

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. John's House
Centre ID:	ORG-0000101
Centre address:	202 Merrion Road, Dublin 4.
Telephone number:	01 269 2213
Email address:	admin@stjohnshouse.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	The Trustees of St. John's House
Provider Nominee:	Ivor Maloney
Person in charge:	Barbara Fitzgerald
Lead inspector:	Deirdre Byrne
Support inspector(s):	Julie Pryce; Michael Keating
Type of inspection	Announced
Number of residents on the date of inspection:	41
Number of vacancies on the date of inspection:	8

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 judgements 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.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 January 2014 09:00 To: 07 January 2014 19:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The purpose of the inspection was to assess compliance with requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

On the day of inspection, inspectors had concerns as there were a number of significant issues that required immediate attention. These were in relation to an aspect of residents' health care needs, and a staff members knowledge of the centres policies and procedures which may have posed a risk to the residents. The person in charge was verbally required to provide immediate assurances to the Authority of the measures in place to safeguard residents in the centre. Information was received during and, following the inspection, and inspectors were satisfied with the information received confirming measures were in place to mitigate risk to residents.

Inspectors found that improvements were also required in relation to aspects of the care needs for some residents, consultation with residents in planning their care, management of medication, risk management, and staff knowledge of policies and

procedures.

During the inspection, inspectors found the provider had addressed most of the actions since the last inspection. Inspectors found that of the 10 actions followed up from the previous inspection, nine had been fully completed, and one action was not completed. Inspectors found the centre was a warm, homely place for residents, that was well maintained to a good standard. The residents appeared well looked after, and they received care from staff who were patient and knowledgeable with their health and social care needs. The social needs of residents were being met and, there was good management of complaints.

These and all other matters are outlined in the report below and Action Plan at the end of the report.

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

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found the statement of purpose in place did not fully meet the requirements of Schedule 1 and Regulation 5, of the Regulations. For example, it did not accurately reflect the management structure and, did not clearly state the address of the centre. The statement of purposed outlined details on the therapeutic activities provided but the supervisory arrangements for these services were not adequately described.

Outcome 02: Contract for the Provision of Services

Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found some improvements were required in the contracts of care which were issued to residents.

A sample of completed contracts were read by inspectors who saw they had been agreed and signed by the resident within the mandatory timeframe following admission.

The weekly fee payable by the resident was clearly stated. However, the fees for additional services for which the resident was liable were not included.

Outcome 03: Suitable Person in Charge

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

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied the centre was managed full-time by a suitably qualified nurse, with experience in the care of the elderly. For the duration of the report she will be referred to as the person in charge.

She was knowledgeable of the Regulations and the Authority's Standards and her legislative requirements. She was observed interacting with the residents and inspectors found she was knowledgeable of their health and social care she needs. She demonstrated good leadership and organised her staff well.

The person in charge continued her education and learning, and had attended various seminars and conferences. She was supported in her role by a clinical nurse manager (CNM) who deputised in her absence.

Outcome 04: Records and documentation to be kept at a designated centre

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Theme:

Leadership, Governance and Management

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found policies were in place which had been reviewed by the person in charge. However, improvements were identified as not all policies guided practice.

A nutritional management policy was read by inspectors, but it did not provide direction to staff. For example, what procedures to follow when a resident loses weight, and the monitoring which should be carried out. A falls prevention policy reviewed by inspectors did not provide adequate guidance to staff, as it did not clearly outline the procedures to follow in the event of fall occurring. In addition, the infection control procedures did not provided sufficient direction for staff on the procedure to follow for residents in multi-occupant bedroom, if an outbreak occurred in the centre. These matters were discussed with the person in charge, who acknowledged they required review, and would be carrying out a revision of the policies.

Outcome 06: 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.

Theme:

Safe Care and Support

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found the systems in place to protect residents from being harmed or from suffering abuse required improvement.

There was a policy which provided direction to staff, and records seen confirmed staff were provided with training. Inspectors found most staff were clear of the categories of abuse, and the reporting arrangement in place. An area of improvement identified is detailed under Outcome 18. Inspectors found the person in charge was clear of the arrangements in place to carry out an investigation into an allegation of abuse.

Inspectors reviewed the arrangements for the safekeeping of residents' money with the provider, which appeared to be adequately managed and in line with best practice guidelines.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

There were systems in place to ensure the health and safety of residents, staff and visitors was promoted and protected. However, improvements were required in the ongoing management of risk.

