



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

Issued by the Chief Inspector

Name of designated centre:	St Anne's Nursing Home
Name of provider:	St Anne's Convalescent Home Ltd
Address of centre:	Clones Road, Ballybay, Monaghan
Type of inspection:	Unannounced
Date of inspection:	18 March 2021
Centre ID:	OSV-0000169
Fieldwork ID:	MON-0031652

About the designated centre

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

St Anne's Nursing Home is a designated centre for older persons registered to provide residential care for up to 33 residents, both male and female, over the age of 18 years. It provides 24 hour care at all dependency levels for people with age-related chronic illnesses, dementia and mental health issues, palliative needs, respite and convalescence needs. The designated centre is a two story building which used to be a Maternity Hospital in the 1970 and had been refurbished and converted to a residential care home. Accommodation is provided in 25 single bedrooms and four twin rooms. There are two large communal areas, a chapel and a hairdresser facility. The designated centre is located within walking distance from the Ballybay town and has extensive grounds overlooking lakes, rivers and the countryside. Parking facilities are available at the entrance to the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 18 March 2021	08:45hrs to 17:15hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

The inspection found that residents living in the centre were supported and encouraged to live a good quality of life, at a time of heightened national restrictions imposed by the COVID-19 pandemic. The inspector spoke with approximately eight residents and two visitors on the day of inspection. Their positive feedback was unanimous. Inspectors told the inspector that this was a good place to live, where they felt safe and well cared for by a dedicated team of staff who listened to their worries and concerns and responded promptly and patiently. Overall there were good levels of compliance. However further improvements were required in respect of infection control processes, premises, governance and management, policies and procedures, oversight of service and medicines management in order to ensure full compliance with the regulations.

The the inspector completed a walkabout of the designated centre with the person in charge. The designated centre was located on a high hill overlooking the community of Ballybay. Residents could enjoy the panoramic views of Lough Major from various communal area as well as some of their bedrooms. Although the building was old, the environment was warm, comfortable and mostly well-maintained. Some areas of improvement such as flooring on the corridors or in the dining room, had already been identified by the provider and a refurbishment plan had been agreed, however this was delayed by the pandemic. Overall the premises was found to be clean and efforts to create a homely environment were evident. Residents' bedrooms were personalised with personal items and souvenirs. Residents who communicated with the inspector said that they were satisfied with their living arrangements, with the cleanliness of their rooms, and said that staff treated their personal possessions with respect.

One resident invited the inspector to their room to show them how they occupied their day during the times of isolation. They had a desk in their bedroom which contained plenty of supplies including pencils and acrylics for when they felt like drawing or painting, a kit for writing letters to their friends, crochet needles and prayer books. They also had a bookshelf that included their favourite books to read and said that they could always source more from the local library, including audio books. Other residents described how much they enjoyed watching the scenic views and the changing colours of the sky and lake at different times of the day. While a small number mentioned that their families could no longer visit freely, they were also quick to accept that it was a necessary sacrifice to keep them safe and that the arrangements to see them during window visit or video calls were 'just as good' in these times.

All residents looked clean and well dressed. A number of ladies were observed nicely groomed, wearing lipstick and beads, with painted nails and their hair freshly set. They said that staff were attentive and ensured they always looked their best.

In line with public health guidance and as an additional measure to prevent and

contain the spread of COVID-19 throughout the designated centre, the residents had been divided into small groups or pods based on their established connections, friendships and shared interests. This ensured that the same group of residents met regularly at mealtimes and when participating in group activities. Residents were satisfied with this arrangement and they were looking forward to meeting their friends.

The day to day activities plan was chosen by the residents, depending on what they felt like doing on the day. On the morning of inspection, one pod of residents chose to watch mass together and afterwards a resident played the keyboard in the communal area. In the afternoon, there was painting of decorative eggs in preparation for Easter. Other residents were observed reading in their room, watching television, doing word searches and enjoying healthy snacks and drinks. Three of the residents who spoke with the inspector said they were always looking forward to their fresh fruit smoothie in the afternoon, and that the strawberry flavour was most popular.

Evidence of residents' most recent art projects was still displayed in the communal areas on the day of inspection. Some residents said that the arts activities were great fun and that their families enjoyed seeing their photographs and creations. One wall was full of colourful flower drawings that residents had created in preparation for Mother's day which had been celebrated the previous weekend. St. Patrick's Day decorations from the previous day were also filling the room with green shamrocks and tricolour harps painted by the residents themselves. Residents said that they always had something fun to do with the activity coordinator and now were looking forward to Easter celebrations. A families group had been set up where they could share photos of the residents, their creations and daily activities and exchange messages of support.

