



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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| Name of designated centre: | St. Anthony's Unit |
| Name of provider: | Health Service Executive |
| Address of centre: | Glennconnor Road, Clonmel, Tipperary |
| Type of inspection: | Unannounced |
| Date of inspection: | 23 February 2023 |
| Centre ID: | OSV-0007836 |
| Fieldwork ID: | MON-0038700 |

About the designated centre

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

St. Anthony's unit is owned and operated by the HSE and is registered to provide care to 18 residents. It is located on the outskirts of the town of Clonmel on an elevated site with beautiful views of the mountains and local area. The centre is a single storey facility and bedroom accommodation is provided in four single rooms, a twin room and three four-bedded rooms. There is a very large communal room at one end of the building that provides lounge, dining room and activities facilities. The service caters for the health and social care needs of residents both female and male, aged 18 years and over. St Anthony's unit provides long term care, dementia care, respite care, convalescent care and general care in the range of dependencies low / medium / high and maximum. The service provides 24-hour nursing care. Two designated palliative care beds are a recent addition to the care provided in the unit.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 15 |
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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 |
|------------------------------|-------------------------|-----------------|------|
| Thursday 23 February 2023 | 09:10hrs to 18:00hrs | Catherine Furey | Lead |

What residents told us and what inspectors observed

This unannounced inspection took place over one day. There were 15 residents accommodated in the centre on the day of the inspection and 3 vacant beds. The inspector greeted all residents during the day and spoke in more detail some, to gain an insight into their lived experience in St. Anthony's Unit. Feedback gathered from residents was very positive, and residents expressed feeling happy and content in the centre. One resident said "I love it here. They are all so good to me".

Following an introductory meeting, the inspector completed a tour of the building with the person in charge. The inspector observed that the majority of residents were having their care needs attended to by staff. At different times throughout the day, residents were observed in the main sitting room watching TV, listening to music and participating in activities with staff. Friendly conversations were overheard between residents and staff and there was a relaxed atmosphere in the centre. Staff stated that they had sufficient time to ensure the residents' personal care needs were met and the inspector observed that residents' dressing and grooming needs were attended to at a high standard.

The centre is a single-storey building providing accommodation for 18 residents located in Clonmel town, close to Tipperary University Hospital. There is a large communal area at one end of the building. This is predominantly used for residents to watch TV, and is also the area where residents partake in activities, receive visitors, and have their meals. Adjacent to this is a visitors room, where private visits can occur if the resident wishes. It was noted that this area was also used to store a large number of items such as wheelchairs, specialised seating chairs, and other bulky items which had been delivered to the centre. This detracted from the ambiance of the area.

The inspector observed that one of the dedicated shower and toilet facilities was temporarily being used as a domestic store room, while the original domestic store was being repaired following a water leak. Despite this bathroom not being in use, there remained a sufficient number of toilets and bathroom facilities available to residents. The inspector observed each of the centre's bedrooms. There were four single rooms, a twin room and three four-bedded rooms. These rooms varied in their decor and furnishing. Overall, no progression in the provision of suitable storage space was seen since the previous inspection, and many residents in the four-bedded rooms in particular, were using temporary plastic storage drawers to accommodate their belongings, which was not sufficient, and was not in keeping with typical furniture in a residents' home. Residents were provided with a secure locked facility on each bedside locker. Residents' clothing was laundered daily and the system in place was efficient. Residents' confirmed that their clothes were returned to them without delay.

Windows to the front of the building were seen to be duct-taped shut, due to dust and debris arising from the construction work opposite the centre. Throughout the

day it became apparent that it was very warm in the sitting room and some bedrooms. One resident stated "we can't open the windows, it is really warm in here". These rooms were not adequately ventilated, as discussed further in the report. There was a good level of environmental cleanliness maintained in the centre and there was one housekeeper on duty each day, which was sufficient given the size and layout of the centre. Cleaning schedules were in place which evidenced that every room in the centre was cleaned every day. Staff were provided with the appropriate equipment, and had been instructed in the correct cleaning methods to maintain the levels of cleanliness in the centre and ensure effective decontamination of all areas.

