and practice was found, however
there was limited evidence that where poor practices were identified that robust actions were implemented to address this.

Inspectors found that the risks identified on the last inspection were mitigated by the improvements found, however, changes to practice were not fully embedded and inconsistencies in practice and implementation of supervision was noted. Some care practices were task orientated and there was little evidence of sociable interaction by staff with residents. Inspectors found there was a need to develop a culture and ethos of person-centred care that respects each resident’s rights to equality choice, dignity and respect on an individual level.

Judgment:
Substantially Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
### Provider’s response to inspection report

<table>
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<th>Centre name:</th>
<th>St John's House</th>
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<td>Centre ID:</td>
<td>OSV-0000101</td>
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<tr>
<td>Date of inspection:</td>
<td>08/08/2018</td>
</tr>
<tr>
<td>Date of response:</td>
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### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 01: Health and Social Care Needs

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Residents social care needs were not being fully met in accordance with their assessments and care plans.

**1. Action Required:**
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
A review is currently underway by the PIC, an Occupational Therapist with experience in evidence based activities for older people, and representatives of the team to expand and develop the activities and social care programme based on and linked to residents needs and assessments over the seven days. The objective is to:
1. Ensure a programme of individual and group activities which are stimulating to the resident meeting individual needs are available every day
2. All staff will be involved in the delivery of appropriate activities and understand the relevance of these activities to the resident.
3. To evaluate the effectiveness of the activity to the resident by reviewing the reported stimulation and impact of the activity
4. Staff to participate in training on person centered care and the meaning of activities by SONAS
5. CNMs and Nurses to engage in the development, delivery and evaluation of the activity programme with the occupational therapist and the activity co-ordinators.

A special focus on the needs of the frail and those with Dementia will also be carried out with the assistance of SONAS a specialist provider of training for Dementia specific care. This will include an exploration of the attitudes and expectations of the staff regarding a social care model of care, the development of knowledge skills and attitudes appropriate to achieve the organisations key objectives of person centered care. This will be a two day programme.

The training of an increased number of staff both nurses and carers on SONAS. This will increase the numbers of SONAS facilitators. Two are commencing in September.

The use of these skills will be built into practice ensuring a broader thought process of person centeredness when delivering care.

The staff behaviours will be monitored by the nursing staff and occupational therapist and feedback to the CNMs will occur monthly.

The CNMs will keep the Team informed of the progress at the Monthly Team meetings. Corrective actions will be developed and solutions implemented.

The PIC will develop an addition to the induction programme that is focused on person centered objectives

Proposed Timescale: 31/01/2019

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory
requirement in the following respect:  
Opportunities for socialisation, and purposeful and meaningful stimulation to promote residents' physical and mental health and wellbeing, in accordance with their interests and capacity were limited.

2. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
An analysis of the resident’s life story and previous life experiences will be carried out as part of the review of activities with the occupational therapist, the activity coordinators and team representatives. The activity programme will be further expanded not only to include life time focused hobbies but to include activities that can be carried out by all staff as one to one activities also. Further development of staff is required commencing with SONAS training.

The Activities programme will be planned over 7 days and all activities will be placed on the calendar of events for each week. For residents unable to participate in group activities one to one activities will be identified and built into their care plan.

To continue to improve and expand the person centered care model. To further achieve this we are changing the times of administration of medicines throughout the day to free up nursing time at critical hours to enable team work between nurses and carers. The handover time will also be changed to end of morning instead of early afternoon. These changes will enable proper evaluation of the mornings health and social care and will assist with setting the goals of care for the afternoon. This change will be overseen by the CNMs

All equipment and shower facilities will be greatly improved once the new building is complete. This will include tilt and space shower seats, shower trollies and assisted bathrooms with hoists. All bedrooms will also have wheelchair accessible ensuite with shower, toilet and wash hand basins.

Residents council - the attendance by residents at the council meetings will be discussed with the residents prior to the next meeting to seek their input on how the meetings could be improved. We will establish in the terms of reference the agreed proportional representation for consideration at the next meeting of the resident’s council in October.

Retraining of catering staff on person centered approaches to serving drinks and snacks has commenced. This includes choice of menu and snacks, picture menus, approach to residents and attitude and perception of resident’s disposition.
Inclusion in workshops with SONAS to focus on person centered approaches to care will be available also.
A change in the practice of meal delivery is proposed for the new building
Proposed Timescale: 31/01/2019

Theme:
Person-centred care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Some practice in the centre did not fully respect resident's right to choice.

3. Action Required:
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

Please state the actions you have taken or are planning to take:
Retraining of catering staff on person centered approaches to serving drinks and snacks has commenced. This includes choice of menu and snacks, picture menus, approach to residents and attitude and perception of resident’s disposition. Inclusion in workshops with SONAS to focus on person centered approaches to care will be available also.

A picture menu is currently under development by the chef and will be available to residents. This will be utilised by the nurses and other staff to establish the resident choice of meals.

