Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St John's Community Hospital
Name of provider:	Health Service Executive
Address of centre:	Munster Hill, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	22 February 2021
Centre ID:	OSV-0000604
Fieldwork ID:	MON-0031470

About the designated centre

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

St. John's Community Hospital is located on the outskirts of a busy town. It is a purpose-built single-storey centre which can accommodate up to 116 residents. It provides rehabilitation, respite and extended care to both male and female residents over the age of 18, although the majority are over 65 years of age. The centre is divided into four units. In total, there are 22 four-bedded rooms, four twin rooms and 20 single rooms. All have full en-suite facilities. Other areas include day rooms, a smoking room, kitchenettes, offices and treatment rooms. There is also a large main kitchen and laundry. There are enclosed external gardens which are spacious and well maintained. Seating is provided there for residents and their visitors. There is parking space provided for residents, staff and visitors. According to their statement of purpose, St. John's aim to provide person-centred care to the older population of County Wexford. They aim to provide quality care in a homely environment where everyone is treated with dignity and respect.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	86

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 22 February 2021	08:15hrs to 16:15hrs	Helena Grigova	Lead
Monday 22 February 2021	08:15hrs to 16:15hrs	Susan Cliffe	Lead

What residents told us and what inspectors observed

On arrival in the centre, inspectors found that it was a modern, one-story building situated on spacious grounds divided into four units. In total, there are 22 four-bedded rooms, four twin rooms and 20 single rooms. Residents residing in the centre had unrestricted access to secure gardens with seating and walkways for resident use. Residents were observed freely accessing the garden area throughout the day. However, some residents said the Oak Elm garden was also the smoking area, and this deterred them from using it. The person in charge told inspectors that an outdoor smoking area was being built in the Oak Elm garden.

Inspectors observed a number of residents having breakfast in their rooms and many of whom were in bed. Some residents were observed using the sitting rooms with seating arranged to facilitate social distancing. Communal space was limited in both the Oak and Elm units, and this resulted in residents spending long periods in their rooms and often confined to bed. There was more communal space in both the Ivy and Beech units, and more residents were observed using the communal rooms in these units.

The majority of residents were accommodated in four-bedded rooms, and they told inspectors of the challenges they experienced. For example, it was difficult to enjoy watching TV when other residents in their room choose to chat, do different activities or watch different television programmes. Residents said they would like to have more living space which would afford them more options about how they spent their day.

Residents who spoke with the inspectors understood about the restrictions in place for COVID-19, the reasons for staff wearing masks and the restrictions on visiting. Residents said they were concerned about becoming infected with the virus, but they all confirmed that they felt safe in the centre, and they praised staff for working hard to keep them safe. Residents said that there was always enough staff, and they always had someone to talk to if they needed to. Several residents described the many problems caused by COVID-19 restrictions and said that isolation was probably the most difficult thing to cope with. All residents spoken with said that they are hoping for life to return to normal after they received their second dose of vaccination against COVID-19. Some residents were looking forward to being able to go to a local restaurant with their family again or visiting their relatives at home. Residents were pleased that visiting restrictions had eased, and they could enjoy visits with their families in the centres' oratory again. Window visits were also facilitated. They said they were delighted that their families remained safe and well, and they looked forward to hugging their kids and grandchildren again. Inspectors observed that visitors to the centre were made welcome and were appropriately risk assessed for COVID-19. Family members who spoke with inspectors expressed their satisfaction with the care and the level of communication between the staff and families during the pandemic. Residents who did not have visitors were assisted to

maintain contact with families via phone and the use of a computer tablet.

Inspectors observed that residents were offered a choice at mealtimes, and menus were displayed outlining a variety of options. Inspectors observed that the dining rooms in the Oak and Elm unit were small, and only a few residents could dine there while maintaining social distance. Moreover, the space available was further reduced because staff stored residents' equipment there. This resulted in some residents taking their meals in their bedrooms and not being afforded an enjoyable and social dining experience.

Some residents described meals as varied and well presented. Others commented that they would like more choice at dinner time. Residents reported that there was plenty of food and drinks on offer throughout the day. However, inspectors noticed that not all modified meals were attractively presented.
Inspectors observed that staff were positive, patient and kind. Staff had strived to ensure that the normal routines and schedules of the centre and residents' daily lives were disrupted as little as possible. However, inspectors observed that there were long periods of time where very little happened for residents and staff who were supervising in communal rooms, did not avail of the opportunities to engage socially with residents or support them to engage in activities.

