



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

Issued by the Chief Inspector

Name of designated centre:	St. Michael's Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	One Hundred Acres East, Caherconlish, Limerick
Type of inspection:	Unannounced
Date of inspection:	02 November 2022
Centre ID:	OSV-0004664
Fieldwork ID:	MON-0037869

About the designated centre

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

St. Michael's Nursing Home is located in the village of Caherconlish, which is approximately 15 minutes from Limerick city. It is a two storey premises and can accommodate 80 residents in 62 single bedrooms and nine twin bedrooms. The ground floor is divided into five sections, namely Autumn Breeze (bedrooms 1 - 10), Bluebell (bedrooms 11 - 20), Shamrock (bedrooms 21 - 26), Summer Mist (bedrooms 27 - 65) and Mountain View (bedrooms 80 - 85). All of the bedrooms are en suite with shower, toilet and wash-hand basin and are fitted with a nurse call bell system and Saorview digital TV. Seven residents are accommodated upstairs in five single and one twin bedroom and is accessible by stairs and lift; all other residents are accommodated in bedrooms on the ground floor. St. Michael's provides care to both female and male residents requiring general long-term care, convalescent care, palliative care and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	62
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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 2 November 2022	08:50hrs to 17:40hrs	Fiona Cawley	Lead
Wednesday 2 November 2022	08:50hrs to 17:40hrs	Sean Ryan	Support

What residents told us and what inspectors observed

On the day of inspection, inspectors found that residents living in this centre were provided with a good standard of care in a supportive environment. Feedback from residents was that they were well cared for by staff who were kind and attentive to their needs. Inspectors observed a calm, relaxed and friendly atmosphere in the centre.

Inspectors interacted with a large number of the residents in the centre throughout the inspection and spoke in detail with a total of 16 residents. Residents' feedback provided an insight of their lived experience in the centre. Those residents who spoke with inspectors were delighted to chat. Residents told inspectors that they were satisfied with their lives in the centre and that staff provided them with the help and support they needed. One resident told inspectors that the care they received was good. They said that the staff were great and always answered the call bell when they needed assistance. Another resident told inspectors they were very happy in the centre. One resident who had recently moved to the centre said that they loved it, that they had plenty of privacy and that they were happy with their decision to live there.

The inspectors were met by the person representing the provider on arrival to the centre. Following an introductory meeting the inspectors completed a tour of the centre. The centre was experiencing an outbreak of COVID-19 on the day and a number of residents were cared for in a dedicated isolation area which was separately staffed. Inspectors observed the remaining residents either in their bedrooms or the communal day rooms.

The centre was a purpose built facility on the outskirts of the village of Caherconlish in County Limerick. The living and accommodation areas were spread over two floors which were serviced by an accessible lift. Accommodation comprised of single and twin bedrooms, all of which were ensuite. The décor was modern throughout and all areas of the centre were appropriately furnished to create a homely environment. The centre was very clean, tidy and generally well maintained on the day of the inspection. The building was found to be well laid out to meet the needs of residents. There was a choice of communal areas provided for residents including days rooms, an oratory and a dining room. There was a conservatory on the first floor which was used as a 'Men's Shed' activity area.

Bedroom accommodation provided residents with sufficient space to live comfortably and adequate space to store personal belongings. Inspectors observed that bedrooms were personalised with items of personal significance including furniture, ornaments and pictures. The centre was bright, warm and well ventilated throughout. Call bells were available throughout the centre and the inspector observed that these were responded to in a timely manner. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. Residents also

had unrestricted access to outdoor areas including a bright enclosed garden which contained a variety of suitable seating areas, seasonal plants and garden furniture. The door to the reception area was locked by means of a keypad and the code to this door was accessible to residents.

There was a designated smoking area which was adequate in size and well ventilated. Inspectors observed that measures were put in place to ensure the residents' safety when using this facility, including appropriate furniture and access to suitable fire fighting equipment.

On the day of the inspection, inspectors observed staff providing care to residents in an unhurried fashion. Friendly, respectful conversations between residents and staff could be overheard throughout the centre. Inspectors observed that personal care and grooming was attended to a satisfactory standard. Throughout the day residents were observed relaxing in the communal areas and in their own bedrooms. Staff supervised communal areas and those residents who chose to remain in their rooms were monitored by staff throughout the day.

