



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

Issued by the Chief Inspector

Name of designated centre:	St Catherine's Nursing Home
Name of provider:	Newcastle West Nursing Home Limited
Address of centre:	Bothar Buí, Newcastle West, Limerick
Type of inspection:	Unannounced
Date of inspection:	28 July 2023
Centre ID:	OSV-0000429
Fieldwork ID:	MON-0040979

About the designated centre

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

St Catherine's Nursing home is located in the town of Newcastle west, in Co Limerick. The building was previously a convent and has been in operation as a designated centre for over ten years. It is a two story building set in large grounds and in close proximity to all amenities in the town. Resident's private accommodation consists of 51 single bedrooms, two single bedroom apartments and seven twin bedrooms with en-suite facilities. Communal accommodation, such as dining and lounge facilities are located on both floors. There are three lifts allowing easy access between floors. There is an enclosed courtyard/garden area with seating for resident and relative use. The centre is registered to provide care to 73 residents. It provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring, convalescent and respite care. Care is provided by a team of nursing and care staff covering day and night shifts. The centre employs a full time physiotherapist and physical therapist. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

71

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
Friday 28 July 2023	09:15hrs to 18:15hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

This was a well-run centre. The inspector found that the rights of residents were actively promoted and residents stated that they were enjoying a good quality of life. Many residents had high praise for the staff as individuals. One resident stated "I love it here". Residents were happy with the length of time it took to have their call bells answered. Residents were satisfied with the activity schedule in place. The only source of dissatisfaction voiced to the inspector was that the temperature of the food served was cold. Residents told the inspector that this had been repeatedly brought to the attention of the management but that to-date insufficient action had been taken.

Following an introductory meeting, the inspector walked through the premises meeting with residents and staff. Residents knew who the management team were in the centre. One resident told the inspector that the person in charge had a visible presence in the centre. The management team complete daily walks of the centre meeting with residents and the staff. The inspector observed that person in charge greeted each resident by name and introduced the inspector to the residents stating the purpose of the visit.

The activities team and allocation of staff had been increased which meant that there was an activities staff member co-ordinating the social care programme on a daily basis. The social activities calendar in the centre was important to the residents. The residents spoken with told the inspector that they are satisfied with the activities in place. Residents described the variety of activities they could choose to attend. These included arts and crafts, bingo, baking sessions and music activities. The staff spoken with were familiar with the individual likes and dislikes of the residents. Residents who chose to remain in their bedrooms were offered one-to-one sessions in their bedrooms. In the afternoon, the inspector observed a bingo session. The person facilitating the session was familiar with the residents who attended and actively encouraged them to join in. Each resident was offered a beverage of choice and the atmosphere was relaxed. The centre had access to their own transport which enabled outings, such as trips to the local coffee shop, to occur.

Resident meetings were held monthly. Items of importance, such as the activities, were discussed. Residents feedback on the running of the centre, was reported back through a residents' survey, and the providers annual review of the service. The minutes reviewed that residents were not happy with the temperature of the food served. Residents have repeatedly reported that the food is cold. Residents told the inspector that they felt there was little point in voicing this concern again, as they are not been listened too. This was discussed in detail with the provider at the feedback meeting. The provider acknowledged the feedback and will address the concern in the compliance plan at the end of the report.

The atmosphere was observed to be open and friendly. There were multiple notice

boards with information for residents and visitors. There was free unrestricted access to enclosed gardens that were seen in use by residents throughout the day. Resident bedroom and living accommodation was over two floors with lift and stair access between each floor. The inspector observed that many residents had personalised their bedrooms with items of personal significance, including their photographs, artwork and ornaments. Residents had adequate wardrobe and storage space for their clothes and personal belongings. The inspector was informed that there was an ongoing maintenance programme in place. For example; parts of the centre had been recently painted. Despite this, the inspector found that parts of the centre were in a poor state of repair and that the dining rooms, the delph, the cutlery, and the kitchen appliances in use by residents were visibly unclean.

In summary, residents were observed receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This one day unannounced risk inspection was carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector found that the governance and management systems in place ensured that residents received a good standard of care. The inspector followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in June 2022. The inspector found that the provider had taken insufficient action to bring the centre into compliance with Regulation 17; Premises. The inspector found that parts of the centre was in a poor state and was visibly unclean.