The inspector observed a resident enjoying a reflexology session in the afternoon, and staff confirmed that one to one activities such as hand massage and chats or walks out in the fresh air were also facilitated for the residents on a regular basis. While the door to the enclosed courtyard was closed on the day of inspection the inspector was assured that residents were facilitated to go into the garden whenever they wished to do so. One resident took great delight in showing the inspector some bright daffodils they had picked on their walk the previous day.

Residents and staff had been through a difficult period over the past year, as the centre had experienced two outbreaks of COVID-19 which had seen more than half the residents and staff becoming infected, and sadly four residents had died. The first outbreak in March- April 2020 had impacted the centre more severely in terms of the number of residents and staff who tested positive. Staff mentioned how they worked many extra shifts to cover for their colleagues who were isolating and how they were supported by agency staff as well as staff redeployed from other centres belonging to the provider group. Staff recounted the difficult times and said that the last year had been 'tough going'. However, they were also very proud of how they pulled together as a team to ensure continuity of care and maintain residents' safety during these difficult times.

While the residents appeared upbeat and resilient when talking with the inspector, there was a profound awareness among staff about the impact of isolation on the residents. A number of staff mentioned that loneliness had been difficult to manage, and that many residents had got used to spending so much time isolating in their rooms that were not interested in group activities anymore. The inspector reviewed the 19 responses to a residents' survey carried out in November 2020 which showed consistent satisfaction with care, activities and staff, which were labelled as 'exceptional', but also the impact of isolation, as residents said they missed their families and attending Mass. There was a concerted effort to bring normality back and proactively encourage residents to participate and engage in social activities. For example, visiting on compassionate grounds had been facilitated on Mother's day with enhanced precautions in place.

Residents were an integral part of the local community. The local chapel belonging to the designated centre was open to the general public prior to the pandemic and many neighbours and visitors knew each other and used this opportunity to meet and chat. Although this religious service had been on hold, the local priest continued to visit and provide pastoral care for residents at the end of life. A families group had been set up where they could share photos of the residents and exchange messages of support.

Despite the national restrictions residents remained engaged with local community and participated in a Pen pal project with the local schools. The activities coordinator described how residents were overcome with emotion and joy when they received letters from the children and how they spent time writing response to those who had left an address. All letters were personalised and a number of residents had received parcels containing meaningful items of interest such as specialised journals on favourite topics, magazines or prayer books.

All staff who communicated with the inspector emphasised the good leadership that the person in charge (PIC) had provided to the team during the pandemic. The person in charge had ensured staff had everything they needed including resources, personal protective equipment (PPE) and knowledge and skills to implement correct infection prevention and control procedures.

While there had been high levels of staff turnover in 2020, the provider continued to proactively recruit and at the time of inspection there were no staffing vacancies. The inspection found that residents' healthcare needs were met to a good standard and the number of accidents and incidents involving the residents was low.

While there was good oversight of service, additional supports and deputising arrangements for the person in charge were necessary to ensure effective monitoring and sustainability of a safe quality service. Furthermore, enhanced cleaning resources and improved oversight of environmental and hygiene processes in the centre was needed to achieve full compliance with standards and regulations, as detailed under the regulations below.

The following section will provide a brief overview of the capacity and capability of the provider to provide and sustain a safe and quality service under each pillar, and

detail the specific improvements needed under their respective regulations.

Capacity and capability

Overall, this was a well-run service by a provider who was proactive in ensuring it was adequately resourced to provide a high standard of quality care and ensure the safety of the residents accommodated in the centre. The provider had made good progress in addressing the non-compliances identified on the previous inspection in March 2019, specifically in respect of premises, safeguarding, health and social care and residents' rights. While this inspection found largely good levels of compliance with the regulations, further improvements were required to strengthen the governance and management arrangements in the centre, the housekeeping resources, the policies and procedures and to ensure that the monitoring systems in place were robust and proactively used to improve the service.

This was an unannounced risk inspection following a second outbreak of COVID-19 in the designated centre at the beginning of the year. At the time of inspection all residents and most staff had received their second vaccination.