The majority of residents living in the centre had a diagnosis of dementia or cognitive impairment. Residents who spoke with the inspector were delighted to chat about how they spent their day. When asked what it was like to live in the centre, one resident told the inspector that 'you couldn't find better'. Another resident outlined how they liked to spend their day and told the inspector that everything was 'very good' and that they got everything they needed. There were a number of residents who sat quietly observing their surroundings, and who were unable to speak or express their wishes to the inspector. These residents were observed to be comfortable and relaxed.

Residents were provided with opportunities to participate in recreational activities of their choice and ability. There was a schedule of activities in place and residents were encouraged to go out with families and maintain connections with their own communities. On the day of inspection, the activities coordinator incorporated reminiscence therapy into the scheduled activities, residents listened to well-loved songs and watched DVD's of concerts that they were seen to enjoy. A range of activities were included in the weekly schedule including exercise, Bingo and dementia-specific Sonas therapy. Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day. The inspector spoke with two visitors who were both complimentary about staff and the care received by their loved ones in the centre.

Residents were complimentary about the quality of food on offer. The dining experience was observed to be a social, relaxed occasion, and the inspector saw that the food appeared appetising. There was no separate dining area, however prior to meals, the tables were rearranged in the sitting room and place settings were laid. Food was served from the bain-marie. Some meals were served in individual pre-packaged containers and others were plated up separately. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently. Throughout the day, staff supervised the sitting room, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were monitored by staff throughout the day. Staff who spoke with inspectors were knowledgeable about the residents and their needs.

To summarise, residents were in receipt of a good service from a dedicated team of staff who ensured that clinical and social needs were met to best of their ability.

However, deficits in the premises and environment contributed to a service that could not fully support the rights of the 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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

While the designated centre had made some improvements since the previous inspection, including access to health and social care professionals such as physiotherapy and occupational therapy, and had reviewed and improved the systems in place for restraint use. However, the overall premises, and in particular the lack of suitable garden access, continued to pose restrictions on residents' access to the outdoors, and plans outlined following the previous inspection had not progressed to completion.

This unannounced risk inspection was carried out to monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulations 2013 (as amended), and following receipt of an application by the registered provider to renew the registration of the designated centre. The inspector followed up on the action taken by the provider to address significant issues of non-compliance found on the last inspection in August 2022. The registered provider of this designated centre is the Health Service Executive (HSE). A general manager was assigned to represent the centre for regulatory matters. The centre benefits from access to national centralised departments such as human resources, finance, information technology, and training.

Over the period of the last registration cycle, the centre was inspected twice; on 30 March 2021 and 24 August 2022. Repeat non-compliance was found in relation to;

- Regulation 23: Governance and management
- Regulation 17: Premises

Further non-compliance was identified during the August 2022 inspection in relation to;

- Regulation 6: Healthcare
- Regulation 7: Managing behaviour that is challenging
- Regulation 9: Residents' rights

A cautionary provider meeting was held on 26 October 2022 where the registered provider committed to implementing a range of actions to ensure that the centre was well-governed and to bring the centre back into compliance. During this inspection, the inspector followed up on all of the items outlined in the centre's

compliance plan following the previous inspection, under the relevant regulations, and found that improvements were seen in some areas, where the required actions had been achieved. Of the previously non-compliant regulations outlined above, regulations 6 and 7 were found to be compliant.

Notwithstanding those improvements, regulations 23, 17 and 9 remained non-compliant. The provider had not achieved the time-bound actions set out in the compliance plan following the last inspection. These issues have been ongoing since first registration of the centre in 2020, and were reflected in each subsequent inspection report. To date, there remains no appropriate accessible outdoor garden space for residents. Additionally, minor internal improvements such as the provision of shelving and additional wardrobe space had not been completed. These deficits in the premises had a direct impact on the rights of the residents. This is discussed further in the Quality and Safety section of the report.

