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 September 2024
Centre ID:	OSV-0000169
Fieldwork ID:	MON-0044873

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:	32

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
Wednesday 18 September 2024	08:50hrs to 17:35hrs	Geraldine Flannery	Lead
Wednesday 18 September 2024	08:50hrs to 17:35hrs	Frank Barrett	Support

What residents told us and what inspectors observed

There was a friendly atmosphere in the centre. The residents told the inspectors that they were happy living in St Anne's Nursing Home and the service was good. All of the residents who were spoken with were complimentary of the staff.

The inspectors observed that the registered provider had made some positive changes in response to the previous inspection to improve facilities and the delivery of services. For example, the location of a communal toilet for residents' use on the first floor of St Josephs building was not located within close proximity to five bedrooms without en-suite facilities. Inspectors noted that one of these bedrooms was in the process of being refurbished with the addition of a new en-suite toilet. The provider had addressed some privacy issues by replacing curtains on windows of doors with transparent contact film and some inappropriate storage in the centre, specifically commode storage.

The inspectors heard about further internal and external refurbishment plans. Assurances were given that the remaining bedrooms as outlined in the previous inspection's compliance plan would be refurbished, with contractors imminently due on site. Other internal planned works included the reconfiguration of the layout of twin bedrooms to ensure adequate space for residents and extra televisions with discreet listening devices were on order. Planned external improvements included, painting the exterior of the centre and refurbishment with extension of the open terrace area at the front of the centre.

Notwithstanding some efforts made by the provider to improve services and facilities, this inspection found some serious risk concerns and areas of non-compliance with the regulations. For example, staffing resources was not adequate in the event of an unforeseen emergency at night; storage within the centre required review, some resident records were in an unlocked store with combustible materials and items including mattresses and personal protective equipment (PPE) belonging to the centre were not stored within the designated centre as required; premises due to wear and tear required review; and fire safety risks as outlined under fire precautions, will be discussed further in the report.

On the morning of the inspection, the inspectors observed that many residents were up and dressed participating in the routines of daily living. Staff were observed attending to some residents' requests for assistance in an un-rushed, kind and patient manner. It was clear that staff were familiar with residents' care needs and that residents felt safe and secure in their presence.

Resident bedrooms were neat and organised. Residents who spoke with the inspectors were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures and photographs in their rooms and other personal items which gave the room a homely

feel.

When asked about their food, all residents who spoke with the inspectors said that the food was very good. They said that there was always a choice of meals, and it was always hot and tasted good. They confirmed that food and snacks were available at all times, including out-of hours. The tables in the dining room were laid out with cutlery and condiments for the residents to access easily. The dining room doors were open to ensure that residents could access the dining space at all times without restrictions.

Residents were supported to enjoy a good quality life in the centre. An activities schedule was on display in the main sitting room for residents' information. Newspapers were delivered daily to the centre and throughout the day the inspectors observed residents engaging in discussions about the daily goings-on around the world. An ice-cream van arrived after the lunch was served and residents told the inspectors that they were 'always treated very well here'. The centre's hairdresser was in attendance on the day of inspection and residents were seen enjoying this as a social occasion. In the afternoon, inspectors spoke with several residents who were outside sitting on the external open terrace. They had been busy harvesting flower seeds and explained how they would plant them again next year.

Laundry facilities were available on site. Residents informed the inspectors that they were happy with the laundry service. Inspectors noted that the laundry had been recently painted however, it required further attention, as outlined under premises and infection control.

Residents confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns. The inspectors heard from one resident that had an issue in the past and they said that staff 'listened to my complaint and sorted it out'. Advocacy services were available to all residents that requested them.

Residents' family and friends were observed to visit residents on the day of the inspection. Residents met their visitors in their bedrooms or in the communal spaces throughout the centre. Visitors confirmed they were welcome to the home at any time. They all praised the care, services and staff that supported their relatives in the centre.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspectors found that residents were supported and encouraged to have a good quality of life in the nursing home. Inspectors followed up on the compliance

plans from the previous inspection and acknowledged the improvements and positive changes. However, this inspection found that further action was required by the provider in bringing the designated centre into compliance with the regulations, specifically in respect of governance and management, staffing resources as well as the management of records, premises and fire precautions, as further discussed in the report.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended), and inform the application to renew the registration.