There had been changes to the governance and management arrangements in the centre since the last inspection. A new person in charge had been appointed in January 2020, who met the regulatory requirements. She provided good leadership to the team and was known to staff, residents and relatives. Residents and staff said that whenever they brought any concerns to her attention these were taken seriously and effectively responded to.

From a governance perspective, the person in charge was supported by the registered provider representative who visited the centre twice weekly. Records from the weekly and monthly management meetings with the provider showed good oversight of care and service. Records showed that any accidents or incidents, complaints, staffing, training or infection prevention and control were regularly discussed and appropriately escalated. There were good contingency and preparedness plans in place should the centre experience another outbreak of COVID-19.

The person in charge did not have any additional supports on the ground and staff from all departments reported directly to her. In addition, there was no clerical or administrative support in the designated centre. Consequently, the inspection found that the governance and management arrangements in the centre including the reporting structures and the lines of accountability and responsibility were not sustainable and needed to be reviewed and strengthened.

The person in charge communicated with staff regularly and ensured they were supervised and had the required knowledge and skills to provide best care to the residents. She completed monthly audits and monitored the key performance indicators which were used as quality assurance mechanisms. However, a review of

these audits found that while they identified some areas for improvements, there was little evidence of formalised action plans and assigned roles of responsibility to oversee the implementation of a proactive quality improvement agenda.

An annual quality review had been completed for 2020, which included consultation with the residents and an improvement plan for 2021.

There was a low level of complaints in the centre as evidenced by talking to residents, relatives and staff. A review of complaints records showed that they were managed in line with policy.

Staff confirmed that even after the vaccinations, they remained on high alert and were regularly checked for signs and symptoms of COVID-19. Records were available to evidence that staff's temperature was monitored twice during each shift.

Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre and providing good leadership to the team. They had the required qualifications and expertise for the role and in their conversation with the inspector demonstrated good knowledge of the regulations and commitment to the provision of a good service for the benefit of the residents.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix on the day of inspection were sufficient to meet the assessed nursing needs of the 25 residents living in the centre. However, the housekeeping resource required to be further increased given the design, the layout of the centre and the enhanced infection control processes that had been introduced as a result of the pandemic.

There was one cleaning staff working in the centre seven days a week, which was supplemented by a second cleaner on two days of the week. Given the large footprint of the two storey building, the layout of the centre, the number of communal areas and individual bedrooms, there were not enough housekeeping staff to ensure appropriate environmental hygiene was maintained throughout the centre. The inspector was informed that during the outbreaks of COVID-19 in the centre, the housekeeping resources had been increased. Governance and management records also showed that the provider had already identified the need for additional housekeeping hours, however, at the time of inspection, this was not in place.

There was a minimum of one registered nurse on duty at all times, in line with regulatory requirements.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to appropriate training to support them in providing a high standard of evidence-based care to the residents. A suite of mandatory courses had been completed by staff and refresher training dates were planned for 2021 including fire training which was scheduled for 1st April 2021.

All staff had completed training in infection prevention and control, including the donning and doffing of PPE, hand hygiene and breaking the chain of infection with regular updates provided throughout the year.

There was evidence of induction and staff performance appraisals, and staff had access to and were maintained updated with any changes in public health guidance (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance).

All staff nurses working in the centre had an active registration with Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

Regulation 23: Governance and management

The registered provider maintained good oversight of service and had been proactive in relation to the challenges brought on by the current pandemic.

Further improvements were required to ensure that the quality assurance systems were sufficiently robust to ensure appropriate oversight and monitoring of service and that the use of information to improve the service was effective. For example, there were numerous audits collecting qualitative information about the service, however the way in which this data was used did not inform the improvement action plans. Furthermore where changes had been made there was no evidence that the changes had been reviewed to ensure the required improvements were achieved. The provider had already identified the need to enhance the current quality assurance and auditing systems.

The lines of responsibility and accountability in the centre were fully centralised, with the person in charge nominated as responsible for all staff and all areas of care

provision. This arrangement was not sustainable and did not ensure effective oversight of care and service was available at all times, including weekends. The introduction of deputising arrangements with dedicated time to oversee practice was required to support the person in charge fulfill their regulatory responsibilities, appropriately monitor the care, lead the service and effectively oversee the implementation of quality improvement plans.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There were no open complaints in the centre at the time of inspection. There was a complaints log maintained, which was separate from residents' care records. A sample of complaints reviewed by the inspector showed that they were appropriately responded to and investigated in line with local policy and procedure. The outcome of the complaint was documented, including the complainant's level of satisfaction.