While there had been improvements in the oversight of a number of key areas, there were long-standing governance and management systems in the centre which did not provide assurances of adequate oversight of the service. This was a repeat finding from the previous two inspections. The submitted compliance plan from the inspection in August 2022, stated that approval had been sought for a clinical nurse manager post, to manage the centre when the person in charge is absent. This was not in place. Issues in relation to the governance and management of the centre, including the current deputising arrangements for the person in charge, which were not adequate, are discussed under regulation 23: Governance and management.

Strong systems were in place to deliver quality care to residents and this was continuously monitored with oversight from the senior management team. The systems included a comprehensive auditing programme which was overseen by the person in charge. Clinical and non-clinical audits were completed on a regular basis and action plans were in place to address any issues identified. Senior management meetings were held at regular intervals and records showed that actions for improvement were identified and their progress followed up at subsequent meetings. Aspects of care that were routinely monitored and analysed included wounds, antibiotic use, the use of restraints, resident falls, weight loss and other relevant information.

Staffing levels in the centre continued to be more than sufficient to meet the needs of the residents. On the morning of the inspection, in addition to the person in charge, there were three staff nurses and three healthcare assistants on duty, to provide clinical care and support to the 15 residents in the centre. Additionally, there was one housekeeper, one kitchen attendant and one activity coordinator on duty. A review of rosters showed that there was two nurses and one healthcare assistant on duty overnight. There was some use of regular agency staff while full time nursing and healthcare assistant posts were being recruited and the worked rosters evidence that the vast majority of the time, any short-notice absences were backfilled. There had been an improvement in the training provided to staff since the previous inspection, and records showed that staff were up-to-date with all relevant training modules. Regular agency staff had completed fire safety training and participated in evacuation drills. Training was a combination of online platforms

and face to face training. Staff were well supervised in their roles, and there was a good system of induction in place for new staff, which was role-specific and tailored to the job requirements.

Residents' contracts of care were reviewed and these were generally compliant with the regulatory requirements. There was evidence that residents, where possible had signed their own contract, or in their place, a nominated representative had signed. The payable fees were clearly detailed. Staff files as required under Schedule 2 of the regulations were stored securely, and made available to the inspector to review. The sample of files viewed were well-maintained and contained the required documentation such as employment references and details of previous employment. The person in charge maintained a suite of policies and procedures. For the most part, these were reviewed and updated within the required three-yearly timeframe. Some required improvements to the centre's policies are detailed under regulation 4: Written policies and procedures.

There was a low level of serious incidents or accidents occurring in the centre. When an incident did occur, there was a good system of recording and evaluating the incident, including notification to HIQA, when required. Complaints were seen to be well-managed at a local level. The inspector noted a low level of complaints occurring, and those that did, while being relatively minor issues, were subject to good record keeping including detailed investigation into the subject of the complaint, and subsequent communication of the outcome to the complainant.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the necessary experience and qualification to fulfill the requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the staff rosters and the size and layout of the centre, the inspector found that there was an adequate number and skill mix of staff available to meet the assessed needs of the residents. The person in charge ensured that there was at least one registered nurse in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

The mandatory training modules were completed for all staff, including safeguarding and fire safety. Role-specific training was completed for kitchen and domestic staff. Additional training had been undertaken by registered nurses including venepuncture and end-of-life care.

Judgment: Compliant

Regulation 19: Directory of residents

Previously, the directory of residents was maintained off-site in a centralised department. The person in charge had recently begun to maintain an on-site directory of residents within the designated centre. This was found to comply with the requirements of the regulation.

Judgment: Compliant

Regulation 21: Records

A sample of three staff files were reviewed, which met the requirements of Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had effected a contract of insurance against injury to residents which was provided to inspectors for review. Inspectors saw that this was renewed yearly and was up-to-date.

Judgment: Compliant

Regulation 23: Governance and management

Repeat findings in relation to the management structure in the centre were evident on this inspection.

