



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

Issued by the Chief Inspector

Name of designated centre:	St John's House
Name of provider:	St Johns House of Rest
Address of centre:	202 Merrion Road, Ballsbridge, Dublin 4
Type of inspection:	Announced
Date of inspection:	19 June 2024
Centre ID:	OSV-0000101
Fieldwork ID:	MON-0038746

About the designated centre

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

St John's House is a purpose built nursing home which can accommodate 58 residents, both male and female over the age of 18 years. Care is provided for residents with low, medium, high and maximum dependencies, and with a variety of conditions, including dementia, stroke, cardiovascular needs, and diabetes. Both long term and respite care is provided by twenty four hour nursing care. Bedrooms with accessible en suite shower rooms are situated over the two upper floors with the ground floor provides a large concourse, hairdressing salon, medical and treatment centre, offices and reception. There are many outdoor spaces provided throughout the building, including a courtyard garden, a large outdoor space to the rear and a large terrace on the first floor. St. John's House is close to many amenities including a shopping centre, cafes, bars, and restaurants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 19 June 2024	08:40hrs to 15:40hrs	Karen McMahon	Lead
Wednesday 19 June 2024	08:40hrs to 15:40hrs	Aoife Byrne	Support

What residents told us and what inspectors observed

This inspection took place in St John's House located in Ballsbridge, Dublin 4. The inspectors spoke with a number of residents and spent time observing residents' routines and care practices in the centre in order to gain insight into the lived experience of those living there. It was evident the residents received a high standard of quality and personalised care.

Residents appeared relaxed and those spoken with were content with the care they received living in the centre. One resident informed the inspectors that "staff bend over backwards for you", while another said "it's wonderful here". Throughout the inspection there was a calm atmosphere in the centre. Residents who were unable to speak with inspectors were observed to be content and comfortable in their surroundings.

On the day of inspection the inspectors were met by the person in charge. After a brief introductory meeting, the person in charge escorted the inspectors on a tour of the premises. Many residents were up and dressed participating in the routines of daily living. The inspectors observed staff attending to residents needs and requests. Inspectors observed numerous interactions where staff were gentle, patient and kind to residents.

The centre was spread over three floors, with residents' accommodation located on the first and second floors. These floors were each divided into three wings. On the first floor the wings were known as Leeson, Darthmouth and Winton and on the second floor they were known as Raglan, Pembroke and Herbert. The inspectors viewed a number of residents' bedrooms and found them to be bright and homely spaces which were tastefully furnished. Many bedrooms were personalised with possessions and photographs from the resident's home.

Each floor had a variety of communal spaces for residents use. These spaces included sitting rooms, activity rooms and smaller quiet spaces including a library room. Additionally on the first floor there was a large dining area split into three areas, with ample space for residents to sit. On the ground floor there was a chapel with original features including the original alter and stained glass windows. There was appropriate amount of comfortable seating to accommodate a large number of residents should they choose to attend religious services here, which were generally held on a weekly basis. This area was also freely available to residents to use for quiet reflection and prayer, throughout the day. A snug area located on the ground floor housed a grand piano, which up until recently was played by a resident. There was also a tea room located on the ground floor for residents and their visitors to use, with tea and coffee making facilities.

The registered provider had recently been granted registration of changes on the layout of the second floor that included the conversion of a dining room and a pantry to two single en suite bedrooms and the change in use of a laundry room to

a pantry. The completed works were observed to be in use and finished to a high standard.

There was a variety of outside spaces available for residents to use, all of which were safely enclosed and freely accessible. These spaces were observed to be well maintained with appropriate outdoor furniture and colourful flowerbeds. There were raised flowerbeds to support residents with an interest in gardening to be able to plant flowers and care for them. On the day of the inspection an ice-cream van was organised and residents sat out in the front enclosed garden area enjoying the sun eating ice creams and music playing.