Newcastle West Nursing Home Limited is the registered provider of St Catherine's Nursing Home. There was a clearly defined management structure in place, with identified lines of authority and accountability. The management structure was robust and adequately resourced. The person in charge was supported by a supervisory assistant director of nursing and two full time supervisory clinical nurse managers. This allowed for a nurse manager on duty to support the staff delivery the direct care, seven days a week. This also meant that there was sufficient oversight and monitoring of the care delivered to residents. The person in charge facilitated this inspection. They demonstrated an understanding of their role and responsibility and was a visible presence in the centre.

There were 71 residents accommodated in the centre on the day of the inspection with two vacancies. Staffing and skill mix, on the day of inspection, were appropriate to meet the assessed care needs of the residents. Communal areas were appropriately supervised. Staff were observed to be interacting in a positive

and meaningful way with the residents. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities.

The inspector reviewed staff files and found that all of the information required under Schedule 2 of the regulations was available. Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding, and infection prevention and control training. There was an induction programme in place which was completed by all staff. Staff demonstrated an appropriate awareness of their training with regard to their role and responsibility in recognising and responding to allegations of abuse. All staff had attended fire training and participated in fire evacuation drills. Staff responses to questions asked on what action they would take on the sounding of the fire alarm were detailed and consistent.

There were policies and procedures available to guide and support staff in the safe delivery of care. There was evidence of effective communication with staff in the centre. Regular quality and safety meetings had taken place. Minutes of meetings reviewed by the inspector showed that a range of relevant topics were discussed.

The provider had an auditing schedule in place to monitor and review the quality of the direct care service provided for residents. A range of clinical audits had been completed. A sample of completed audits were reviewed. The audits informed the development of improvement action plans, and records showed that the action plans from these audits were communicated to the relevant staff. Where areas for improvement were identified, action plans were developed and completed. There was an operation risk register in place which identified risks in the centre and the controls required to mitigate those risks. In addition, each resident had individual risk assessments completed. A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The service records for these systems were up-to-date.

The provider ensured that notifications to the Chief Inspector were submitted in accordance with regulation requirements. There was an annual review of the quality of the service provided for 2022, which included input from residents. The governance systems in place ensured that the service provided was consistent and safe.

Regulation 15: Staffing

On the day of inspection, there was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection staff were appropriately trained.

Judgment: Compliant

Regulation 19: Directory of residents

The information specified in paragraph (3) of Schedule 3 regulations was made available to the inspector for review.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was monitored. An annual review of the service was completed.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications to the Chief Inspector were submitted in accordance with regulation requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the centre received care and support

that was of an appropriate standard. A lot of good practice was observed during the inspection, with good regulatory compliance across the majority of regulations reviewed. The inspector found that some action was required to ensure compliance with the requirements of Regulation 17; Premises. This is a repeated non-compliance from the previous inspection in June 2022. In addition, a review of the temperature of the food served required action. The residents had consistently reported at the resident meetings, held monthly, that the meals were served cold.

The inspector reviewed a sample of resident's documentation and found that the care plans in place guided the care required. Following admission, a nursing assessment was completed to identify residents individual support needs, their daily routine, and potential risks to residents such as the risk of falls and impaired skin integrity. The outcome of the assessments was used to inform the development of care plans to guide staff on the appropriate care of the residents. Residents care plans and daily nursing notes were recorded on a paper system. Following the last inspection a review of the system in place had occurred. Changes implemented as a result of this review now ensured that historic notes were filed away. This meant that the files in use on a daily basis were relevant, person-centered and guided care.

The inspector found that there was regular communication with residents' general practitioners (GP) regarding their health care needs, and residents had access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of allied health and social care professionals for further assessment. There was good evidence that advice received had been followed which had a positive impact on residents. For example; wound management advice from a tissue viability nurse specialist had resulted in the healing of wounds.

Residents nutritional care needs were assessed on admission to the centre, and at regular intervals thereafter. Arrangements were in place to monitor residents nutritional intake. Residents weights were monitored monthly and when weight lost was identified the monitoring increased to weekly. There were appropriate referral pathways in place for the assessment of residents identified as at risk of malnutrition by dietitian and speech and language services. There was clear evidence that advice received was implemented which had resulted in positive outcomes for residents.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, were only initiated after an appropriate risk assessment of need. Visiting was found to be unrestricted and residents could receive visitors in either their private accommodation or communal areas if they wished.