- The person in charge worked in a full time capacity, albeit over a four-day week. There were no other assigned management personnel working in the centre. The contingency arrangements for a staff member in the centre to act as person in charge during planned or unplanned absences, were that one of the staff nurses on duty would be designated as "in charge".
- The person documented as deputising for the person in charge was the director of nursing. However, she had oversight of another large designated centre, and could not dedicate herself solely to the services in St. Anthony's Unit for extended periods of time.

An annual review of the quality of care delivered to residents in 2022 had been completed. While residents and their families had completed feedback on the service, this was not included in, and used to inform, the quality improvement plan for 2023.

Oversight of fire safety required strengthening to ensure that all members of the management team were aware of fire safety risks, and to ensure that time-bound action plans were identified, and assigned for completion. The environment was monitored through a system of infection prevention and control auditing. An area for improvement was identified during the inspection, whereby the infection control risks identified by the inspector, were not being captured by the audit tool in use.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

A sample of three residents' contracts of care were reviewed. All contained details of the services to provided, the fees for these services, and any additional fees. The terms relating to the bedroom of each resident were clearly set out, including the number of occupants of the bedroom.

Two older contracts were seen whereby the bedroom occupied by the resident had changed since the resident was first admitted; these were updated on the day of inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose did not accurately describe the current access to available garden/outdoor spaces. It also did not include the arrangements made for contact between residents and their relatives, friends and/or carers.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of incidents and accidents was maintained in the centre. These were predominantly falls-related incidents. A review of these records showed that falls-related incidents, and all other incidents as set out in Schedule 4 of the regulations, which required notification to HIQA had been submitted within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which was displayed in prominent areas for residents' and relatives' information. This procedure specified the nominated people designated to deal with complaints. Inspectors reviewed the centre's complaints log and found that when complaints occurred they were appropriately followed up and the outcome of the complaint, including complainant's level of satisfaction was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place. However, some of these policies required further review to ensure that they were updated with the latest evidence-based practices. For example;

- The medication management policy did not reflect up-to-date guidance on medication management published by the Nursing and Midwifery Board of Ireland (NMBI) in 2020.
- The nutrition policy did not include the new international descriptors for modified food and thickened drinks. While the inspector noted that these descriptors were in use in the centre, there was some confusion with staff amongst the differences in the modification of some meals, for example a Level 5 and Level 6 modification. These were seen to be the same on delivery from the main kitchen.

The policy on the use of restraint had not been updated since October 2019.

Judgment: Substantially compliant

Quality and safety

Overall, while residents were clearly seen to be treated with respect and dignity by competent and caring staff, systems to improve the quality and safety of the service required further strengthening. On the day of inspection, residents were not fully afforded the right to access secure outdoor spaces. Bedroom accommodation, while generally clean and well-maintained, continued to require significant improvement to ensure that all residents were provided with sufficient storage space, and that the premises was in keeping with the homely style outlined in the centre's statement of purpose. Improvements were also required in relation to fire safety and infection control, to ensure a safe environment for all residents.

As identified on previous inspections the premises did not meet the requirements of Schedule 6 of the Health Act 2007 (Care and welfare of residents in designated centres for older people) Regulations 2013 (as amended). Furthermore, the deficits in the premises had a direct impact on the rights of the residents. Further findings are discussed under regulation 17: Premises and regulation 9: Residents' rights. Some areas of the centre had been repainted. However, upgrading of a number of areas remained outstanding. The inspector found that following the previous inspection in August 2022, no further upgrades had been completed.

The centre had remained free from COVID-19 during the global pandemic. An up-to-date COVID-19 contingency plan was in place, and this had been communicated to staff to ensure prompt action should an outbreak be declared. Good procedures were seen in relation to staff practices such as hand hygiene and wearing of PPE. A staff nurse was the designated infection control lead in the centre, who worked with the local HSE infection control nurse to implement best-practice procedures. Audits of staff practices and the environment were completed regularly and showed good levels of compliance. Some findings seen on inspection were not captured in the infection control audits. These are detailed under regulation 27: Infection control.