The registered provider is St Anne's Convalescent Home Limited, which is part of the Hibernia Nursing Home group. A senior management team was in place to provide managerial support to the person in charge who was responsible for the local day-to-day operations in the centre.

An application for the renewal of registration was submitted to the Chief Inspector of Social Services within the required time frame. The statement of purpose reflected some of the facilities and services provided, however there were areas within and around the building which were provided for the use of the centre which were not on the registered floor plans and were identified as a fire safety risk.

On the day of the inspection, there were adequate staffing levels and skill-mix to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was at least one registered nurse on duty at all times. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

However, as highlighted in the previous two inspections, inspectors were not assured that three staff on night duty would be sufficient in the event of a fire emergency at night. The provider had given assurances in the previous inspections' compliance plans that extra night staff would be in place by 2nd September 2024, which had passed. The inspectors acknowledge that the provider had recruited two extra night time staff and while one had commenced the induction process, the other was awaiting Garda vetting. Once both staff were in place, the inspectors were given assurances that a fourth member of staff would be on site from 22:00 hours until 06:00 hours to assist with the evacuation of residents in an emergency situation.

Fire safety risks had been identified in previous inspections. However, on this inspection it was found that the management of fire safety risk in the centre did not adequately account for the high fire risk associated with flammable items being stored in the floor under the centre as further discussed in Regulation 28: Fire Precautions.

Given the nature of the repeated fire safety risks identified, the provider was requested to have a competent person complete a fire safety risk assessment of the centre. This would identify the overall extent of the fire safety risk, and provide an

outline of remedial action to be taken.

On the day of inspection, the registered provider had ensured that all records were made available to inspectors. However, while records were stored within the designated centre, they were in an unlocked external store room and will be discussed further under the relevant regulation.

Records of complaints were available for review. Residents' complaints were listened to, investigated and they were informed of the outcome and given the right to appeal. Complaints were recorded in line with regulatory requirements. Residents and their families knew who to complain to if they needed to.

Registration Regulation 4: Application for registration or renewal of registration

The supporting documentation submitted with the application for the renewal of the registration did not include a number of areas used for the operation of the designated centre. Areas not listed on the registered floor plans and statement of purpose which required review, included:

- The building which housed the back-up generator for the centre.
- Storage spaces beneath the centre including maintenance work-shop area, and furniture storage for use in the centre.

Judgment: Substantially compliant

Regulation 15: Staffing

Inspectors were not assured that night staffing arrangements were appropriate, having regard to the needs of the residents and the size and complex layout of the designated centre, in the event of a fire emergency. Notwithstanding the arrangements made by the provider to recruit the additional staff, at the time of inspection those resources were not in place.

Judgment: Not compliant

Regulation 21: Records

The registered provider did not ensure that all records were stored in a safe location. Some records on the day of inspection were stored in an unlocked cabinet in an unlocked store room where combustible items were located.

Judgment: Substantially compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.

Judgment: Compliant

Regulation 23: Governance and management

Action was required to ensure that the service provided was appropriate, consistent and effectively monitored. For example, areas where insufficient oversight was identified included:

- The provider failed to ensure that there were sufficient resources to ensure the service was safe, especially taking into account a contingency plan in the event of any unforeseen circumstance, as outlined in Regulation 15. This was an outstanding action from previous commitments given to the Chief Inspector in previous compliance plans. In addition, the inspectors were not assured that the number of registered nurses outlined in the statement of purpose, was sufficient to mitigate for unforeseen contingencies.
- Repeated non-compliance was identified in relation to Regulation 28: Fire precautions. The recurring non-compliance was related to similar areas of fire safety, for example, compartmentation. Assurance was sought in respect of a fire risk to residents in a floor beneath the centre and the provider submitted photographic evidence following the inspection. While the evidence showed that the risk was reduced, it was not entirely removed. The oversight of the physical environment and fire precautions was not robust as per Regulation 17: Premises and Regulation 28: Fire Precautions. Audits completed at the centre, were not identifying issues raised on this inspection such as obstructions on means of escape, covered fire detectors, or communication from disabled refuge spaces. This was contrary to the fire evacuation plan and procedure at the centre.
- Information governance systems in the designated centre were not appropriately managed. Inspectors saw records, including residents' records inappropriately stored and in unlocked cabinets that could be freely accessed.
- Greater management oversight was required regarding the centre's cleanliness, as evidenced under Regulation 27: Infection Control, which would increase the risk of cross-contamination in all areas. This was a repeated non-compliance.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process, including nominated review officer, should the complainant be dissatisfied with the outcome of the complaints process. Reference was made to independent advocacy services available for residents who needed support with the complaints process.

Judgment: Compliant

Quality and safety

Overall, inspectors were assured that residents received a good standard of service and that their health care needs were met. While inspectors found that improvements had been made since the previous inspection, further action was required to ensure ongoing quality and safety of the service as outlined under the relevant regulations.

Inspectors reviewed a sample of resident care plans and spoke with staff regarding residents' care preferences. An assessment of residents' health and social care needs was completed on admission and ensured that residents' individual care and support needs were being identified and could be met. However, the inspectors found gaps in the updating of care records which meant that key information was not made available to aid a comprehensive review of residents care. In addition the care plans of those residents displaying responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) was not always available therefore was unable to provide the required detail to enable all staff to provide an optimum level of care to the resident. This will be discussed further under

Regulation 5; Individual assessment and care planning.

The ethos of the service promoted respect for each resident. Residents had care plans in place to reflect the restraint in use.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse.

Observation of staff interaction identified that staff did know how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. The inspectors followed up on the compliance plan from the last inspection and observed that care plans were developed and were person-centred regarding specific communication needs of individuals, detailing the supports residents needed from staff to ensure their communication needs were met.

Overall, the premises was of suitable size to support the numbers and needs of residents living in the designated centre. Some progress in relation to actions from the previous inspection was evident on this inspection. For example, refurbishment of one bedroom was nearing completion with the addition of a new en-suite facility. Inspectors heard of further plans for refurbishment within the centre and gave assurances that they were on schedule to be completed by February 2025 as per last inspection compliance plan.

While works were ongoing to install en-suite facilities on the first floor bedrooms, further improvements were required. There was some wear and tear damage evident in areas around the centre, and the stairways to exit from the first floor were unfinished and were not being regularly cleaned. There was a lack of suitable storage within the centre, as evidenced by a significant amount of material stored in spaces around and beneath the centre which were not registered. These issues are discussed further under Regulation 17: Premises.

The inspectors noted that following the last inspection, the registered provider had put in place an improvement plan to enhance infection prevention and control. For example, clean and used linen were appropriately segregated during transportation and hazardous waste disposal bins were provided in sluice rooms. However, there were still some outstanding issues and will be discussed further under Regulation 27; Infection prevention and control.

Inspectors reviewed arrangements in place to protect residents from the risk of fire. The storage of materials such as petrol equipment, paints and maintenance materials in a floor beneath the centre was placing a significant risk to residents living in the centre. In the days following the inspection, the provider sent evidence that the risk of fire within this area had been reduced although not entirely removed. Gas was used as a fuel source in the kitchen. The centre was equipped with an emergency gas detection system, that would shut-off the gas in the event of a gas leak, however, gas lines were routed in close proximity to an electrical service

fuse box. There was no fire containment measures in place to separate the two services. Inspectors also observed that some of the means of escape were partially obstructed, including a first floor emergency exit route, and concerns were raised regarding the communications systems in the disabled refuge spaces. There were issues identified with fire detection, emergency lighting and containment measures at the centre. These are discussed further in Regulation 28: Fire Precautions.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their well being, safety and health and that of other residents.

Judgment: Compliant

Regulation 17: Premises

While the provider was implementing plans to refurbish the centre with work ongoing, significant improvement was required in order to come into compliance with this regulation.