Inspectors acknowledge that the centre was not impacted by the COVID-19 outbreak and that the management and staff continued to work hard and to be flexible enough to make continual modifications to care protocols, staffing duties and work-flows, in order to help residents adjust to safety-focused restrictions.

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

Capacity and capability

There was a defined management structure with clear lines of authority, and the centre was adequately resourced. However, management systems required improvement to ensure that person-centred care was delivered to the residents and that residents' rights were upheld.

This was an unannounced inspection carried out to review the care of residents and to follow up information received in statutory notifications and unsolicited concerns submitted to the Chief Inspector. Inspectors also reviewed the information submitted by the provider as part of the provider's application to renew the centre's registration.

St. John's Community Hospital is a residential care unit operated by the Health Services Executive (HSE). It was part of the HSE campus located in a quiet setting on the outskirts of Enniscorthy town. The governance structure comprised a general

manager and a person in charge who reported to the general manager. The person in charge had responsibility for the day-to-day operations of the centre, and she was supported by two assistant directors of nursing, who also deputised for the person in charge. The centre's staff team comprised nurse managers, nurses, health care assistants, and a range of support staff, including catering staff, housekeeping and laundry staff, reception and maintenance staff.

The inspectors found good practices in the management of the staffing levels in the centre. Rosters examined showed that agency staff were employed on a long term basis to fill vacant posts. This ensured continuity of care, and all staff, including agency staff, were tested regularly and received COVID-19 vaccinations. The person in charge was supported by two assistant directors of nursing. They were supernumerary to staffing levels and oversaw the quality and safety of care for residents. Nurse managers on the units worked with staff and also had an administrative management function on each unit. Regular management meetings were held on a monthly basis normally, but more recently, they met every week during the national COVID-19 emergency. A standing agenda was used to ensure all areas of the service were reviewed, including the quality and risk, complaints, staffing, infection prevention and control and COVID-19 outbreak preparedness.

There were effective procedures in place for the recruitment and selection of new staff. Inspectors reviewed a sample of staff files and found that they contained all of the documents as set out in Schedule 2 of the Regulations, including An Garda Síochána (police) vetting. All staff nurses named on the staff roster were registered with the Nursing and Midwifery Board of Ireland (NMBI).

Comprehensive daily handover reports helped to ensure that staff had the information and support they needed to provide safe and effective care for the residents. Staff morale was good, and a team approach to the provision of care was evident. Regular staff meetings took place to ensure staff were kept up to date with any changes in guidance and to ensure that infection control precautions and goals of care were clearly communicated and reinforced on a regular basis.

There was an infection control policy in place which included details around COVID-19 and had been updated to reflect the guidance from the Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities. An outbreak preparedness plan was developed and was kept up to date as new information and guidance became available. Arrangements were in place to ensure personal protective equipment (PPE) was readily available and easily accessible. There were systems in place for the identification of residents and staff with signs and symptoms of COVID-19 and responsive testing and vaccination arrangements.

Staff had access to a range of ongoing training appropriate to their roles and responsibilities, and they were supported to carry out their work by the management team. There was a training schedule in place; however, the schedule was impacted by COVID-19 in relation to face-to-face training, and the majority of the training was online HSE. All nursing staff had completed medicines management

training, and some nurses had completed training on the pronouncement of death and taking swabs for COVID-19 testing. However, inspectors examined the training records and found there were gaps in some mandatory staff training.

Inspectors reviewed audits in areas such as infection control, weight loss, medication management, falls prevention, nutrition and restraint. While there was effective oversight and good governance systems in place to monitor service provision, further improvements were required to ensure that all audits were robust enough to identify and target areas for improvement. There were some gaps noted in procedures that had not been identified through the environmental audits. These are detailed under Regulation 23: Governance and management, and include for example, gaps in monitoring of cleaning using infection control audits and storage management.

There was a complaints policy available in the centre and information was posted to advise people on the relevant procedures and contacts for making a complaint. The appeals process was outlined in this document, as well as the contact details of the ombudsman. Oversight of complaints was maintained by the person in charge and included improvements to practices which were informed by complaints.

The management team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff, which allowed them to deal with any issues as they arose.

The annual review of quality and safety of care for 2020 was available, and it was prepared in consultation with residents and their families.