Residents were supported to access appropriate health care services in line with their assessed needs and preferences. A dedicated General Practitioner (GP) attended the centre on a regular basis, residents had regular medical reviews and were referred for appropriate expert reviews by health and social care professionals when required. Based on the sample of records examined by the inspector, residents were comprehensively assessed prior to admission to the centre. Care plans were varied in detail and direction, with some describing good, person-centred initiatives to meet residents needs, while others were scant and lacking personalisation. Comprehensive systems were seen to be in place for medicine management in the centre. Medication administration was observed to be in line with best practice guidelines. Medications that required administering in an altered format such as crushing were all individually prescribed by the GP and indication for administration were stated for short-term and "as required" medications.

Records evidenced that significant work had been conducted to reduce the use of restraints such as bedrails in the centre. Staff training had been completed in restrictive practice, and the risk assessment for use of bedrails had been updated in line with national guidelines. There was evidence of better use of alternatives to restraint and there had been a 33% reduction in bedrail use since the previous inspection. The use of medications to control behaviours that challenge was minimal, and there was evidence that any pharmacological interventions to manage behaviours were used as a last resort, under the guidance of the appropriate medical and psychiatry teams.

Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs. The choice of food available for those residents, including those requiring a modified diet is discussed under regulation 18: Food and nutrition.

The centre had a risk management policy that set out the specific risks as required by the regulations and the controls in place to mitigate these risks. There were systems in place to manage risk and as part of the risk management strategy the person in charge maintained a risk register. Systems were in place for the monitoring of fire safety precautions in the centre. The inspector reviewed the maintenance and service records of the fire equipment which were up-to-date. Staff had good knowledge of fire safety procedures in the centre and were clear on what action to take in the event of the fire alarm being activated. Each resident had a personal emergency evacuation plan in their bedroom and a copy was available at reception. The fire drill evacuation procedure required improvement to ensure it progressed to a simulated compartment evacuation and to ensure all staff are knowledgeable regarding the procedure.

Regulation 11: Visits

Visits to the centre were occurring, and the current visiting procedures did not pose any unnecessary restrictions on residents.

Judgment: Compliant

Regulation 12: Personal possessions

Some of the single and four-bedded rooms in the centre, did not contain sufficient space for residents to store and maintain their clothes and other personal possessions. For example;

- A resident in a large single room had no shelving for personal items, instead their personal photos and cards were tucked behind the plastic casing which housed the piped oxygen supply, and was located on the wall behind the residents bed; meaning the displayed items were not able to be seen or reached by the resident.
- Wardrobe space in the four-bedded rooms were not sufficient. This available space consisted of one single narrow wardrobe space and a locker, similar to those in an acute hospital bedside. Some additional storage boxes and plastic drawers had been made available but these were a temporary alternative. This was a repeat finding from previous inspections.

Judgment: Substantially compliant

Regulation 17: Premises

On the day of inspection, the external grounds of the centre did not contain outdoor space which was suitable for, and safe for use by, residents. While a very small area at the front of the centre had been previously used, this had been recently deemed unsafe due to dust and debris arising from the building works adjacent to the centre. The plans outlined in the previous compliance plan, whereby a dedicated space to the rear of the building would be used, had not been progressed, and as such, residents could not safely sit outside.

A nurse with specialist infection prevention and control expertise had conducted an *Aspergilliosis* risk assessment, due to the building works being completed at the front of the building. This required all windows and vents to the front of the building being secured shut. Records showed that this had been in place since 17 January 2023. As per the National Guidelines for the Prevention of Nosocomial Aspergillosis (2018), where windows are sealed as a consequence of construction activity, there is a requirement to provide temporary mechanical ventilation, such as room air-filter units, for the duration of the construction activity. These had not been put in place

and the inspector found that ventilation in these areas was lacking, and the affected bedrooms and main sitting room were very warm. The centre's own risk assessment also outlined on 24 January 2023, and again on 21 February 2023 that air exchange units should be sourced and installed as soon as possible.