There were health and safety and, risk management policies in place which met the requirements of the Regulations. There was evidence that risks were identified and assessed. A risk register was seen, and risks identified at the last inspection had been addressed. However, improvements were required, as other risks had not been identified. For example:

- A window in a first floor toilet was not provided with restrictive opening. This could pose a risk to more vulnerable residents who access this room.
- Unlocked sluice rooms were accessible to residents, and may pose a risk due to the storage of hazardous waste, and cleaning agents.

A health and safety committee met every month, and reviewed a range of environmental risks including the risk register. The minutes of the most recent meeting were read by inspectors. A full-time maintenance man based in the centre, carried out regular checks to review fire safety precautions and maintenance checks.

Inspectors were satisfied that the policies and procedures on infection control were in place. There were comprehensive procedures in place. Staff had completed training in infection control. Disposable aprons, gloves and hand gel dispensers were available throughout the centre.

There were arrangements in place to manage adverse events or serious incidents involving residents. An action from the last inspection was completed and all staff had up-to-date mandatory training in this area. Inspectors saw safe flooring was provided. There were grab-rails in circulation areas and handrails in toilets, bath and shower areas.

A comprehensive emergency plan was read by inspectors which outlined the arrangements to be followed in the event of a fire, flood or gas leak.

Inspectors found the provider ensured that precautions were in place to manage the risk of fire. There was evidence of weekly fire drills, and annual training for all staff.

Generally staff were familiar with the fire evacuation procedures for the centre, with an area of improvement identified which is outlined in outcome 18. Inspectors was satisfied that all other fire arrangements were in line with the Regulations and promoted resident, staff and visitor safety.

Outcome 08: Medication Management

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

Theme:

Safe Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found improvements were required in the management of medication practices to ensure residents were protected. Actions from the previous inspection were found to have been completed.

A sample of residents' medication prescribing and administration sheets were reviewed. However, inspectors identified a number of medication errors which had not been identified, recorded or investigated by the person in charge. For example:

- one medication was recorded as "not administered", with no reason provided
- there was a blank record for another medication administered, with no reason provided
- there was no GP signature for discontinued one off/short term medications
- some medications were not administered at the prescribed time.

Inspectors discussed these errors with the person in charge, who assured them that the errors would be recorded and investigated. She stated she would furnish a copy of the investigation to the Authority following its completion.

There were procedures in place for the management of PRN ("as required") medications, which was an action from the last inspection. However, the maximum dosage of these medications was not consistently stated.

A comprehensive medication management policy was in place which provided direction to staff, which now included procedures on the management of "as required" medications. Training was provided by the pharmacy, and nursing staff completed online training also. Records read by inspectors indicated staff had completed training in 2012.

Actions from the previous inspection were completed. There was evidence of regular

review of residents' medications by their G.P. Inspectors saw procedures were in place for the secure storage and management of controlled (MDA) medications, and procedures were followed for temperature controlled medications. There were daily temperature checks now completed.

Outcome 11: Health and Social Care Needs

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

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors found improvements were required in the provision of a high standard of nursing care for aspects of residents' health care needs specifically in relation to the management of nutrition and falls. A number of actions from the previous inspection had been addressed. However, an action in relation to the management of restraint was not. Additionally, improvements were required in consultation with residents in and their care, and the documentation of care plans

The management of nutrition required improvement. Inspectors had concerns as to the nutritional status for residents. The care plan for one resident at high risk of malnutrition was reviewed and provided detailed guidance on the care to be provided. However, it was not being implemented in practice. For example, it stated the resident should have been weighed weekly, but the resident had last been weighed in mid December, and also found to have lost 3kg. There was no evidence that the resident had been weighed since then. The resident had also been referred to a dietician, and had yet to be seen. These matters were brought to the attention of the CNM and the person in charge who undertook to address them immediately. Before the end of the inspection, the resident had been reviewed, an updated care plan was shown to inspectors, and a date was also confirmed with their GP and dietician.

Inspectors reviewed the management of falls and found improvement was necessary. Residents' falls risk was routinely assessed and a care plan was put in place for residents at a high risk of falling. Inspectors saw that following a fall a post fall assessment was

carried out, and incident forms completed for each falls. However, some forms were not fully completed, with gaps in places. The form was not used to assess the adequacy of existing falls prevention measures in place or to identify new control measures as appropriate. Falls care plans were not updated after a fall took place, and where unwitnessed falls had occurred, there was no record of the neurological observations carried out.