A suggestion box was available at reception.

Judgment: Compliant

Regulation 4: Written policies and procedures

All Schedule 5 policies were available and implemented by staff and the vast majority of them had been reviewed in 2020. However, the medication management policy had not been updated since 2017. Other policies required review to ensure they fully met the regulatory requirements. This included the complaints policy and the risk management policy.

Judgment: Substantially compliant

Quality and safety

Overall, resident's wellbeing and welfare was maintained by a good standard of evidence-based care and support. The provider had made significant improvements since the last inspection and there was clear evidence that regulatory compliance had improved. This inspection found that the care and services were person-centred

and residents were safe and supported to lead a good quality of life. There were no immediate risks on the day, however the inspector identified further opportunities for improvement in respect of infection prevention and control and medication management procedures.

A review of residents' care records showed they were consulted in the plan of care and received a high standard of evidence-based nursing care, which was informed by comprehensive assessments. The individualised care plans were maintained up to date and included residents' expressed wishes and preferences, their likes and dislikes as well as comprehensive detail on how to address identified care needs. Specific details about residents' personal history, past and current hobbies, preferences and wishes were documented to enable staff tailor the interventions and meet residents' needs in a person-centred way. Staff knew the residents well and were up to date with changes in their condition.

Records of residents' participation in activities were available on the day. Records were stored in a journal format which was maintained by the activity coordinator. The records included collective daily records of all residents' activities and participation. However this arrangement required further review to ensure each residents' engagement or refusal to participate in activities was documented in a manner that complied with data protection regulation and could be appropriately stored in residents' personal file.

Any incidents such as falls, wounds, weight loss and responsive behaviours were appropriately monitored and managed with the support from relevant healthcare professionals such as the general practitioner (GP), physiotherapists, dietitian, occupational therapist, speech and language therapist, psychiatry of old age and palliative services, as required. Medication management practices were found to be of a very good standard, with some improvement required in respect of crushed medications as detailed under Regulation 29.

Anticipatory prescribing and clear documentation in respect of end of life care was in place and reviewed regularly, in consultation with the general practitioner (GP). The inspector observed care practices at end of life and found they were of very high standard. Relatives met on inspection confirmed high levels of satisfaction with care at the end of life and said that visits on compassionate grounds had been facilitated throughout the pandemic.

A restraint-free environment was promoted and a register of restraint usage was maintained and subject to regular reviews. The restraints levels was low and there was an ongoing commitment to reducing the number of bedrails in use in order to promote the safety of the residents.

All residents who spoke with the inspector said they felt safe and protected while living in the centre and that their rights were respected. They said that they were satisfied with the activities and facilities available to them and were provided with regular information about how to stay safe and protect themselves from COVID-19. They confirmed that staff checked on them regularly for signs and symptoms of COVID-19. Residents' privacy and dignity were respected and all interactions

witnessed by inspector were empathetic and kind. All residents had received their second dose of vaccine and were looking forward to the time when families could visit again.

There was a proactive approach to risk management and a risk register was in place and regularly reviewed by the provider. The provider's contingency plan was reviewed and found to comprehensively address all relevant areas of service provision.

The premises were largely clean and the infection prevention and control practices in the centre were good, although some improvements were required as detailed under Regulation 27. There was a dual cleaning system in place with flat mops used for residents' bedrooms and mop heads for communal areas and corridors. The housekeeping staff used a two step cleaning process for communal areas and corridors and as discussed under regulation 15, enhanced resources were required to supplement cleaning in the centre in line with best practice.

In their conversations with the inspector staff were knowledgeable about infection prevention and control procedures. Training records confirmed that they had attended mandatory training in this area, including regular updates and refresher sessions. The inspector observed staff wearing face masks at all times, cleaning their hands regularly and adhering to 'bare below elbow' guidelines. Four nursing staff had completed a Train the Trainer course in infection prevention and control and the person in charge was the designated lead in the centre. The infection control policy had recently been updated and included information in line respect of appropriate management of COVID-19. The antibiotic usage in the centre was strictly monitored in line with best available guidelines in antibiotic stewardship.

Regulation 13: End of life

Plans for end of life had been discussed with the residents and their families, and they provided clear person-centred guidance on residents' expressed wishes and preferences. Clinical decisions were recorded and anticipatory prescribing for good symptom control was in place as per assessed needs. The resuscitation status was clearly established and documented by the general practitioner (GP) in consultation with the resident.