While some areas of the centre has been improved to make the overall premises more homely, this had not been completed in full. For example, single rooms which were previously double occupancy, still had two large encircling curtain rails in place, when no curtains were in use. This, coupled with a lack of shelving and personal touches such as artwork and personal mementos, added to an overall clinical feel. During the last inspection, an area near the nurses' station had been identified as requiring improvement to ensure a homely ambiance for residents. While seating had been put in place in this area, items had been removed from the wall and it remained unplastered and was not repainted.

Judgment: Not compliant

Regulation 18: Food and nutrition

While the food served to residents was wholesome and nutritious, the inspector observed that residents did not appear to have a sufficient choice of menu at all mealtimes. There was no system of consulting with residents each day about their menu choice in advance of the main meal. A selection of meals were delivered to the centre from the nearby acute hospital. Residents who could communicate their preferences were then asked what meal choice they would like. Residents who could not communicate their wishes did not have clear options outlined. While staff stated they were aware of the residents individual likes and dislikes, supporting care plans did not evidence these preferences. Additionally, there was only a small amount of the second menu option available, therefore it could not be assured that each residents was provided with a meal of their preference.

Improvement was required to ensure a clear differential between the different levels of modification of diets for residents with a swallowing problem. For example, Level 5 and Level 6 consistency diets appeared identical. This is important as the level of modification is prescribed by a speech and language therapist based on the resident's individual need.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had not prepared, and made available to residents, a guide in respect of the designated centre.

Judgment: Not compliant

Regulation 26: Risk management

There was an up-to-date risk management policy and associated risk register that outlined the risks in the centre and measures in place to mitigate the risks identified. These included the five specific risks as outlined in the regulation.

Judgment: Compliant

Regulation 27: Infection control

The regime in place to mitigate the risk of *Legionella* bacteria by flushing of water outlets required review.

- Staff were unaware of the correct procedures, and associated sign-off sheets did not direct staff to these correct procedures.
- A water leak in the domestic store room resulted in this room requiring refurbishment. The domestic store room was temporarily relocated to a nearby shower room. The inspector observed that the shower itself was being used to store a number of items, and due to this, the shower outlet had not been flushed since on or before 16 January 2023, which was when the relocation of the domestic store occurred.
- There was no evidence to show that sinks in bedrooms which had become vacant were subject to the *Legionella* flushing regime. When one such sink was activated by the inspector, a flow of discoloured water was discharged.

The following findings had the potential to impact on the effectiveness of infection prevention and control within the centre:

- The procedure for cleaning of shower drains required review. Drains were covered by shower grids, which could not be easily removed. As a result, there was a clear build up of grime around the drains and under the grid.
- Curtains, which were not obviously soiled, were routinely removed and cleaned on a six-monthly cycle. Current guidance states that this should be done three-monthly.

Judgment: Substantially compliant

Regulation 28: Fire precautions

At the time of the the inspection, the registered provider had not taken adequate precautions against the risk of fire, as evidenced by the following:

- A fire safety risk assessment had been completed by a suitably qualified person on 7 August 2022, however, the report of this risk assessment had yet to be received by the management team. This meant that the person in charge was unaware of what fire-related risks may be present in the centre.
- Records of fire evacuation drills were not providing sufficient assurances that the centre's high-risk compartment of ten residents could be safely evacuated in the event of a fire. This was a repeat finding from the previous inspection. Evacuation drills focused on evacuating one room only, and not on a progressive horizontal evacuation of the compartment, which is outlined as the correct procedure in the centre's own fire safety policy.
- Some fire-rated doors were seen propped open with door stoppers on the day of inspection.
- The weekly fire safety checklist identified that door closer devices on all means of escape were operating satisfactorily. However, this could not be assured as it was a visual check only, and the fire alarm, which when sounded would release the doors, was not routinely sounded as part of this check

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were good medicine management systems in place in the centre. There were procedures in place for the return of out-of-date or unused medicines. Medicines controlled by misuse of drugs legislation were stored securely and they were carefully managed in accordance with professional guidance for nurses.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plan reviews were completed monthly, to ensure care was appropriate to the resident's changing needs. However, similarly to the previous inspection, improvement was required to ensure that care plans were person-centred;

- Care plans were based on a generic template which did not allow for detailed personalisation of the content of the care plan.