Registration Regulation 4: Application for registration or renewal of registration

All prescribed documentation was submitted in accordance with the registration regulations.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The provider had paid the annual fee.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were reviewed on a frequent basis by the person in charge to ensure they were adequate to meet residents' needs. There was a clear allocation of staff to the different areas in the centre. Nursing staff members were available at all times of the day and night. Staff spoken with reported that there was sufficient staffing on duty to meet the care needs of residents. Staff were supervised to complete duties to the standards that was expected of them by clinical nurse managers on each unit.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had not completed the required mandatory training or refresher training. Training in infection control such as hand-washing techniques, wearing of PPE and breaking the chain of infection had been undertaken by most of the staff. However, according to the training matrix a number of staff had yet to complete this training. Some improvement in the supervision of household staff and cleaning practices and procedures were also required to ensure that all staff implemented the required infection prevention and control policies at all times. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

A number of staff were overdue to attend annual fire safety training. This is further discussed under Regulation 28: Fire precautions.

Judgment: Substantially compliant

Regulation 22: Insurance

A certificate of insurance was available indicating that the centre was insured against risks, including loss or damage to a resident's property.

Judgment: Compliant

Regulation 23: Governance and management

Management systems required improvement to ensure that the service provided was appropriate, safe, consistent and effectively monitored. Inspectors found that the

management of the centre did not have oversight to ensure that the person-centred care was provided, and there was no evidence that they challenged staff in relation to institutional practices. Furthermore, the arrangements to maintain social distancing where some residents went to the communal areas on set days while other residents remained in their room or in their beds for the day impacted on residents rights and freedom of movement. Inspectors noted that some residents were on bed rest for five days per week, and prolonged bed rest could have an impact on the health and welfare of residents. These issues are further discussed under Regulation 9: Resident's rights.

Moreover, auditing of the centre's health and safety and infection prevention and control procedures did not highlight the issues identified by inspectors in relation to oversight of the maintenance of the premises, storage space and the cleaning practices and standards. This was evidenced by:

- Inadequate storage space was observed through all units in the centre. Inspectors observed that medical and residents' equipment was inappropriately stored in areas that were intended for resident use. For example, the storing of wheelchairs or other residents' assisting devices was observed in the main communal areas on the Oak and Elm unit. Other items such as a stock of toilet paper, an unused medicine trolley, linen skips, a ladder and wheelchairs were stored in communal bathrooms.
- There was no system to ensure that shared equipment was cleaned after use. For example, it was not possible to determine if a commode stored in the sluice had been cleaned or not.
- Sluice room doors were left open, which did not allow for cleaning agents and equipment to be stored safely.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that contained all of the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were trended and audited by members of the management team. The log demonstrated that complaints were investigated and responded to promptly and appropriately, and corrective action was taken where necessary. There was evidence that residents were satisfied with measures put in place in response to their

complaint. There was one open complaint which the inspectors reviewed and were satisfied that it had been appropriately managed in line with the centre's complaints policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as outlined by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, were made available to inspectors during the inspection. All relevant policies had been updated in respect of new information and procedures around COVID-19.

Judgment: Compliant

Quality and safety

Inspectors found that there was a medical model of care operating in the centre, and significant improvements were required to enhance the quality of life of residents. For example, discussions with staff indicated that they knew individual residents well, but they were not always clear about the residents' preferences for care and support. For example, when they prefer to have personal care provided or their preferences about where and how they would like to spend their day. Routines and institutional practices were evident, which impacted residents' choices and their quality of life. The communal space for residents was inadequate in two units, and the need to maintain social distance further impacted on residents in that they were confined to their rooms for prolonged periods. Some residents spent the day in bed, and there was no rationale for this practice. Furthermore, residents' right to maintain their privacy was compromised by the limitations of storage and communal facilities available in the centre. This is further discussed under Regulation 9: Resident's right, Regulation 12: Personal possessions and Regulation 17: Premises.

The provider had a system in place to meet the medical, health care needs of residents as required. There was an out-of-hours GP service available if a resident required to review at night time or during the weekend. A number of residents in the centre had complex health and social care needs. A multi-disciplinary approach was used to develop appropriate and person-centred care plans for each resident.