Inspectors found aspects of the management of restraint required improvement. There was a policy on the use restraint. However, it was not fully implemented in practice. For example, the assessment process did not include the alternatives considered prior to use of restraint, this had been an action at the last inspection, and was not completed. Where restraint was used, care plans had been developed. There were 16 residents with bed rails at the time of inspection. There was evidence that consent was sought from residents or families were consulted with.

Inspectors saw residents were regularly assessed at appropriate intervals for a range of clinical needs, with care plans in place where risk was identified. However, improvements were identified in updating care plans if there was change in circumstance. For example, after a fall, or if they lost weight. In addition, there was inconsistent evidence that the residents and, where appropriate the next of kin had been consulted in relation to the development of care plans. Residents care was supplemented by good access to the GP and an out of hours on call service was also available.

Inspectors reviewed practices in relation to the management of wound care and behaviours that challenge. There was evidence that residents were assessed, with care plans in place that outlined interventions to be carried out. Staff were provided with training in these areas, and were familiar with the needs of the residents.

There was evidence that residents had opportunities to participate in social engagement, with regular assessments of their likes and interests carried out. A key to me was being developed for each resident, and a small number had been developed to date, with plans that all residents will have one in place. The residents were seen to play cards, read papers, and watch television. Two activities coordinator facilitated an activities programme, details of which were displayed in the dining room. There were a number of social initiatives within the centre, with a gentleman's club meeting each week, and a weekly coffee morning for the ladies. A small group of residents went on a holiday together in the Summer. There were one to one activities available to residents who were immobile and had communication difficulties. A health care assistant (HCA) was trained in Sonas (a therapeutic and sensory programme for residents with communication impairment), and facilitated this for the residents.

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Care and Support

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Inspectors found some aspects of the building did not meet the requirements of the Regulations and the Authority's Standards. These issues were discussed with the property services manager and general manager during the inspection, who informed the inspectors they were aware of the Regulations and the Authority's Standards. They were in process of developing plans to address the issues, and these were outlined to inspectors. However, no costed plans were in place as yet.

The issues identified are:

-There were four three-bedded rooms which will not meet the requirements of the Authority's Standards. While the inspector did not see negative outcomes for residents, there was insufficient space in these rooms to carry out personal care for residents, and they were not designed to prevent or minimise noise and odours from affecting other residents.

The centre was located over two levels. A high standard of cleanliness was provided throughout and it was well maintained both internally and externally. A secure garden was located to the front of the centre, with grassy and paved areas. It was directly accessible from the centre.

Inspectors found the centre was pleasantly decorated, with nice fixtures and fittings, and homely touches such as paintings, ornaments, and standard lamps. There were a two sitting rooms, on the ground floor level, with a number of smaller sitting rooms and areas room available for residents to meet visitors in private. A spacious dining room was located on the ground floor also.

A number of bedrooms were visited by inspectors, and were pleasantly decorated, with personal possessions and some with furniture from home. All bedrooms were provided with a functioning call bell.

There were two sluice rooms, each were provided with suitable sluicing facilities. A separate kitchen, with store rooms was provided. Separate sanitary accommodation and changing facilities were in place for staff, along with a small canteen.

There was provision of assistive equipment such as hoists and a lift. Servicing reports were read by inspectors, and confirmed they had been recently serviced.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were satisfied that complaints were well managed. A complaint's policy was in place and the inspectors noted that it met the requirements of the Regulations. The complaints procedure was on display at the entrance of the centre. An action from the previous inspection was addressed, and the complaints officer (the person in charge) details were included in the policy and procedures. The residents who spoke with the inspectors said they would go to the "matron" or the nurse in charge if they wished to make a complaint.

A complaints log was maintained and inspectors found that it contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome.

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.

Theme:

Workforce

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

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

Findings:

Inspectors were not satisfied that the person in charge had adequate systems in place to ensure staff were familiar with the centres policies and procedures.

Inspectors found a staff nurse spoken with was not familiar with the centre's key policies and procedures which related to her role, such as protection of vulnerable adults, fire safety, and medication management. For example, she was unclear of what to do if the event of an allegation of abuse being brought to her attention, and was unsure of how to carry out an evacuation of residents from the centre in the event of a fire. Inspectors were concerned that the nurse also covered night shifts as part of her duties, whereby she was responsible for the supervision and care of the residents, and care provided by the health care staff, and this posed a risk. Further, inspectors read minutes of the last staff meeting which confirmed there had been issues in the past with staff knowledge of medication management policies. However, there was no evidence of a follow up or improvements made since then. These matters were discussed with the person in charge, who acknowledged it was an issue. Following the inspection she provided assurances to the Authority that she had discussed these matters with staff, and the staff member would not work in a position of supervision, until additional training and competency assessments were carried out. She confirmed an action plan was to be put in place, and this would be submitted to the Authority on 13 January 2014.