- It was not always documented if the resident or their representative were involved in the care plan reviews in line with the regulations.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to medical care through regular access to a GP in the centre. There was evidence of timely and appropriate referral to, and review by a variety of health and social care professionals such as physiotherapy, optometry, consultant psychiatry and occupational therapy. Residents were provided with good levels of evidence-based nursing care in the centre and there was good overall management of wounds and any other presenting medical or nursing issues.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restraint use in the centre was well-managed and residents had a risk assessment completed prior to any use of restrictive practices such as bedrails. Assessments were completed in consultation with the residents and were reviewed regularly to ensure appropriate usage in line with national guidance. There was a system in place to monitor the safety of residents when bedrails were in use.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that appropriate measures were in place to safeguard residents and protect them from abuse. All staff had the required Garda (police) vetting disclosures in place prior to commencing employment in the centre. Staff were knowledgeable as to the different types of abuse that can occur, and were aware of the correct reporting mechanisms should an allegation of abuse be disclosed. Staff were facilitated to attend training in safeguarding of vulnerable persons.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider did not provide sufficient facilities for occupation and recreation as follows; ·

- There continued to be no safe, enclosed outdoor garden space for residents' use. Residents had limited access to the outdoors. This is also discussed under Regulation 17: Premises

Residents who were accommodated in the centre's four-bedded rooms could not always undertake personal activities in private;

- The configuration of some of these bedrooms required review, for example; only one television was provided in these bedrooms, and this was not easily seen from each bedspace, as it was partially obscured by the screening curtain rail.

The above findings are repeat findings from the inspections conducted on 30 March 2021 and 24 August 2022.

Residents were not always provided with choice around their food preferences, as discussed under Regulation 18: Food and nutrition.

Judgment: Not 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 |
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| Capacity and capability | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Substantially compliant |
| Quality and safety | |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Substantially compliant |
| Regulation 17: Premises | Not compliant |
| Regulation 18: Food and nutrition | Substantially compliant |
| Regulation 20: Information for residents | Not compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Not compliant |

Compliance Plan for St. Anthony's Unit OSV-0007836

Inspection ID: MON-0038700

Date of inspection: 23/02/2023

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 |
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| Regulation 23: Governance and management | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Approval sought for post of C.N.M1 for St Anthony's to Manage when Person in charge is absent or leave. Application has been submitted for approval and expected to offer post out to CNM1 Panel in April 2023.</p> <p>Designated Person in charge works full time capacity and will be identified on Roster. When the person in charge is not on duty one of the senior staff nurse would be designated as an in charge.</p> <p>Residents and their families had completed feedback survey on early August 2022 and second feedback survey completed on December 2022.</p> <p>Annual quality improvement plan for 2023 has been reviewed and reentered the feedback of survey report in it.</p> | |
| Regulation 3: Statement of purpose | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of Purpose has been reviewed and updated the details of current available garden/outdoor spaces. Also added the details of arrangements made for contact between residents and their relatives, friends and /or carers</p> | |

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| Regulation 4: Written policies and procedures | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Review will be conducted for Medication management policy, Nutrition policy and restraint policy with a proposed completion by 15th May 2023</p> | |
| Regulation 12: Personal possessions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Installation of Personal Wardrobes for all residents were completed on 30/03/2023. Installation of personal shelving will be completed by 15th April 2023.</p> | |
| Regulation 17: Premises | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A proposal approved to construct an external recreational area with exit from the current day room with a proposed completion before 15th May 2023.</p> <p>Three air exchange units were sourced and installed on 15/03/2023 in bedrooms and communal area to facilitate temporary mechanical ventilation.</p> <p>Curtains rails were removed from single room 7 and 8 and repainted on 14/03/2023</p> <p>Sitting area walls near nurses station were repainted on 14/03/2023</p> | |
| Regulation 18: Food and nutrition | Substantially Compliant |