There were opportunities for residents to participate in recreational activities of their choice and ability. There was an activities schedule in place seven days a week which included a variety of activities. However, inspectors observed that a number of residents, including those who remained in their bedrooms, did not have equal access to activities and were observed spending long periods of time with limited social engagement or activities. A number of residents told inspectors that they missed attending the day rooms and that they were looking forward to being able to return to normal activity. On the day of the inspection, inspectors observed a number of residents taking part in a sing-along, card games and dancing.

The dining experience at lunchtime was observed by inspectors. Food was freshly prepared in the centre's own kitchen and meals were observed to be appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Residents were complimentary about the food in the centre.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Friends and families were facilitated to visit residents, and inspectors observed visitors coming and going throughout the day.

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 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

This was a risk inspection carried out by inspectors 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). Inspectors also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in October 2021.

This unannounced inspection was carried out over one day. There were 62 residents accommodated in the centre on the day of the inspection and 18 vacancies.

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to enhance the daily lives of residents. Inspectors found that the quality and safety of the services provided in this centre were of an appropriate standard. The governance and management was well organised and the centre was well resourced to ensure that residents were supported to have a good quality of life. The provider had addressed the actions of the compliance plan following the last inspection.

While there was no person in charge in post in the centre on the day of the inspection, the person representing the provider informed inspectors that a person in charge had been appointed and was due to commence in this role on 28 November 2022.

The registered provider of St Michael's Nursing Home was Blockstar Limited. The director of nursing and regional manager facilitated the inspection. The director of nursing was supported in their role by an assistant director of nursing (ADON), two clinical nurse managers (CNMs) and a full complement of staff including nursing and care staff, activity coordinators, housekeeping, catering, administrative and maintenance staff. The regional manager provided a high level of management support to the director of nursing and worked in the centre at least once a week. The management team was a visible presence in the centre and were well known to residents and staff. The regional manager was supported by a recently appointed chartered strategic manager who attended the centre once a week. The management team was observed to have strong communication channels and a team-based approach.

Staffing and skill mix were appropriate to meet the assessed needs of the residents. The team providing direct care to residents consisted of at least one registered nurse on duty at all times and a team of healthcare assistants. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with the residents. A review of the staffing rosters found that housekeeping staff hours had increased since the previous inspection. The director of nursing, ADON and CNMs provided clinical supervision and support to all the staff seven days a week. Staff, whom inspectors spoke with, demonstrated

an understanding of their roles and responsibilities. Teamwork was evident throughout the day.

There was a comprehensive monitoring system in place. Monthly audits which reviewed various aspects of the service had been completed. For example, the use of restraint, medication management, falls management, use of antimicrobials, infection prevention and control practices and care planning. Where areas for improvement were identified, action plans were developed and completed. There was an annual review of the quality of the service provided for 2021 which included input from residents. There was a quality improvement plan in place for 2022.

There was an effective system of risk management in the centre. The centre had an up-to-date risk register which identified clinical and environmental risks and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

The provider had developed an emergency plan which included a comprehensive COVID-19 contingency plan with controls identified in line with current public health guidance.

There was evidence that there was effective communication with staff in the centre. Regular staff meetings had taken place in the centre. Minutes of meetings reviewed by inspectors showed that a range of topics were discussed such as staffing, complaints, resident issues, activities and other relevant management issues.

There were policies and procedures available to guide and support staff in the safe delivery of care.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role.

Inspectors found that records were managed in line with the regulatory requirements.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 15: Staffing

There was sufficient staff on duty on the day of the inspection 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

Inspectors found that staff had access to training appropriate to their roles .

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the information specified in paragraph 3 of schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A sample of five staff files were reviewed by inspectors and found to have all the required information as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were strong governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of high quality care and

support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Inspectors found that residents living in the designated centre received care and support that was of an appropriate standard. Residents who spoke with inspectors said that they felt safe and that they were well cared for by staff in the centre. While the provider had taken action to comply with regulations in respect of residents' rights, further action was required to ensure all residents were provided with opportunities to participate in activities in accordance with their interests and capacities.

A sample of six residents' files were reviewed by inspectors. Residents' care plans and daily nursing notes were recorded through a paper based and electronic record system. A comprehensive assessment ensured that residents' individual care and support needs were identified on admission to the centre. Inspectors found evidence that residents' care plans were developed to guide the care to be provided to

residents within 48 hours following admission to the centre. Care plans were developed and were underpinned by validated assessment tools to identify potential risks to residents such as the risk of falls, impaired skin integrity, malnutrition and to establish the resident's dependency needs. Reviews were carried out at intervals not exceeding four months or when there was a change in residents' assessed care and support needs. There was evidence that the person-centred information contained within the care plans was gathered through consultation with the residents

Residents were supported to retain their own general practitioner (GP) if they wished. Residents were reviewed by their GP as required or requested. Referral systems were in place to ensure residents had timely access to allied health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals were implemented to ensure best outcome for residents.