Residents reported that staff made them feel at home in the centre and that they were treated with dignity and respect. The provider had provided facilities for residents occupation and recreation, and opportunities to participate in activities in accordance with their interests and capacities. Mass was held three days a week. Residents expressed their satisfaction with the variety of activities on offer. While residents were consulted about their care needs and the overall quality of the service through monthly scheduled resident forum meetings, residents told the

inspector that they did not always receive an outcome or response to issues raised at resident meetings. For example; insufficient action had been taken by the provider to address the repeated dissatisfaction voiced by residents in the temperature of the food served. The inspector noted in the monthly resident meeting notes dated back to January 2023 that the residents had brought this dissatisfaction to the attention of the management and to date insufficient action had been taken.

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any resident. There were systems in place to safeguard residents monies and items of importance handed in for safekeeping. A record was maintained to record deposits and withdrawals for residents in the centre. A sample of deposits were reviewed by the inspector and were found to be accurately recorded.

There was a variety of indoor communal and private space available to residents. Residents had access to secure and pleasant garden space that was appropriately maintained. The inspector found that the premises, in parts, were in a poor state of repair. This is a repeated non-compliance from the June 2022 inspection and the detail is outlined below under Regulation 17: Premises.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

Regulation 17: Premises

There were areas in the interior of the building that were not kept in a good state of repair and did not meet the requirements under Schedule 6 of the regulations. For example;

- Floor coverings on corridors and in some resident bedrooms were damaged and torn. This is a repeated non-compliance from the previous inspection.
- In one resident bathroom, the shower control was not secured to the wall.
- In one communal bathroom, the wall tiles were not secured to the wall. There were large gaps between the tile and the wall.

- Trolleys used for the serving of resident food were visibly unclean. There was a build up of encrusted food and dirt observed on three trolleys.
- Cutlery and dishes that were stored away in the cupboards and ready for use were visibly unclean.
- The dining room counter top on the first floor was badly damaged and therefore could not be appropriately cleaned.
- The cupboards and shelves in the communal dining room were badly stained with tea and other food debris. The microwave oven was visibly unclean.
- The flooring in the dining room on the ground floor was in a very poor state of repair and required replacement.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents' care plans were developed following assessment of need using validated assessment tools. Residents had up-to-date assessments and care plans in place.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to a General Practitioner. Residents were also supported with referral pathways and access to allied health and social care professionals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

Judgment: Compliant

Regulation 8: Protection

Staff had up-to-date training in safeguarding residents in their care. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any resident living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

While residents meetings were held, and residents were offered an opportunity to voice their opinion on the quality of the service they received, the feedback from meetings were not acknowledged or responded to ensure a satisfactory resolution for the residents. For example, the resident meetings from January 2023 clearly referenced that the residents were dissatisfied with the temperature of the food served.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Catherine's Nursing Home OSV-0000429

Inspection ID: MON-0040979

Date of inspection: 28/07/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A full assessment has been completed on bedroom floors, dining room and corridors, and a plan has been put in place to ensure compliance</p> <p>An external floor contractor has reviewed the floors following the assessment with view to commence work on the 11th of September 2023. The contractor will commence with the bedrooms, corridors and dining area and other areas if necessary on the ground floor. Once the ground floor is completed he will continue with the same plan on the first floor.</p> <p>Since the inspection, the shower control has been secured to the wall in one residents bathroom.</p> <p>Maintenance is checking the rooms weekly to identify equipment that needs repairing and the wall tiles have been secured to the wall.</p> <p>Staff are also reminded to log items that require repairing in the faults book</p> <p>A cleaning schedule has been implemented to ensure all equipment including trolleys, microwave, cutlery, and delph are appropriately cleaned and audited on a weekly basis.</p> <p>Supervision of the catering staff in the kitchen has been increased.</p> <p>Weekly meetings are been held with the Catering contractor, to ensure compliance.</p> <p>The dining room countertop will be repaired on the first floor to enable it to be appropriately cleaned.</p> <p>A deep cleaning of the cupboards and shelves have been completed.</p> <p>The cleaning of the dining room is audited weekly basis.</p>	

Results of the cleaning audit will be discussed on a weekly basis and actioned.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: Resident meetings are ongoing.

Prior to a resident's meeting taking place, the actions from the previous meeting will be discussed by the ADON or PIC; and residents are given an opportunity to give feedback to ensure a satisfactory resolution.

A new hot cupboard has been ordered to ensure that resident's food is served at the correct temperature. The temperature of the food is taken prior to it leaving the kitchen and the use of the hot cupboard will ensure the temperature is maintained until it is served to the residents. Staff check with residents, during the meal, to ensure that they are happy with the temperature and quality of the food.

Any complaints are followed up immediately and actioned.

Feed back is given to the catering contractor in relation to any complaints about food and is followed up at the weekly meetings with the catering contractor.

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 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	21/12/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	14/09/2023