Inspectors observed the dining experience at lunch time and saw that the meals provided were of a high quality and well presented. There were three options for the main meal at lunch time to include Roast pork with a roast gravy, mild chicken curry and rice or baked haddock with a cheese sauce. Residents had the option of soup before their main meal and there was a choice of dessert which included chocolate Mousse, jelly and ice-cream, fresh fruit salad or pureed peaches, on the day of inspection. The tea menu on that day had an option of a baked potato with cheese and coleslaw, ham salad, poached egg and tomato and toasted sandwiches.

Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind and respectful. The meal time was seen to be a social occasion where both staff and residents spent time talking to each other. Feedback from residents was positive. They reported to enjoy the meals and that portions were plentiful. One resident told inspectors that the "only complaint there's too much food".

Most residents were observed to socialise freely with each other in the various communal spaces. There was a varied activity schedule in place, throughout the week, to ensure residents recreational needs were met, with a dedicated staff member daily to oversee the activities. Daily newspapers were available for residents to read.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, the findings of this inspection were that St John's House was a well-managed centre, where there was a focus on ongoing quality improvement to enhance the daily lives of residents. The inspectors found that residents were receiving good quality service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

This was an announced inspection conducted over one day to monitor the provider's

compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. This inspection also followed up on the compliance plan from the last inspection in July 2023 and reviewed solicited information.

The centre is owned and operated by St John's House of Rest, who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by a named provider representative and a general manager. Other staff members include clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

Management systems in place included meetings, committees, service reports and auditing. Key data was seen to be discussed during meetings, attended by senior management, in areas such as occupancy, staffing, clinical care, incidents, complaints, risk management, infection control and quality improvement.

A comprehensive annual review of the quality of the service in 2023 had been completed by the registered provider, and there was evidence of consultation with residents and their families.

There were sufficient resources in place in the centre to ensure the effective delivery of high-quality care and support to residents. The staffing levels and skill-mix were appropriate to meet the assessed needs of the residents.

The registered provider had recently submitted an application to vary conditions 1 and 3 of the centre's registration, following completion of renovation works which altered the layout of the second floor. The registered provider had positively engaged with the chief inspector's office throughout these works. Review of the application had been completed and the application has been granted.

The registered provider had ensured that the records set out in Schedule 2 of the Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 were made available to inspectors. Inspectors reviewed evidence that the registered provider was in the process of renewing current staff vetting disclosures in accordance with the National Vetting Bureau Act 2012 and there were records available of current professional registration details for staff nurses.

Required notifications, as set out in Schedule 4 of the regulations, for a recent planned absence of the person in charge had been submitted to the office of the chief inspector, as well as the relevant notification on their return to work. However, a review of the incident and complaints log, made available to the inspectors, identified two allegations of safe-guarding incidents that had not been reported to the office of the chief inspector.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had recently submitted an appropriate application to vary conditions 1 and 3 of registration, which was reviewed and granted by the chief inspector.

Judgment: Compliant

Regulation 15: Staffing

There was an appropriate number and skill mix of staff relating to the assessed needs of the residents and the size and layout of the designated centre. There was at least one registered nurses on duty on each floor at all times.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of four staff files and found that they were kept in accordance with Schedule 2. All records as set out in Schedules 2, 3 & 4 of the regulations were retained on site for the required regulatory time frames.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication. The systems in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The annual review for 2023 was reviewed and it met the regulatory requirements, including clear evidence of resident consultation in the process.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had not submitted two notifications of alleged safeguarding incidents within three working days of their occurrence as set out under Schedule 4 of the regulations.

Judgment: Not compliant

Regulation 32: Notification of absence

The registered provider had submitted the relevant notification, where the person in charge of the designated centre was proposed to be absent for a continuous period of 28 days or more, within the required time frame.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the care and support residents received living in St John's House was of high quality and ensured they were safe and well-supported. Many staff had worked in the centre for several years and knew residents well. Residents' needs were being met through good access to health and social care services and opportunities for social engagement. However some improvements were required around the care planning for protection of residents.

Residents had good access to medical and health and social care professionals. A general practitioner (GP) visited the centre twice a week and was contactable by phone outside of their twice weekly visits. There was good access to specialist health professionals seen within residents' records such as dietitians, speech and language therapy and tissue viability nursing. Residents also had access to local community services such as opticians, dentistry and chiropody.

