# Health Information and Quality Authority

Regulation Directorate

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

<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>St John's Community Hospital</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000604</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>Munster Hill, Enniscorthy, Wexford.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>053 923 2700</td>
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<tr>
<td><strong>Email address:</strong></td>
<td></td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>The Health Service Executive</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Health Service Executive</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Barbara Murphy</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Ide Cronin</td>
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<td><strong>Support inspector(s):</strong></td>
<td>None</td>
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<tr>
<td><strong>Type of inspection:</strong></td>
<td>Unannounced</td>
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<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>94</td>
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<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>19</td>
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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 his/her 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
▪ to carry out thematic inspections in respect of specific outcomes
▪ 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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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).
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 December 2017 09:55
To: 05 December 2017 17:00

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
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<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection

This report set out the findings of an announced registration renewal inspection, which took place following an application to the Health Information and Quality Authority (HIQA), to renew registration of the designated centre. The inspector also reviewed progress on the nine action plans from the previous inspection of May 2017. The inspector found that they all had been addressed with the exception of one action plan in relation to staff training. The inspector also found that significant progress had been made in relation to the issues raised by residents on the previous inspection in relation to food and nutrition. This is further outlined under Outcome 15: Food and Nutrition.

During the course of the inspection, the inspector met with residents, relatives and staff, the person in charge and assistant director of nursing. The views of residents and staff were listened to, practices were observed and documentation was reviewed. Surveys completed by residents and/or their relatives or representatives were also reviewed. Overall, the inspectors found that care was delivered to a good standard by staff who knew the residents well and discharged their duties in a respectful and dignified way.

Systems and appropriate measures were in place to manage and govern this centre. The provider nominee, person in charge and staff team responsible for the governance, operational management and administration of services and resources
demonstrated adequate knowledge and an ability to meet regulatory requirements.

The premises, facilities, furnishings and décor were of a good standard. Staff interacted well with residents and in a respectful, responsive and appropriate manner. Staff demonstrated good knowledge of residents’ needs, likes, dislikes and preferences. A routine of daily activities was in place and facilitated by activity coordinators. Safe and appropriate levels of staffing and supervision were in place to maintain residents’ safety and meet their care needs. Residents' healthcare needs were met with referrals to medical and allied health professionals.

The action plan at the end of this report identifies areas where improvements must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

**Outcome 02: Governance and Management**

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

Effective management systems were in place to support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability. The governance structure had changed since the previous inspection with a change in person in charge and the addition of a new person participating in the management of the centre (PPIM). A fit person interview had been conducted with the new person charge prior to this inspection.

The inspector saw that management systems continued to be implemented effectively. These included regular management team meetings to review all aspects of service delivery. The inspector observed that the agenda for the local quality and safety meetings was based on the themes as outlined in the National Standards for Older People.

Auditing processes to review clinical care practice and ensure improved outcomes for residents were ongoing and were completed on a monthly basis through the quality metrics system.

Other audits that were completed included medicines management, health and safety, infection control and hygiene. The person in charge and assistant director of nursing discussed improvements that were identified with staff and an action plan to address any deficits were outlined as observed by the inspector.

Arrangements were in place to consult with residents about their experience of the service. There was a residents’ committee that met regularly and the inspector observed that the regular meetings gave them a forum to express their views and changes were made as a result of their opinions.
Satisfaction surveys were completed on an ongoing basis. An annual review of the quality and safety of care had been completed for 2016 and it informed the service plan for 2017 as observed by the inspector.

**Judgment:**
Compliant

### Outcome 04: Suitable Person in Charge
*The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The person in charge had changed since the time of the last inspection. She was suitably qualified as a registered nurse and had the authority accountability and responsibility for the provision of the service. The inspector found that she was well informed about residents and person centred in her approach.

There was a clearly defined management structure which identified the lines of authority and accountability in the centre. The person in charge works on a full time basis and is supported in her role by an assistant director of nursing.

**Judgment:**
Compliant

### Outcome 07: Safeguarding and Safety
*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. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.
Findings:
Only the component of the action plan from the previous inspection was considered as part of this inspection. On the previous inspection it was found that the inspector saw that money was stored in a safe on the ward and transactions were not co-signed and witnessed by two staff members which did not safeguard residents’ comforts money or staff.

This action plan had been addressed and the inspector found that residents’ money was not stored at ward level. On the previous inspection it was found that staff were not provided with up-to-date knowledge and skills, appropriate to their role to enable them to manage and respond to responsive behaviours.

This action plan remains outstanding as the inspector saw that only 54% of nursing staff and 61% of care staff had completed training in responsive behaviours.