Inspectors found there was adequate staffing levels and skill mix to meet the residents' needs. Actions from the previous inspection had also been completed. A planned roster was reviewed which reflected the staff on duty. Staff had all received mandatory training, and a range of training in other areas in areas such as infection control, venepuncture, end-of-life care, challenging behaviours, restraint, and dysphagia. Most HCAs had completed Further Education and Training Awards Council (FETAC) Level 5 training, with plans in place for two HCAs to complete training, details of which were outlined to inspectors.

The person in charge regularly met with staff, and held formal staff meetings approximately every six months. Inspectors read the minutes of the last meeting, it recorded a discussion on a variety of clinical issues, along with staffing matters, however, as outlined above, there was no evidence of change brought about to ensure improvement and learning. There were robust recruitment procedures in place, and a sample of staff files reviewed met the requirements of Schedule 2 of the Regulations. A number of volunteers visited the centre, and inspectors saw evidence of An Garda Síochána vetting and, a written agreement of their roles and responsibilities.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Deirdre Byrne
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 report¹

Centre name:	St. John's House
Centre ID:	ORG-0000101
Date of inspection:	07/01/2014
Date of response:	06/03/14

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not include all of the matters listed in Schedule 1 and Regulation 5 of the Regulations.

Action Required:

Under Regulation 5 (1) (c) you are required to: Compile a Statement of purpose that consists of all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

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

1. The address, telephone number, fax and email address have been included on the front page of the Statement of Purpose under the name of the nursing home (copy attached).

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

2. The management structure has been amended and is accurately reflects the new management structure currently in St Johns House.

3. The section of the Statement of Purpose dealing with Therapies has been enhanced to improve the information available to residents on the cost of therapies and the supervisory arrangements available. This is stated as follows All residents are pre-assessed prior to admission, and a history of therapy interventions is noted. A report is sought from the individual therapist, if, for example Speech and Language Therapy is required. Referral for therapy is established through assessment of the resident, referral by the doctor, after a fall, and where new equipment is required or if a swallow assessment is required. All therapists report to the nurse in charge before visiting the resident. A discussion will take place about the care or treatment proposed, the resident is then seen and a report is written. A charge maybe incurred for individual therapies, and these are outlinedTable of therapies now includes costs per individual session beside each therapy type

Proposed Timescale: 14/02/2014

Outcome 02: Contract for the Provision of Services

Theme: Leadership, Governance and Management

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

The contract did not include the fees for additional services which residents were liable for.

Action Required:

Under Regulation 28 (2) you are required to: Ensure each residents contract deals with the care and welfare of the resident in the designated centre and includes details of the services to be provided for that resident and the fees to be charged.

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

The contract has been amended to accurately reflect the fees for additional services for all residents. These have been placed in the relevant sections of the contract and include:- Physiotherapy, Occupational therapy, Pharmacy, Hairdressing Chiropody, and all other services which may accrue a charge. An explanation is also given for non-medical card holders stating their possible eligibility for Drug repayment scheme and the charges to be paid for this scheme.

Proposed Timescale: 14/02/2014

Outcome 04: Records and documentation to be kept at a designated centre

Theme: Leadership, Governance and Management

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

The policies on the management of falls, nutrition and infection control were not comprehensive enough to guide practice.

Action Required:

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

1.Action in relation to the nutritional policy.

a.This policy has been reviewed and has additional guidance for staff in relation to actions following weight loss, must score, referral to GP and nutritional assessment and frequency for weights. It is in final draft and will be completed by the 14th March 2014. The implementation of this policy will be central to the work due to commence on the thematic inspections for Food and Nutrition.

b.Discussions have also been held with EPIC to make adjustments to the care planning system to include triggers which remind staff of actions to take when certain care outcomes are found. Observations can now have a reminder on the home page for staff to view.