Residents receiving end of life care had their needs and wishes respected and clearly documented in their care plans. There was access to medical services as required. Resident's family and friends were facilitated to remain with residents at all

times, in accordance with the resident's wishes.

The residents' guide for the designated centre was available. This guide contained all of the required information in line with regulatory requirements. The risk management policy was requested prior to the on site inspection and review. The policy included all the required information in line with the regulations.

There was a clear safeguarding policy in place that set out the definitions of terms used, responsibilities for different staff roles, types of abuse and the procedure for reporting abuse when it was disclosed by a resident, reported, or observed. The staff team had completed safeguarding training. However, a review of a sample of residents' care plans found that some residents who had safeguarding needs did not have an assessment of their needs and as such did not have an appropriate safeguarding care plan in place.

The system for recording residents valuables which were received for safe keeping needed review. While a record of the time and date they were received, as well as a photo of the item was recorded on the residents care plan, there was no itemised list available of items kept for safe keeping or evidence of regular checks taking place to ensure items were stored safely and did not go missing.

Regulation 12: Personal possessions

Residents were supported to maintain control over their clothing and personal possessions. Residents had adequate storage space in their bedrooms, including a lockable cupboard for personal possessions. Linen and clothes were laundered regularly and returned to the right resident.

Judgment: Compliant

Regulation 13: End of life

Residents received end of life care based on both their assessed needs and preferences. Family and friends were incorporated into their end of life care plan with the consent of the resident. Each resident received care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 20: Information for residents

A resident's guide was available and included a summary of including services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 26: Risk management

An appropriate risk management policy was in place and in accordance with the regulations.

Judgment: Compliant

Regulation 6: Health care

Residents received a good standard of evidence based care. GP attended the centre weekly to support resident's needs. Residents have access to the appropriate multi-disciplinary team members as required.

Judgment: Compliant

Regulation 8: Protection

The inspector found the registered provider had failed to take all reasonable measures to protect residents from abuse. The procedures that were in place to ensure that resident's personal belongings given to the team for safekeeping did not ensure these items were protected. For example on the day of inspection;

- a number of valuable items were being stored in the safe but there was no record available listing the items in storage.
- there was no record of spot checks taking place to ensure these items were still present and were kept safe for the resident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

A number of safe-guarding care plans reviewed on the day were seen to be generic and did not reflect the resident's assessed safeguarding need and therefore did not guide staff to take the appropriate steps to ensure the resident was protected at all times.

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 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of absence	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant

Compliance Plan for St John's House OSV-0000101

Inspection ID: MON-0038746

Date of inspection: 19/06/2024

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>A retrospective NF06 notification for the two incidents was submitted on 29/06/2024. This will be applied as a valuable opportunity for learning, ensuring that all incident notifications under regulation 31 are consistently submitted within the specified timeframes.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Complying with the safeguarding policy registered provider has adopted protective procedures to ensure the security of residents' personal valuables stored in the safe. A structured inventory is maintained, documenting the valuables stored, and a checklist has been implemented as evidence to ensure that the items in the safe are periodically inspected by the designated senior management personnel.</p> <p>The implementation of this new method will be overseen by the Person in Charge. The information of the protection system for residents' valuables are included in both the residents' guide book and the contract of care to provide a reliable and effective safeguarding system.</p>	
Regulation 5: Individual assessment	Substantially Compliant

and care plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The safeguarding care plans underwent a thorough revision and update to ensure a person-centered approach. Generic steps were eliminated, and assessed risks were incorporated into the care plan. Interventions were clearly listed, and the outcome of the action plan was carefully evaluated. Going forward, the clinical manager on duty will regularly review the safeguarding risk assessments and care plans through periodic audits. There are two training sessions planned for staff nurses on September 6th and 13th. The objective of these sessions is to deliver guidance on risk assessments, person-centered care plans and to ensure the safety and protection of the residents at all times.</p>	

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 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	29/06/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/06/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	22/07/2024