Residents who may be at risk of malnutrition were appropriately monitored. Residents' needs in relation to their nutrition and hydration were well documented and known to the staff. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health and social care professional.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

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 and in consultation with the multidisciplinary team and resident concerned.

The management of risk in the centre was guided by the risk management policy that met the requirements of Regulation 26: Risk management, and contained the associated risk policies that addressed specific issues of risk to residents safety and wellbeing.

Closed circuit television cameras (CCTV) were used internally in the centre including some of the communal areas. There was an up to date policy in place to guide the staff and residents were provided with information regarding the use of CCTV in the residents guide.

The provider had a number of assurance processes in place to monitor infection prevention and control which included auditing, training and supervision of staff. Staff demonstrated an appropriate knowledge of the centre's cleaning procedure and the systems in place to minimise the risk of cross infection. The environment and equipment used by residents were visibly clean on the day of the inspection. The management team had identified the requirement for additional dedicated wash hand basins as a quality improvement action. There were ample wall mounted hand sanitisers placed throughout the centre. On the day of inspection, the centre was

experiencing an outbreak of COVID-19. The centre's outbreak management plan had been implemented and this included cohorting arrangements to prevent the spread of infection in the centre.

There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Resident meetings were held and resident satisfaction surveys were carried out and feedback was acted upon. Minutes of recent meetings reviewed by inspectors showed that relevant topics were discussed including excursions, staff and menus. Residents had access to an independent advocacy service.

Regulation 11: Visits

Inspectors observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Inspectors found that residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 13: End of life

Arrangements were in place to provide residents with appropriate care, and comfort, during their end-of-life. Staff consulted residents and, where appropriate, their relatives to gather information with regard to residents needs and wishes to support the provision of person-centred, compassionate, end of life care.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Appropriate monitoring of residents' nutritional and hydration needs were in place. Residents' weights were monitored monthly and more frequently for residents assessed as at risk. This information was shared with health and social care professionals such as dietetics and speech and language to inform person-centred nutrition care plans.

Drinks and nutritious snacks were available at all times and offered regularly and drinking water was readily accessible. Menus were developed to ensure residents' dietary needs and preferences were reflected in the meals they were offered. This included therapeutic and modified consistency diets.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26. As part of the risk management arrangements, a risk register was maintained that included the specific risks as required by the regulation.

Arrangements were in place for the recording, investigation and learning from serious incidents involving residents in the centre.

Judgment: Compliant

Regulation 27: Infection control

The centre had procedures in place for the prevention and control of healthcare associated infections. All staff had completed infection prevention and control training and procedures were in place for cleaning and decontamination of the environment and equipment used by residents. There was adequate personal protective equipment and hand sanitisers available throughout the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Action was required to ensure that all residents were provided with opportunities to participate in activities in line with their individual preferences in line with the requirement of Regulation 9. For example, inspectors observed that while a small number of residents were engaged in social activities in one communal room, the majority of residents were not provided with access to activities or social engagement. While staff were observed supervising residents in a second communal dayroom, there was limited social interaction or activities taking place. Inspectors also observed that a number of residents remained in their bedrooms with limited stimulation other than television or radio.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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	Substantially compliant

Compliance Plan for St. Michael's Nursing Home OSV-0004664

Inspection ID: MON-0037869

Date of inspection: 02/11/2022

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 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: An immediate review of activities has been conducted by PIC on 05/12/22, the following arrangements have been instigated</p> <ol style="list-style-type: none"> 1. Recruitment of a suitably qualified full time activities co Ordinator has been commenced 6/12/2022 to support the 3 part time activities team already in place, it is hoped to have the position filled by 30/01/2023. 2. Activity coordinators are currently interviewing and assessing each resident to determine residents preferred activities and this will inform residents social care plan, all care plans will be updated by 20/01/2023 3. Group activities will be organised by activity personnel with input from residents and with consideration for seasonal events. A program detailing activities for the week ahead will be distributed by reception staff to all residents rooms on Sundays for the week ahead informing them of activity, day, time and whereabouts. 4. Social engagement of residents will be the focus of all staff and likes/ dislikes will be highlighted to staff at daily handovers by senior nursing staff. 5. A record of activities will be maintained by activity coordinators and feedback will be sought at resident meetings, held at least quarterly, to inform future planning of activities . 	

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 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/01/2023