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| <p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Kitchen assistants are consulting with residents on daily basis about their meal choice in advance of the main meal and serving the meals as per their wish. Care plans were reviewed for residents who are unable to communicate and their likes & diet preferences were added.</p> <p>Consulted main Kitchen and now we receiving large portion of second menu options (Both regular and modified levels) and variety of food/snack items are also available for residents.</p> <p>Concern in relation to the Level 5 and Level 6 diet consistency were discussed with Head Chef and ensuring that residents are receiving the right consistency diet.</p> | |
| Regulation 20: Information for residents | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 20: Information for residents:</p> <p>Resident guide will be prepared in respect of the designated Centre and will be available for residents by 15th of May 2023</p> | |
| Regulation 27: Infection control | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A clear written guideline is added in sign-off sheets to direct staff about Legionella weekly flushing regime and PIC ensures that all vacant bedroom sinks and shower rooms are flushed on weekly basis.</p> <p>Domestic storage room will ready to use after refurbishment by 15th April 2023.</p> <p>Cleaning regime for shower drains were initiated and all shower room drains & grids were deep cleaned and pressure washed on 23/03/2023.</p> | |

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| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We are still awaiting to receive the fire safety risk assessment report from Fire safety officer.</p> <p>PIC ensures to conduct regular evacuation drill and making sure that staff are competent to evacuate high risk compartment of ten residents safely in the event of a fire.</p> <p>Fire alarm drill conducting once in a month and assures that all escape routes are operating and releasing satisfactorily. Not using any door stoppers for fire rated doors.</p> | |
| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Introduction of a more comprehensive assessment and person centered care plan aim to commence on May 2023. Care plan training days has been scheduled for Staff nurses in April 2023. And 4 staff nurses received their training on 3rd March 2023</p> | |
| Regulation 9: Residents' rights | Not Compliant |
| <p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A proposal approved to construct an external recreational area with exit from the current day room with a proposed completion before 15th May 2023.</p> <p>Installation of second Televisions in shared bedrooms will be completed on 15/04/2023</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 |
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| 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 | 15/04/2023 |
| 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. | Not Compliant | Orange | 30/04/2023 |
| Regulation 18(1)(b) | The person in charge shall ensure that each | Substantially Compliant | Yellow | 15/03/2023 |

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| | resident is offered choice at mealtimes. | | | |
| Regulation 20(1) | The registered provider shall prepare and make available to residents a guide in respect of a designated centre. | Not Compliant | Orange | 15/05/2023 |
| Regulation 23(b) | The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision. | Substantially Compliant | Yellow | 30/04/2023 |
| 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. | Not Compliant | Orange | 15/03/2023 |
| Regulation 23(e) | The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families. | Not Compliant | Orange | 15/03/2023 |
| Regulation 27 | The registered provider shall ensure that procedures, | Substantially Compliant | Yellow | 15/04/2023 |

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| | consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | | | |
| 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 | 15/04/2023 |
| Regulation 28(1)(c)(iii) | The registered provider shall make adequate arrangements for testing fire equipment. | Substantially Compliant | Yellow | 15/04/2023 |
| 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. | Substantially Compliant | Yellow | 15/04/2023 |
| Regulation 03(1) | The registered provider shall prepare in writing a statement of purpose relating to | Substantially Compliant | Yellow | 20/03/2023 |

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| | the designated centre concerned and containing the information set out in Schedule 1. | | | |
| Regulation 04(3) | The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice. | Substantially Compliant | Yellow | 15/05/2023 |
| Regulation 5(1) | The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2). | Substantially Compliant | Yellow | 30/05/2023 |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 23/03/2023 |

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| Regulation 9(2)(a) | The registered provider shall provide for residents facilities for occupation and recreation. | Not Compliant | Orange | 15/05/2023 |
| 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. | Substantially Compliant | Yellow | 15/04/2023 |
| 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 | Orange | 30/04/2023 |