2.The Falls policy

a.The falls policy has been revised and updated with clear guidance to staff on falls assessment, risk management, prevention, immediate post falls assessment and actions and secondary post falls assessment. This will remain in draft until the 14th March 2014 to enable the input of all nurses.

b.Modification of Risk assessment tools on EPIC have been sought to prevent the closure of incomplete assessments

3.Revision of the infection control policy

a.This will be completed by the 31st March 2014. The guidance for multifunctional rooms will address the co-horting of residents in shared rooms with timelines for lifting isolation precautions as is currently practiced. It will also address the management of risk associated with breach of procedures

b.Education for staff will take place to introduce them to the amendments to the policy

Proposed Timescale: 31/03/2014

Outcome 07: Health and Safety and Risk Management

Theme: Safe Care and Support

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

Not all risks in the centre as outlined in Outcome 7 had been identified, and assessed.

Action Required:

Under Regulation 31 (2) (a) and (b) you are required to: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of

risks throughout the designated centre and the precautions in place to control the risks identified.

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

1. The window identified by the inspectors on their visit has had a safety closer fitted
2. Coded locks have been fitted to each Sluice room and the cleaning and all staff have been reminded of the controls required for chemicals

The health and safety committee meet every month and review a range of environmental risks including floor covering, furniture, electrical, radiator temperatures, and review the fire register checks and requirements including training needs. Incidents are also reviewed where environmental hazards are identified as a risk.

A Clinical risk management system is currently under review and it is proposed to commence monthly meetings which will review a schedule of clinical risks and will ensure staff are given guidance on clinical outcomes and actions required for follow up. These will commence on the 13th March and will take place monthly thereafter.

Proposed Timescale: 14/02/2014

Outcome 08: Medication Management

Theme: Safe Care and Support

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

Medication management practices were unsafe and posed a risk to residents.

A number of medication errors were identified which had not been investigated.

Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

1. An investigation into medicine errors occurring within the week prior to the inspection was carried out and submitted to the Inspector. Corrective actions included:-
 - a. completing a medication error form for each error,
 - b. interviewing staff to establish the cause of the error and to establish whether this impacted on the resident.
 - c. Reminding staff of their responsibilities in relation to medication management especially for recording medication given, and if omitted to make a corresponding note in the resident care plan.
 - d. Advising staff that any omission without a corresponding note in the care plan would be classified as a medication error.
 - e. The GP was advised to include duration of medicine in the short term drug

prescription sheet. The GP was also advised to put a review date on all PRN medicines limiting to a specific duration and maximum dose. This message will be communicated to all GPs.

2.A three hour nursing education session on the management of medication is arranged for March 2014 and reminders of the medicines management policy for St Johns House and An Bord Altranais has been circulated. Other medicine management lectures by the Pharmacist are continuous on a weekly basis.

3.A clinical risk meeting every month to include review of audits on medication at all meetings due on the 13th March 2014

4.Specific action plans have been submitted to the inspector

Proposed Timescale: 14/02/2014

Outcome 11: Health and Social Care Needs

Theme: Effective Care and Support

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

Improvements were required in the management of nutrition, falls, and restraint.

Action Required:

Under Regulation 6 (3) (b) you are required to: Provide a high standard of evidence based nursing practice.

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

Nutrition

4. The actions identified with the inspectors regarding a resident who was found to have lost weight were carried out. Arrangements were made to have the resident reviewed by the GP and the nutritionist and an updated report was sent to the inspector.

5. Action in relation to the nutritional policy. This policy has been reviewed and has additional guidance for staff in relation to actions following weight loss, MUST score, referral to GP and nutritionist for assessment. It is in final draft and will be completed by 14th March 2014. The implementation of this policy will be central to the work due to commence on the themed nutritional inspection.

6. Discussions have also been held with EPIC to make adjustments to the care plan computer system to include triggers which remind staff of actions to take when certain care outcomes are found in relation to nutritional assessment.

7. Education on nutrition will be provided to all staff

8. A working group to oversee changes required for nutrition for residents which includes a link nurse had been agreed.

Falls

1.The Falls policy has been revised and updated. Guidance to staff on falls assessment, risk management, prevention, immediate post falls assessment and secondary post falls assessment are included. This will remain in draft until the 14th February 2014 to enable the input of all nurses.

2. Modification of Risk assessment tools on EPIC have been sought to prevent the closure of incomplete assessments
3. Incident reports are currently under review to identify where gaps in completion exist. Improvement in this area will be addressed through:-
 - a. the regular review of risks including incidents at a monthly clinical risk meeting
 - b. Education of staff on the process of incident management and completion of forms. Education will be complete by the 20th April 2014.
4. Regular review of falls will continue to identify high risk residents and frequent fallers to seek ways of improving their outcomes and reduce risks. This will be mentioned at daily midday handover report.
5. All residents care plans will be updated after a fall and this will be communicated to staff. This action is complete

Restraint:-

1. St Johns house recognises Government policy to eliminate the use of restraint, or where necessary to restrict its use to exceptional emergency situations where it is absolutely necessary
2. A register of restraints is maintained and will be reviewed weekly to evaluate the usage of restraint.
3. The policy for the management of restraint includes guidance on alternatives to restraint. Assessment of the resident for restraint and enablers includes the documented alternatives considered, frequency, by whom and the outcome.
4. Audits of assessments are underway to ensure compliance in this area.