Nursing documentation reviewed indicated that residents' needs had been assessed using validated tools and that care plans were in place reflecting residents' needs. All new admissions had a comprehensive pre-assessment completed, and when admitted into the centre, they were cared for in single rooms for 14 days. Care plans

were implemented and reviewed on a four-monthly basis, reflecting residents' changing needs. There was evidence of meaningful consultation with residents through one-to-one consultations, where resident's preferences were ascertained and facilitated. Residents who were receiving end of life support had a personal and dignified plan of care, which took account of their cultural and religious preferences.

Accidents and incidents were reviewed and escalated via the incident management systems. Arrangements for the investigation and learning from serious incidents or adverse events involving the residents formed part of the risk management processes.

There was evidence that daily, weekly and monthly fire safety checks were carried out. All fire exits were observed to be free from any obstructions. Personal emergency evacuation plans were in place for all residents. However, some improvements in fire safety were required. This is further discussed under Regulation 28: Fire precautions.

The health and safety statement had been updated recently, and the emergency plan was also up to date.

Residents' property was safeguarded, and they had access to a lockable cupboard in their room for their valuables.

Regulation 11: Visits

Controlled visits whereby the visitor sat in the centre's oratory and the resident sat with a distance of two metres in place had commenced. Visitors could book an appointment, and a schedule of arranged visits was in place. The person in charge informed inspectors that one family member could come in for 30 minutes once every two weeks. The oratory was fully equipped with PPE, masks, hand sanitiser gel and visitors were asked to use hand sanitiser gel on entering the centre along with a temperature check and a brief questionnaire on health status. Inspectors observed family members visiting residents. Inspectors also saw that compassionate visits were facilitated at any time, particularly if a resident was ill.

Judgment: Compliant

Regulation 17: Premises

The premises did not conform to the matters listed in Schedule 6 of the Health Act 2007(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and did not fully meet the needs of residents as set out in the statement of purpose. The actions which the provider proposed to take to achieve

compliance following the previous two inspections in 2019 had not been taken.

There was inadequate communal space:

- Limited communal space in both Oak and Elm units which resulted in residents spending long periods in their rooms. This communal space was not in line with 2016 national standard recommendation of four metres squared per resident residing in the area. These spaces were limited further through the storage of large pieces of equipment in these areas. For example, inspectors observed that one of these areas had seven high support chairs, two wheelchairs, a zimmer frame and a sofa in the activity corner, whilst on the second unit, the inspector observed 10 high support chairs and three wheelchairs being stored and encroaching on residents' communal space.

There was inadequate storage space, and this impacted on residents' safety and their qualify of life:

- A number of commodes were stored in the resident bathrooms.
- Sluice rooms and communal bathrooms were cluttered, which limited movement within the rooms and also impeded access to wash hand basins and sinks. The clutter in the rooms prevented the rooms from being properly cleaned.

The maintenance programme required improvement:

- Some walls in communal areas were marked and damaged, and in need of attention.
- Flooring in sluice rooms and communal bathrooms was damaged. The floors could not be cleaned properly, and torn flooring was a trip hazard.
- Inspectors saw that seating such as chairs and sofas were stained and worn. There was no system in place to ensure that seating was effectively cleaned.
- A full review of furniture and equipment such as wooden surfaces, including handrails was required to ensure they were fit for purpose and could be appropriately cleaned and disinfected.

Judgment: Not compliant

Regulation 18: Food and nutrition

Inspectors reviewed six care plans for residents at risk of malnutrition. Generally, the care plans set out the interventions to ensure that residents dietary needs were met. However, in one case, the interventions in the care plan were not implemented. The resident was weighed twice in three months and not weekly as directed in their care plan. In addition, the dietician had recommended a further dietetic review within a specific time frame, but this had not been followed up.

Inspectors observed that the staff did not present modified diets in an attractive

way. Inspectors observed staff presenting modified texture diet meals in such a way that potatoes, vegetables and meat were mixed into one indiscernible mix so that the resident could not enjoy the different foods which made up his meal.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place. There were measures and actions in place to guide staff with regard to abuse, unexplained absence of any resident, accidental injury to a resident, visitor or staff, aggression and violence and self-harm. A risk register was maintained and reviewed, and updated by the management team on a yearly basis.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that the following improvements were required in infection prevention and control:

- High-risk clinical boxes containing sharp and discarded medicinal products were not dated and labelled to allow for contact tracing and appropriate disposal in a manner that will not cause danger to public health or risk to the environment.
- There was no system to ensure that medical equipment was cleaned after use.
- Linen skips used in the centre did not have a lid to cover the contents, potentially leading to a risk of cross-contamination.
- Bedpans and urinals were not appropriately stored, and in the absence of a drip tray under the storage unit, this equipment dripped down on the sink used for hand hygiene.
- The cleaner's trolley was dusty and dirty, and other trolleys used in the centre also required immediate attention.
- Some commodes were either stained or rusty and could not be properly cleaned.
- There was no clear system in place to ensure equipment was decontaminated prior to and during storage in line with recommended periodic cleaning schedules.
- Daily housekeeping cleaning checklist records were in place; however, they were not sufficiently robust and comprehensive. For example, the records for terminal cleanings of communal areas were not available.

Judgment: Not compliant

Regulation 28: Fire precautions

There are a number of areas of concern regarding the adequacy of fire safety precautions in the centre that required an immediate action plan:

- The centre's records at the time of the inspection indicated that 17% of all staff members were out-of-date with refresher fire safety training, and 34% had not participated in an emergency evacuation drill in the previous 23 months.
- Two staff members who spoke with inspectors were not knowledgeable regarding the emergency evacuation procedure. They confirmed that they had not participated in an evacuation drill.
- There were daily, weekly and monthly checklists which included checks for the fire detection and alarm system panel, escape routes, fire doors and so on. However, inspectors found gaps in the daily fire panel checks; for example, there were nine days in 2021 when the fire alarm panel was not checked. There were a large number of gaps in the 2020 records.
- Simulated fire drills were held regularly to facilitate staff to practice fire evacuation procedures. Inspectors noted that no record was available for a whole compartment evacuation drill with night time staffing levels. This was discussed with the registered provider representative and person in charge, who undertook to complete this for a compartment in the centre that had a capacity for 20 residents with night time staffing levels of three persons. A drill was conducted and submitted to the Chief Inspector following the inspection. The provider outlined further plans for ongoing repeat drills to ensure that staff learning was embedded and that evacuation times would continue to reduce.
- There was no assigned smoking room or area in the centre. Residents were observed to smoke around the garden area. A large amount of cigarette butt litter was lying around in the pots and buckets or around the garden. There was no external fire blanket located or fire extinguisher available.
- Inspectors observed that oxygen concentrators were stored inappropriately. Assurance was required in relation to the appropriate storage of oxygen concentrators with an appropriate risk assessment. Also, there was no cautionary signage in place to alert people of the risks association with oxygen cylinders or concentrators.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident. Residents

assessments were undertaken using a variety of validated tools, and care plans were developed following these assessments. Inspectors reviewed the care plans of a number of residents, including wound care, personal care and weight loss care plans. There was evidence that care plans were reviewed and of regular communication with residents and their families.

Judgment: Compliant

Regulation 6: Health care

Residents' general practitioners (GP) provided a service daily and were also available over the weekends. A wide variety of health and social care professionals were involved in residents' care and treatment as required, including dietetics, speech and language therapy, diabetic clinic, dietitian, chiropody and physiotherapy. A number of residents were visited by the community psychiatric team.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint register was maintained and regularly reviewed. At the time of inspection, there were eight residents that used bed rails. Records showed that restraints were only used following a comprehensive risk assessment, and there was evidence of alternatives trialled prior to their use. There was evidence that the centre had made significant progress in promoting a restraint-free environment by reducing the use of bed rails by 50% in the last 18 months. Similarly, the use of chemical restraint was reduced by 50%. There were appropriate records kept of the residents' behaviour in their care plans, including any triggers or factors that might impact on their mood or behaviour. Residents file also held evidence of regular psychiatric review.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors observed that significant improvements were required to ensure that residents were given the opportunity to exercise choice regarding their daily routines and to participate in meaningful activities in line with their interests and preferences.

- Inspectors observed practices which were institutionalised rather than

person-centred. For example, residents were allocated days when they were scheduled for a shower and days when they could sit out in a chair. This resulted in residents being offered showers on certain days and resident being confined to bed most days.