In the event of transfer to hospital residents' expressed wishes and preferences were appropriately communicated using a standardised National Transfer form. Community Palliative team services were available and involved in residents' care where required.

Judgment: Compliant

Regulation 17: Premises

Overall the premises met the regulatory requirements and were kept in good state of repair, with minor exceptions. There were sufficient numbers of showers for the number of residents in line with *National Standards*.

Further improvements were required as follows:

- The sluice facility did not have a lockable press in line with the minimum requirements as per *National Standards for Residential Care Settings for Older People in Ireland, 2016*.
- The floor covering in some of the communal areas was damaged and required to be replaced.
- Enhanced signage was required to alert staff and residents of ramps and uneven flooring on corridors.

Judgment: Substantially compliant

Regulation 26: Risk management

There was good management and oversight of risk in the centre and the live risk register, which was regularly reviewed, included the hazards identified in the centre and the control measures in place to minimise associated risk.

The health and safety of residents, staff and visitors was promoted and protected. An up to date safety statement was available.

The risk management policy required further review to ensure it included the specified risks under the regulation such as risk of self-harm, aggression and violence, unexplained absence, accidental injury and abuse. This is discussed further under Regulation 4.

The inspector found that risks had been identified and were included in the risk register, appropriately mitigated and were regularly reviewed.

Accidents and incidents were recorded, trended to establish patterns and based on identified learning appropriate measures were put in place to prevent further incidents. A serious incident review and analysis had not been formally completed post COVID-19 outbreak., However the inspector saw a comprehensive draft including timeline of events and evidence of liaison with relevant agencies and statutory bodies. The provider agreed to submit the completed serious incident review post inspection.

Judgment: Compliant

Regulation 27: Infection control

The inspector observed numerous examples of good practice throughout the centre and appropriate systems were in place to ensure and promote safe practices in infection prevention and control. However, the following areas required further improvement in order to align to best practice:

- A review of storage practices to ensure appropriate segregation of clean and dirty items was consistently applied and that clean equipment was labelled as ready for use.
- A review of all equipment to ensure that any torn or damaged items were timely refurbished or discarded; for example cushions, pillows, chairs.
- The cleaning trolleys required review to ensure all supplies were appropriately stored to prevent cross-contamination and chemical products were locked; for example paper towels were stored exposed on the lower shelf of the trolley and thus at risk of cross contamination.
- A review of the drying processes for the mop heads was needed and enhanced signage was required in the laundry and linen facility to support the one-way system already in place
- Not all surfaces and finishings supported effective cleaning and disinfection practices; for example the flooring in the dining area or chairs line with textile material.
- The protocol in place for reprocessing of spray bottles required to be further enhanced to include appropriate storage, disposal and drying processes
- The management of waste in particular sharps disposal needed to be improved; for example boxes of clinical waste were not appropriately labelled with date of opening and closing to support effective tagging and contact tracing.
- Signage needed to be further enhanced to ensure it appropriately alerted and reminded staff to adhere to the required infection prevention and control precautions; for example signage for the residents who were self-isolating following discharge from hospital.
- A review of sink taps to ensure they all met the required specifications and supported best practice in infection prevention and control

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were robust medication management systems and overall the medication practices in the centre were found to be safe.

However some improvements were required in respect of prescribing the

medications that required to be administered in alternative format, to ensure practices in the centre were evidence-based and in line with best practice guidelines. For example the medicine prescription of a resident that required crushed medication due to swallowing impairment did not have clear information in respect of how each individual medicine was to be safely administered. The inspector was satisfied that there was no immediate risk to the resident and that staff were familiar with their needs and administered medication appropriately.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Resident's care needs were appropriately assessed using validated tools and individualised care plans were put in place and implemented in consultation with the resident. Where appropriate, records showed that care plans were shared with resident's families.

The inspector reviewed the care planning arrangements in respect of four residents and found that they were initiated on admission and informed by a comprehensive assessment. A pre-assessment had been completed before the admission to identify the required resources to meet residents' needs. There was evidence to show a holistic approach to care and that care plans were reviewed at regular intervals, not exceeding four months. Where residents' condition changed, care plans were updated to ensure they reflected residents' current healthcare needs. Falls and wounds were managed well and preventative measures were put in place and appropriately reviewed at regular intervals.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a general practitioner of choice who reviewed the residents at regular intervals, or whenever there were changes in their condition. Residents also had access to a variety of healthcare professionals as required including occupational therapy, speech and language therapy, dietetics, tissue viability nurse, optician to name a few. A physiotherapist was visiting the centre three times per fortnight and provided group exercises as well as individualised assessment and support.