The registered provider did not ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. Some areas in use for the running of the designated centre had not been registered. In addition, the layout of the access between the kitchen and the dining space differed from that shown on the floor plans. The plans identified a separation lobby on entry to the kitchen which was not in place.

The registered provider, having regard to the needs of the residents of the designated centre, had not ensured that the premises conformed to all the matters as set out in Schedule 6. For example:

- There was damage to walls, floor and ceilings in some areas of the centre. One wall had been damaged from the removal of a radiator and not repaired Wear and tear issues were not addressed as they arose.
- The ancillary areas at the laundry and kitchen storage rooms required maintenance attention, as the plinth which had a washing machine placed on it was in poor condition. Another washing machine was rusty, and the walls, floors and doors were in need of maintenance.
- There was a lack of suitable storage for the centre as evidenced by excessive amounts of materials being stored in the unregistered areas underneath the centre and overfilled storage within storage rooms. This would make managing the stock difficult, and cleaning of the room difficult as boxes were

stacked on the floors in some rooms.

- An emergency exit stairway from the first floor did not have appropriate wall, floor or ceiling finishes. There was dirt and cobwebs visible on this stairway, which may impact on the use of the stairs when it would be required.
- An external open terrace area in front of the building was not adequately accessible by all residents at the centre. While the area provided extensive views of the surrounding countryside, the guarding around the area was damaged and rusting. Some of the paint was flaking off which presented a risk to residents who might use the handrails. The area was also, only used under supervision of staff.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider had not ensured that all procedures, consistent with the national standards for the prevention and control of health care associated infections were implemented by staff. For example;

- The cleaning process in place for the management of equipment required review. There were gaps in the cleaning schedules records and a lack of assurance whether a piece of equipment had been cleaned.
- Laundry facilities required review. The floors and washing machines were visibly dirty and unclean. This find posed a risk of cross-infection to residents. This is a repeat finding from the previous inspection. In addition, the washing machines were situated on raised platforms and there were breaks in the integrity of the platform surface, which did not facilitate effective cleaning and decontamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire and did not provide suitable fire fighting equipment, for example:

- Storage was presenting a risk of fire to the residents. The practice of storing petrol equipment alongside flammable materials such as paints, and other solvents in the maintenance workshop under the bedroom area, was posing a high risk of fire. The provider cleared some of the materials from this area in

the days following the inspection to indicate that the risk was reduced.

- The ceiling of the chapel and the corridor leading to the chapel was a timber finish. There was no evidence available that this ceiling had been treated with fire resistant coatings. This would mitigate the risk of fire to the resident bedroom corridor adjacent to the chapel.
- Gas and electrical service supplies were routed in close proximity to each other in a store room. An electrical service junction panel was installed directly above the gas line on one wall. This would impact on the risk of fire in the event of an electrical fire, or gas leak.
- A fire extinguisher cradle which held two extinguishers was not located in the correct position on the first floor. The location identified on the wall sign was not where the extinguishers were placed. Futhermore, the wall label identified a different type of extinguisher to that which was in the cradle. This could cause confusion or delays to extinguishing a fire.

The registered provider did not provide adequate means of escape, including emergency lighting, for example:

- There were obstructions noted on some of the escape routes, including on the first floor and the exit from the dining area. This was despite daily checks being carried out on the means of escape which did not identify the obstructions. Obstructions on the exit routes can pose significant obstacles and delays to evacuation in the event of a fire.
- Emergency lighting directional signage was not in place in all bedroom corridor areas, including an area on the ground floor. The provider placed a sticker on the wall to indicate the direction of escape in advance of an emergency lighting sign.
- External escape routes to the rear of the centre, were uneven in parts which could cause difficulties for residents evacuating to a place of safety. The route to the assembly point from the rear of the centre was not clear, and in some cases was not illuminated. This could cause delays to evacuation in the event of a fire.