- Plastic aprons were used as clothes protectors, and inspectors observed very limited communication with residents when staff provided assistance at mealtimes.
- Inspectors observed only a few residents were sitting in the sitting rooms as most of the residents remained in their bedrooms with little stimulation. Furthermore, records of the activities each resident participated in did not provide evidence that each resident was supported to enjoy meaningful activities during the day.
- Most of the residents in the multi-occupancy bedroom spaces were seen to eat their meals by their bedside, which meant that residents were not able to benefit from a shared dining experience.
- Residents' privacy was respected by staff at all times, and staff were seen to knock on residents' bedroom doors before entering and to close bedroom and toilet doors during personal care activities. However, all bedroom doors remained open throughout the day, often while residents were in bed. Consequently, residents in bed were visible to anyone who passed by this impacted on residents' privacy. The increased noise levels and the presence of other residents in their room was a potential disturbance to their rest.
- Residents' choice was impacted by having a small television placed high up on the wall in four-bedded rooms, and individual discreet listening equipment was not available. This resulted that residents could not view their choice of television programmes. This was identified on the last inspection and was not appropriately addressed.
- Space for activities in the communal room was limited. The space available was further reduced by the storage of residents' equipment. This was already outlined under Regulation 17: Premises.
- The model of care required review to ensure that residents' social needs were met and that residents had access to a meaningful program of activities. There were designated activity staff present on the day of inspection. Local community employment participants worked in the centre from Monday to Friday to provide a programme of activities to meet residents' recreational and occupational needs. The person in charge outlined that due to level five COVID-19 restrictions, these personnel were unable to attend the centre, and they came back recently for a few days. Immediate action was necessary to ensure that daily activities resumed as normal for residents even if the level five COVID-19 restrictions were in place.

Judgment: Not compliant

Regulation 12: Personal possessions

There was inadequate provision for the storage of personal belongings as evidenced

by:

- Most residents had two wardrobes- one wardrobe was approximately four foot high and one foot wide, and the second was a foot and a half wide. Some residents only had one wardrobe because their bed was located near the door at the entrance. Inspectors observed that residents' personal belongings were inappropriately stored in the linen room and bathrooms. These residents did not have access to or retain control over their personal possessions. It also impacted on the residents by restricting the amount of clothes and personal belongings they could hold with them in the centre.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Not compliant
Regulation 12: Personal possessions	Substantially compliant

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

Inspection ID: MON-0031470

Date of inspection: 22/02/2021

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: Training is ongoing in St. John's Community Hospital with oversight by ADON's for mandatory training: identified that 25 staff to undertake mandatory fire training – to be completed by 16.04.2021, (those staff have received letters) and fire drills organized on a weekly basis to ensure all staff reach the minimum requirement of evacuation fire drills by end June 2021. Mandatory training in Infection Prevention and Control with those staff who have to complete training identified Breaking the chain and targeted to complete the training by end June 2021. A revised cleaning manual is being developed in conjunction with IP&C to record cleaning to be signed off by in charge on a daily basis – and audit tool further developed to audit compliance. To be in place by 10.05.2021.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: To facilitate learning and a culture change there is engagement with HSE coaching for senior management and CNM's with first meeting held on 18.03.2021 this will be a 12 month process. Presence of DON and ADON's on the units continues throughout the day. Satisfaction survey undertaken with residents and completed on 26.03.2021 with action plan for findings including residents will and preference developed on 06.04.2021 with	

time frames. Plan to repeat the time frame with in Sept 2021.
To maximize living space a review of space/ storage is being undertaken throughout all units with:
External storage unit in Oak/Elm completed on 13.04.2021 to store Resident's wheelchairs and other items.
Items not being used are disposed appropriately.
A system to identify items post cleaning is being adopted utilizing clean indicator range by 17.05.2021.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
On Elm a 1x 4 bedded room has been vacated and plan to commence adaptation to a dining/activity area has been vacated. Plan to have this completed by end July 2021
On Oak ward the plan is to adapt a 1x4bedded room to dining/activity room by end Dec 2021. On both units the plan is to utilize these for storage.
There is painting being undertaken internally and externally in St. John's to be completed internally by End May 2021 and wipeable protective sheets have been installed to all wall surfaces as appropriate. Completed.
Floor covering is being repaired and currently being addressed and will be completed by 17.05.2021

A number of commodes were stored in the resident bathrooms: Commodes are being stored in Sluice rooms – ongoing
Clutter in the sluice rooms and communal bathrooms: Sluice rooms and bathrooms have being de-cluttered- increased storage available on Oak and Elm units 13.04.2021

All furniture to be in good repair – review of furniture to be completed by 31.05.2021 and furniture replaced when required.