There was active surveillance of signs and symptom of COVID-19 and records showed that residents' temperature was checked twice daily in line with best practice.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a low incidence of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Residents who presented with responsive behaviours had behavioural charts in place and were provided with appropriate positive behavioural supports to meet their needs.

The registered provider had made significant progress in respect of the use of restrictive practices since the last inspection. There was one resident using bedrails at the time of inspection and there was evidence that appropriate consultation processes took place and alternatives to bedrails use had been considered.

Judgment: Compliant

Regulation 8: Protection

Staff who communicated with the inspector could describe what constituted abuse and knew who to report to in the event of suspected or confirmed instances of abuse. The vast majority of staff had completed the mandatory training in safeguarding vulnerable adults and satisfactory assurances were received the day after the inspection that the seven outstanding staff had completed the required training.

All residents confirmed that they felt safe in the centre, that their personal possessions were safeguarded and that they would not hesitate to report to any staff if they had any concerns.

Records showed that staff had been vetted by An Garda Siochana prior to commencing the service.

The provider did not act as a pension agent for any of the residents living in the centre. Residents had access to independent advocacy services if required.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to information and radio, television, internet and were actively

supported to use telephones and video calls to keep in contact with friends and families particularly when the visiting restrictions were in place. While attendance to religious services could not take place due to national restrictions, residents could access daily mass online and were observed enjoying the service on the day.

Staff knew the residents well and care and services were person-centred. Residents' privacy and dignity was maintained. A charter of residents' rights was displayed at reception.

There was one activity coordinator working full-time in the centre and who provided one to one as well as small group activities for the residents. In addition residents had weekly access to reflexology and hairdresser. All residents reported high level of satisfaction with the opportunities and facilities for activities provided in the centre.

Residents were consulted, kept up-to-date with the public health restrictions and supported to make informed choices. As a result of restrictions brought on by the COVID-19 outbreaks there had been only two formal residents' meetings carried out in 2020, and this had been identified by the provider as an area of improvement for 2021. A residents satisfaction survey had also been completed.

Judgment: 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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	Compliant

Compliance Plan for St Anne's Nursing Home OSV-0000169

Inspection ID: MON-0031652

Date of inspection: 18/03/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We have looked at our cleaning staff hours and will employ another cleaner to enable us to roster 2 cleaners on each day.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Going forward we will have multidisciplinary involvement in our monthly governance meetings to ensure a more robust oversight and monitoring of the auditing of our service. A new review process has been introduced where we will have follow up discussions at the start of the following months meeting.</p> <p>We are actively in discussions with our current staff nurses over deputizing arrangements.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies</p>	

and procedures:
 Our medication management policy has been updated in consultation with our pharmacist. The complaints policy and risk management policy have also been updated.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 We are in the process of sourcing lockable presses for our sluice rooms and acquiring appropriate signage to alert residents and staff of ramps and uneven flooring on corridors.
 The floor covering identified as being damaged will be replaced.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
 All equipment is being reviewed and worn or damaged items will be replaced or refurbished.
 Clean items will be placed in storage bags and labeled as clean and ready for use.
 New cleaning trolleys with a lockable press for chemicals are being sourced.
 New signage has been provided in the laundry.
 A drying rack has been sourced for the mop heads.
 Any worn surfaces or items not conducive to effective cleaning and disinfection will be replaced.
 A new protocol is being implemented for the storage, disposal and drying of spray bottles.
 A new protocol has been implemented for the management of sharps disposal and all nursing staff are aware of it.
 Signage has been enhanced to identify any residents who are self-isolating following discharge from hospital.
 Sink taps will be reviewed and replaced.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

Any medication needing to be crushed will be identified and clear instruction will be provided on how it can be safely administered in consultation with the Pharmacist and the residents GP.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	12/05/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/07/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Substantially Compliant	Yellow	12/05/2021

	effective delivery of care in accordance with the statement of purpose.			
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	12/05/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/07/2021
Regulation 29(5)	The person in charge shall ensure that all	Substantially Compliant	Yellow	16/04/2021

	<p>medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.</p>			
Regulation 04(3)	<p>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.</p>	Substantially Compliant	Yellow	16/04/2021