Proposed Timescale: 30/04/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was evidence care plans were not consistently updated after a change in residents circumstances.

Action Required:

Under Regulation 8 (2) (b) you are required to: Keep each residents care plan under formal review as required by the residents changing needs or circumstances and no less frequent than at 3-monthly intervals.

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

1. The care plan of residents identified during the inspection were reviewed. The inconsistencies in updating the care plan where change in the residents circumstances such as weight loss or a history of a fall were highlighted to nurses. A request has been made to EPIC solutions to modify the system to include triggers to alert the user or to prevent the user moving to another page without completing the required response to certain measures. This will provide the nurse with a further reminder of actions required.
2. The approach to planning care needs to be addressed and will be prioritised over the next three months with an emphasis on the role of the nurse in care planning,

evaluating and taking action documentation and good communication. In the meantime regular checks of residents care plans will be conducted by the PIC or CNM to ensure consistency

Proposed Timescale: 30/05/2014

Theme: Effective Care and Support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was inconsistent consultation with residents in the development of their care plan.

Action Required:

Under Regulation 8 (2) (c) you are required to: Revise each residents care plan, after consultation with him/her.

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

Work has already commenced on establishing the process of communicating with residents and relatives. This includes each nurse, following an evaluation of the care plans, producing a list of assessments and care plans which can be discussed with the resident. After discussion the resident or relative signs the form and it is filed in the notes. This meeting can be multidisciplinary in nature. The nurse then enters the content of the discussion into the care plan. Each nurse should have care plans evaluated, communicated and feedback received over the next three months.

Proposed Timescale: 30/05/2014

Outcome 12: Safe and Suitable Premises

Theme: Effective Care and Support

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

The four three-bedded rooms will not meet the requirements of the Regulations.

Action Required:

Under Regulation 19 (3) (a) you are required to: Ensure the physical design and layout of the premises meets the needs of each resident, having regard to the number and needs of the residents.

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

We acknowledge work is required within St Johns House to meet the regulation requirements for 2015. We have already instructed our Architects who have considerable experience in Nursing Home design to provide us with costed plans which will eliminate the multi occupancy three bedded rooms. The costed plans will be in place and works will commence before July 2015.

Proposed Timescale: 31/07/2015

Outcome 18: Suitable Staffing

Theme: Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A member of staff was unsure of the policies on protection of vulnerable adults, medication management, and the fire safety procedures for the centre.

Action Required:

Under Regulation 17 (3) you are required to: Make staff members aware, commensurate with their role, of the provisions of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 as amended, the statement of purpose and any policies and procedures dealing with the general welfare and protection of residents.

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

1. Protection of vulnerable adults. An action plan has been agreed between the nurse and the PIC and this has been submitted to the inspector. A four hour workshop was held on the 28th of January for all nurses and competency assessment was completed. Some areas of weakness continue to be an issue for this nurse. The nurse remains working on supervised shifts on day duty.
2. Fire procedure and plan. An action plan has been agreed between the nurse and the PIC and this has been submitted to HIQA. A copy of the fire plan has been issued to the nurse and a time frame has been set for her to revise this with view to leading on the management of a fire scenario. This will be repeated until she is deemed competent. The nurse remains working on supervised shifts on day duty.
3. Medication management: An action plan has been agreed between the nurse and the PIC and this has been submitted to HIQA. The nurse has received a copy of the medication management policy to revise. Competence will be assessed after medication management education, on supervised medication rounds and in the practice of management the prescribing and ordering of medicines. The first medicine management education for the nurse is taking place on the 12th February 2014. Further education is planned which will address the St Johns Medicines management policy. The nurse remains working on supervised shifts on day duty.

It is expected that all competency assessments will be completed by the 31st March 2014

Staff meetings: The method of recording minutes of meetings to reflect actions taken where improvements are communicated is currently under review and more robust systems will be implemented. Emails are now in place for all staff and urgent and important messages can be communicated in this manner

Proposed Timescale: 31/03/2014