Regulation 18: Food and nutrition	Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
With use of Matrix auditing monthly to identify compliance with must tool is Ongoing and additional recording template introduced.
100% Must training by end June 2021.
Catering manager convening catering forum to address presentation of food and to undertake frequent observations during meal times. 19.04.2021

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Mandatory training in Infection Prevention and Control with those staff who have to complete training identified Breaking the chain and targeted to complete the training by end June 2021.A revised cleaning manual is being developed in conjunction with IP&C to record cleaning to be signed off by in charge on a daily basis – and audit tool further developed to audit compliance. To be in place by 10.05.2021.
Sharps training to be completed by 30.06.2021 and sharps bin assembly being audited on a monthly basis in environmental audit.
A system to identify items post cleaning is being adopted utilizing clean indicator range by 17.05.2021.

Equipment and surfaces to be examined for defects and replaced as required 31.05.2021

Rusty commodes are being replaced on a phased basis to be completed by 31.06.2021
Lidded Linen skips: order placed awaiting delivery; bins without lids have been replaced: Completed.
Drip tray in sluice- drip trays in place in all sluices: Completed
Cleaning of medical equipment and equipment placed in storage: Cleaning schedule in place for all Medical equipment in use, and equipment in storage, with cleaning recorded and auditing of same 23.02.2021.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
All outstanding on line Fire Training to be completed by 16.04.2021. Horizontal Fire Evacuation drills continue on a weekly basis to ensure minimal attendance of the 2 per year requirements. Daily and weekly Fire checks templates have been reviewed and updated in line with HIQA Fire Guidance 2021. Fire Folders from each unit are now required to be review at monthly at CNM Meetings to ensure compliance with required Fire Safety Checks. Outdoor smoking area now completed in court yard garden accessible for all residents who smoke. Fire Blanket and Fire Extinguisher to be installed externally near outdoor smoking are by 17.05.2021. BOC have been contacted with maintenance to install oxygen release chains to all identified areas in units with portable oxygen cylinders: Signage attached to walls to indicate the siting of oxygen: Completed. Oxygen Concentrators are now stored at unit level free from combustible materials and

risk assessment: completed. Call bell in place for the external smoking area to be arranged so that staff can be alerted in an emergency. In place since Nov 2020.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All identified scheduled shower lists have been removed from all units. Recent Resident's satisfaction survey completed and results actioned with timeframes to identify all will and preferences for residents regarding their daily choices. These to be discussed with residents and documented in resident's care needs, to be completed by 30.04.2021.
Communication of this process identified at daily report times on all units. All plastic aprons/clothes protectors for meal times remove from units and serviettes to be utilised instead with prior discussion with residents completed.

Meaningful activities: Plan to have 0.59 of a S/N post has been identified to co-ordinate activity program by 24.05.2021.
Plan to increase dining space to enhance shared dining experience, as per Regulation 17 and awaiting further guidance from HPSC re shared dining now Residents are fully vaccinated.
Choice regarding bed preference for bedroom doors being open or closed is being sought- ongoing
Coaching programme has commenced to enhance a social model of care: this process will be ongoing for a year with ongoing progress reviews.

An action on a list- 'when the residents could sit out in the chair'. This list is not in place 23.02.2021, residents may sit out when they choose and

A review of access to TV's/ audio equipment for our residents is underway, business case to be submitted by 30.06.2021.

Regulation 12: Personal possessions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
Storage: there will be 8 wardrobes removed from the Oak/Elm and utilized to increase wardrobe spaces 4 by 30.06.2021

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/06/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/06/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the	Not Compliant	Orange	31/12/2021

	residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2021
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	23/02/2021
Regulation 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	23/02/2021
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary	Substantially Compliant	Yellow	30/06/2021

	needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	24/05/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	16/04/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are	Not Compliant	Yellow	30/06/2021

	implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/05/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/05/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	16/04/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire	Not Compliant	Yellow	30/06/2021

	fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Yellow	30/06/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2021
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	16/04/2021
Regulation 28(2)(iii)	The registered provider shall make adequate arrangements for calling the fire service.	Substantially Compliant	Yellow	16/04/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	16/04/2021

	evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	24/05/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	24/05/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/04/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Yellow	16/04/2021
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably	Not Compliant	Yellow	31/12/2021

	practical, ensure that a resident radio, television, newspapers and other media.			