Significant Improvement was required by the registered provider to make adequate arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout, and escape routes. For example:

- Disabled refuge spaces were not provided with communication devices in all areas. One stairs had a communications device to allow persons using the refuge space to remain in contact with staff and emergency services personnel in the event of a fire while waiting to be evacuated. This difference was not reflected in the procedure, and was not identified in fire safety training for the centre.
- The centre was equipped with one evacuation ski pad at each of stairs landing on the first floor. A review of resident Personal Emergency Evacuation Plans (PEEPs) identified that there were more residents in each area that would require these evacuation aids in the event of an evacuation. It was not clear to staff how they would evacuate the remaining residents if the ski-pad

was already in use by another.

- There were no floor plans posted on the walls to identify the escape route most appropriate to each area in the event of a fire. This type of plan formed part of the centres "fire plan", but was not in place.

The registered provider did not make adequate arrangements for detecting or containing fires. For example:

- There was no fire detection device installed in a store room. This had been identified previously. Assurance that this room had detection installed was received from the provider in the days following the inspection
- Two rooms had smoke detectors fitted which were covered with red dust covers. This would prevent them from effectively detecting fires within the room, and consequently, would delay the time to raise the alarm

While some progress had been made to improve compartmentation within the centre, there remained areas of concern such as:

- Fire doors which were identified as full compartment doors were not the required fire rating in some cases. A 30 minute fire rated door was installed in three areas where a 60 minute door was required as part of the horizontal evacuation procedure, and as identified in the fire plan.
- A hotpress on the first floor, which housed the hot water supply, water pumps and associated electrical fittings for the area, had extensive service penetrations in the walls, floor and ceiling which were not fire sealed. This would allow fire smoke and fumes to cross compartment lines in the event of a fire. In the days following the inspection, work was carried out in this room to reduce the lack of containment,
- Electrical switch boards were not enclosed in fire rated construction. This was noted on corridors, as well as within the kitchen. The lack of containment around these electrical panels, would mean that fire smoke and fumes would not be contained within the vicinity of the fire.
- The fire rating of the door between the dining area and the kitchen required review. The plans identified a lobby in this area with two fire doors. This was not in place on the day of inspection. There was one door, which inspectors could not be assured would contain fire and smoke from the kitchen, to protect residents who may be in the dining area.
- The exit route from the dining area was through a pantry area which was used as a wash up space. There was no fire door in place on this exit route.
- Inspectors could not be assured of containment measures in place within the laundry area. The ceiling in this area appeared to be constructed of a lightweight wooden sheeting, which did not appear to be a fire rated material. This could cause fire smoke and fumes to spread within the area of the laundry and adjoining storage spaces.
- Attic hatches throughout the centre did not appear to be fire rated in line with the compartmentation requirements of the escape corridors or bedroom areas. This could lead to fire, smoke or fumes spreading across compartmentation boundaries.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Action was needed to ensure gaps with assessment and care plan records were addressed. For example:

- While, residents with unintentional weight loss were referred to health care professionals, comprehensive assessments did not actively and meaningfully inform the nutritional assessment; For example, a resident's MUST (Malnutrition Universal Screening Tool) score had been completed which showed significant weight loss, however it did not trigger weekly weights to provide accurate up-to-date information to health care professionals, that could advise on the appropriate interventions to manage the change in clinical condition.
- One resident displaying behaviours that challenge had no appropriate care plan in place. The inspectors noted that a behaviour observation chart, such as ABC (Antecedent, Behaviour, Consequence) chart was in place and staff spoken with on the day of inspection had the knowledge to manage the responsive behaviours when displayed. However, there was no care plan in place to reflect the triggers or de-escalation techniques that worked for the resident in question to direct all staff.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The designated centre's policy was available for review. The use of any restraints was minimal and where deemed appropriate, the rationale was in accordance with national policy.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Training records indicated that all staff had completed safeguarding training. Inspectors reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment. The nursing home was not a pension-agent for any residents.