Judgment:
Substantially Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
The inspector reviewed a sample of prescription records on each unit and saw that they complied with best practice and included the maximum doses of p.r.n (a medicine taken as the need arises) medicines to be administered over any 24 hour period. Photographic identification was available on the drugs chart for each resident to ensure the correct identity of the resident receiving the medicine and reduce the risk of a medication error. The prescription sheets reviewed were clear and the signature of the general practitioner (GP) was in place for each drug prescribed in the sample of drug charts examined. There was evidence of residents’ medicines being reviewed on a regular basis.

Medicines were stored securely in the centre in medicine trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. The inspector saw that the temperature recordings were within acceptable ranges.

Medicines that required strict control measures were managed appropriately and kept in
a secure cabinet in keeping with professional guidelines. Nurses kept a register of all controlled drugs. The inspector confirmed that the stock balance was checked and signed by two nurses at the change of each shift. There were appropriate procedures for the handling and disposal of unused and out of date medicines.

A system was in place for reviewing and monitoring safe medication management practices. The inspector saw that medicine management audits were completed. A pharmacy technician would visit the centre on a weekly basis. However, a protocol was not in place to ensure that the pharmacist was facilitated to meet the obligations in line with guidance issued by the Pharmaceutical Society of Ireland, including the provision of personal pharmaceutical care to residents.

**Judgment:**
Substantially Compliant

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**Outcome 11: Health and Social Care Needs**

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. 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.*

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents had access to medical care, an out-of-hours services and a full range of other services available on referral, including occupational therapy, speech and language therapy, dietician, chiropody, dental services and optical services. Evidence of referral and review were available and viewed. The inspector found that residents’ healthcare needs were met through an acceptable standard of nursing care and allied health professional monitoring.

Systems were in place for the assessment planning implementation and review of healthcare needs. This included nursing assessments, care plans and clinical risk assessments. A sample of clinical documentation and medical records were viewed on each unit. Nursing staff completed daily progress entries. The inspector saw that this recorded information was informative and gave a good overall picture of residents on a daily basis ensuring that their needs were met.

The records reviewed confirmed that residents were assisted to achieve and maintain the best possible health through medicine reviews, blood profiling and other diagnostics when required. There was good supervision of residents in communal areas and good
staffing levels to ensure resident safety was maintained. Care plans were updated at the required four monthly intervals as observed by the inspector.

There was evidence in care plans of good links with the mental health services. Behavioural charts were available to record a pattern of altered behaviours. These were reviewed and used to inform a planned care pathway to meet resident’s needs and reviews by the GP and psychiatry team.

Staff spoken with had a good understanding of end-of-life care. There was evidence that the end-of-life needs and wishes of residents were discussed with them and/or their next of kin as appropriate and documented in a care plan. The care plans reviewed by the inspector addressed the resident’s physical, emotional, social and spiritual needs. The care plans reflected each resident's wishes and preferred pathway as part of their end of life care.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also when residents returned to the centre, for example from hospital, there was a clear summary of the residents needs and guidance on any interventions needed.

Residents had opportunities to participate in activities that were meaningful and purposeful to them, and which suited their needs, interests and capacities. There were group and one to one recreational activities scheduled daily on each unit to meet the needs of residents. On the day of inspection some residents went out on a Christmas shopping trip. Residents told the inspector that they were delighted to be going out and they frequently had outings.

**Judgment:**
Compliant

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**Outcome 13: Complaints procedures**

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.

**Theme:**
Person-centred care and support

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

**Findings:**
On the previous inspection it was found that the outcome of the complaint was not recorded as being resolved and there was not any recording of whether the complainant was satisfied or not. This action plan had been addressed.

The complaint’s policy was in place and the inspector noted that it met the requirements
of the regulations. The complaints procedure in leaflet format was on display in the units and there was an easy read format also. There was evidence from records and interviews that complaints were managed in accordance with the HSE “Your Service Your Say” policy. Issues recorded were found to be resolved locally at unit level in a sample reviewed by the inspector or formally by the complaints officer as appropriate.

This was displayed in a prominent position on each unit and residents and relatives who spoke with the inspector were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction.

Judgment:
Compliant

Outcome 15: Food and Nutrition
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 discrete and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
On the previous inspection residents told the inspector that their evening meal was not served at a reasonable time. On this inspection the inspector found that significant work had been completed by the catering department and management team in relation to food and nutrition. Residents told the inspector that they were happy with the food choices provided and that their evening was now served at 17:00hrs instead of 16:30hrs. The inspector spoke with the catering manager who acknowledged that the work to date had improved quality of life for residents.