Proposed Timescale: 30/09/2018

Outcome 05: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Measures to provide appropriate supervision and direction to staff need to be consistently implemented and monitored to continually improve care practices.

4. Action Required:
Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
To improve the method of performance appraisal that will include targets and goals for employees to achieve. To utilise the line management structure to achieve this. This will include the development of certain skills and competencies required by all staff to achieve this. CNMs and nurses will receive training on staff performance management to enable this occur.

To work to organisational goals especially those targeting resident’s quality of life.
To develop the change proposed in the organisation of work outlined above in outcome three to allow a culture of learning to exist between nurses and carers and between CNMs and Nurses and Carers which places the resident at the centre of care. This change will be managed by the PIC and the CNMS.

A facilitated workshop to embed the habits and cultural norms expected of staff who work in St Johns House to include behaviours, conversations with colleagues, formalities, celebrations, to assist staff to develop a shared awareness of changes required to move the culture forward.

**Proposed Timescale:** 31/01/2019

### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The current premises do not meet the needs of all residents.

**5. Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
A new purpose built nursing home will be complete and ready for occupation from the 17th September 2018. 39 of 56 beds will be available for occupancy and it is planned to transfer all current residents into the new facility once registered. The new facility will provide exceptional indoor and outdoor facilities for residents with beautiful views of the surrounding area. Plans are in place to manage risks and residents will have individual care plans to assist with their care during the transition period.

**Proposed Timescale:** 17/09/2018

### Outcome 08: Governance and Management

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Changes to practice were not fully embedded and inconsistencies in practice and implementation of supervision was noted.
There was limited evidence that where poor practices were identified that robust actions were implemented to address this.
6. **Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
A fire training template will be developed to guide the practice of evacuation training and all details will be recorded.
This will be developed by the Health and safety Committee chaired by the General Manager.
A record of evacuation training including numbers evacuated, time taken to evacuate, type of equipment used and location and route will all be incorporated in addition to existing information.

Staff performance reviews will be followed with a competencies development plan which will be utilised by the staff to guide their practice and development. A line management structure will be used to implement this.
An external company STRATIS has been engaged will lead a four stage process to:-

1. Clarify Outcomes - what do we want to achieve in outcome terms
2. Design the Practices - design the practices that will best achieve the outcome
3. Develop the Competencies - develop and support the competencies that will allow the practices to be successfully implemented to achieve the outcome
4. Ensure Buy in - design a process that will ensure people take ownership of their personal contribution.

**Cultural Change Model — Overview of the Key Actions that will be Required**

1. Set up a team lead by CEO to champion the cause. We will schedule a workshop with this team to ensure there is an understanding of the change process required. The key to success is in introducing new practices and achieving behavioural change that contributes to improved attitude and improved alignment with organisation goals. The process must reflect the values associated with where we want to be and as such is as important as the destination itself. STRATIS will deliver an initial workshop aimed at increasing awareness around best practice and various options and approaches open to St. John’s. The outcome will be an improved level of appreciation of the potential impact on each member of the team, agreement on the process for taking it forward and an indication of the likely outcomes of the final process.

2. The subsequent stages of this process could take a format as indicated below, but the team will need to decide. It will likely involve focus group sessions and or interviews with staff members as part of a wider engagement.

3. Letter from the STRATIS facilitator to ‘all staff’ setting out the essential opportunity to build on the success to-date and improve further and all staff will be given the opportunity to contribute.

4. Staff and management feedback will be used as the platform for generating
momentum for change with the push coming from the staff.

5. Management workshop on interpreting the feedback and reaching agreement on the introduction of new practices that may be introduced within the organisation, which will result in the desired change.

6. Staff insight workshops, gain buy-in to future direction and allow inputs.

7. Develop profile on organisation and individual roles by a combination of interviews, questionnaires and analysis of role models. Identify personal needs of these groups.

8. First draft of action plan. Introduction of a performance management process to include a balanced score card (goals to be set at organisational level down to each individual under the headings of finance, operations, people and customer) for all, starting with the top. This will involve the introduction of key practices that will be introduced including supporting behaviours. Identify key performance indicators and measurements on all issues covered by the balanced score card and behaviours. Review all existing agenda’s/meetings and other decision making forum to increase the correlation with and support for the way forward. Every person will be aware of the direction the organisation is moving in and how their role and individual action contributes to these goals.

9. Management development workshop based on draft action plan (what to do) and foundation skills on understanding, influencing and motivating people (how to do it).

10. Communicate the way forward to staff. At some later stage a clear link will be established between the objectives within the balanced score card and selection, promotion and reward. New interpretation of communications, covering purpose and objectives with the focus on the outcome/impact of the communications. Building relationships is likely to be a core competence for the future.

11. Review impact These proposed actions will be fine-tuned following discussion with the leadership team.

**Proposed Timescale:** 28/02/2019