There was a nutrition committee which included nursing staff, catering staff and dietitians from St John’s and two other centres. This committee had responsibility to oversee nutritional care for residents. There was a policy on nutritional status and hydration care. The inspector observed that nutritional audits were conducted.

Each resident had a nutritional care plan. All residents were weighed monthly or more frequently if they were identified as being at a higher risk. There was evidence that the recording of a weight loss or gain prompted an intervention if a risk was identified. Access to dietitian and a speech and language therapist was available when required to obtain specialist advice to guide care practice. The inspector saw that dietetic students had recently completed a nutritional analysis on the menus available which was found to be satisfactory.
There was a catering forum in place which met once per month. The focus of this group was that each member of the group would improve one item for residents. For example, smoothies were now being served for breakfast as well as 11:00hrs. The inspector observed that the chefs go to the units on a daily basis to ensure that residents are satisfied with the food. Residents and staff also confirmed this to the inspector. The inspector saw that there was a residents’ dish of choice available on a monthly basis.

The inspector saw that the catering manager attends the residents’ committee meetings and meals were a standing item on the agenda. The person in charge said that she endeavoured to take any complaints in relation to food on board and would always meet with the catering manager in relation to any dissatisfaction with food. The inspector observed that residents’ requests in relation to different types of food were accommodated. The inspector saw that there were different snacks available on each ward for residents. The inspector reviewed the complaints log and saw that issues in relation to food were addressed by the management team and the catering department in so far as was reasonably practical. Residents told the inspector that they were satisfied with the timing of meals and the meals provided to them.

Judgment:
Compliant

Outcome 18: Suitable Staffing
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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
The inspector viewed rosters for staffing levels, which reflected actual staff provision on the day of the inspection. From observations during the inspection and discussions with residents and staff, the inspector found that the number and skill mix of staff of staff was appropriate to the assessed needs of residents in all units and the size and layout of the centre. Good interactions were observed between staff and residents who chatted with each other in a relaxed manner.

Staff spoken with were knowledgeable of residents’ individual needs. There was adequate staff supervising communal areas as observed by the inspector. In discussions
with staff, they confirmed that they were supported to carry out their work by the person in charge and management team. The inspector found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on the residents' condition. There was evidence of regular staff meetings taking place. Good supervision practices were in place with the nurses visible on each floor providing guidance to staff and monitoring the care delivered to residents. During the inspection residents and relatives provided positive feedback about the staff in the centre, and this was also reflected in the questionnaires returned to HIQA.

Records reviewed confirmed that all staff had mandatory training in place in relation to manual handling and elder abuse. There was a professional development office in place. Staff had also been provided with education on a variety of topics, such as dementia, responsive behaviours, infection control, sharps, and medicines management. Staff spoken with told the inspector their learning and development needs were being met.

Staff were observed interacting with residents in a polite and respectful manner, and demonstrated knowledge of residents' histories, care needs and personalities. The centre utilised a large number of volunteers who assisted staff by taking residents out for walks and on outings. They also assisted with activity provision in group scenarios, entertainment and chatting with residents.

There was a recruitment policy in place which ensured that staff were selected and vetted in accordance with best recruitment practice. The person in charge and confirmed to the inspector that Garda vetting was in place for all staff. The inspector reviewed a sample of staff files, and found that they contained all of the information required by Schedule 2 of the regulations, including professional registration for nursing staff. There were 24 volunteers working in the centre at the time of this inspection all of whom were Garda vetted and had their roles and responsibilities of volunteers set out in writing as required by the regulations.

**Judgment:**
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:*

I de Cronin  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000604</td>
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<tr>
<td>Date of inspection:</td>
<td>05/12/2017</td>
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<tr>
<td>Date of response:</td>
<td>22/12/2017</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 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Ensure that all staff have completed training in responsive behaviours.

1. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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 plan is in place to ensure that staff complete training in managing behaviours that challenge and the following dates have been set 24 January 2018, 01 and 19 February 2018. This training will be on monthly till we receive 100%.

**Proposed Timescale:** 19/02/2018

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<th>Outcome 09: Medication Management</th>
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<tr>
<td><strong>Theme:</strong></td>
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<tr>
<td>Safe care and support</td>
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The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A protocol was not in place to ensure that the pharmacist was facilitated to meet the obligations in line with guidance issued by the Pharmaceutical Society of Ireland, including the provision of personal pharmaceutical care to residents.

2. **Action Required:**
Under Regulation 29(2) you are required to: Facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.

Please state the actions you have taken or are planning to take:
The process has commenced to recruit pharmacist to ensure obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland is met.

**Proposed Timescale:** 31/01/2018