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	
Registration Regulation 4: Application for registration or renewal of registration	Substantially compliant
Regulation 15: Staffing	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0044873

Date of inspection: 18/09/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Registration Regulation 4: Application for registration or renewal of registration</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration:
• Plans were completed and sent to DCOP on 20th Dec 2024
• All areas have been added to the plans</td></tr>
<tr><td>Regulation 15: Staffing</td><td>Not Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 15: Staffing:
There is now an extra staff member on night duty 7 nights a week.</td></tr>
<tr><td>Regulation 21: Records</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 21: Records:
The registered provider has planned to move all records to a locked storeroom within the building once this is registered and this will be added to the floor plans.</td></tr>
</table>

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Staffing: We have employed additional staff for night duty 7 nights a week
• We have also employed a new Regional Manager to assist The Registered Provider Representative and PICs with compliance across the Group.
• Fire: The storeroom identified has been cleared out. Fire precautions are in place to reduce risk, Fire detection is in place, there are Concrete ceilings and fire extinguishers are also in place. The area will be added to our risk audits to prevent over-storage and inappropriate storage. We are awaiting the finalised Floor plans to be sent to us by our architect.
• Compartment doors: Compartment doors are to be sourced by the registered provider and a plan for replacing FD30s with FD60s is in place.
• Audits: A new regime of auditing is currently being discussed with the RPR The RM and the PICs to ensure that regular checking of equipment and smoke detectors are included.
• Filing: The registered provider has planned to move all records to a locked storeroom within the building once this is registered and this will be added to the floor plans
• IPC: We have introduced the MEG audits across the group to ensure compliance with Infection Prevention and Control. The Regional Manager is the Link practitioner who will provide training to all PICs on how to conduct these audits, formulate action plans and ensure these plans are completed within a specific timeframe.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• There are works in progress at present and on the day of inspection, to add new ensuites to 3 bedrooms rm’s 24 , 25 and 28 and now complete. During these works a radiator in the hall had to be removed. The whole hallway will be refurbished.
• Laundry: The plinth has been replaced and pink slabs have been installed and all areas painted.
• Storage: Areas are ready to be registered and have been added to the floor plans.
• Emergency Exit: The stairway is constructed of Steel Staircase and this area has now been included in the cleaning schedule. Maintenance continues in this area also
• Terrace: Work has commenced on the terrace area. The front has been cleared of trees and shrubs, the fencing will be sanded and painted for the interim while we wait on a date for extending the area. The second enclosed safe area has been renovated and is easily accessible to all residents.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• I am clean dispenser and stickers are readily available for staff once equipment is cleaned.
• Laundry: A new plinth was installed as requested. A plan in place to ensure compliance by January 2025. Cleaning schedule in place for cleaning washing powder marks from floor and machines daily.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• All flammable materials have been removed from storage area under the building.
• Gas piping removed by gas installer on 11th Dec 2024
• The fire contractor has audited his placement of all fire equipment and signage and this was completed on the 9th Dec 2024
• Obstructions have been removed and staff reminded to be aware of where they leave equipment
• New Emergency lighting directional signage has been requested for the area identified
• The alternative rear external escape route needs to be concreted and leveled. This is on our compliance plan for next year and will hopefully be complete by August 2025. This will be weather permitting.
• Directional Signage for the assembly point have been sourced and been erected
• We are seeking advice from our fire engineer on the most suitable means of communication and have agreed that an intercom system from the refuge point to the fire panel is the most suitable option
• Extra ski pads have been provided.
• We are awaiting final floor plans and escape route plans from our architect
• Fire detection has been installed in storeroom
• The covers on the smoke detectors were removed on the day of inspection
• A compliance plan in place for replacing fire doors. We aim to have 3 FD60s by March 2025.
• Certificates were provided to Inspectors for fire retardant paint
• There has been a delay in the delivery of the cabinets for the switch boards. The fire engineer was spoken to again on the 18th Dec 2024. They have said they should be delivered in Jan. He will install immediately on delivery of same.
• Work was carried out in the hot-press on the first floor to eliminate the risk of fire spreading. This is now complete.
• Pink slabs are in place in the laundry, pictures sent to HIQA of same.
• A plan in place to remove/replace and or relocate attic hatches in corridors

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• All nurses in the process of updating their MUST training to avoid this happening in the future. Algorithm in place and on display at Nurses station.
• Behavioural training has commenced and all staff advised again about the importance of ensuring relevant careplans are completed for all residents. Any residents displaying behaviours that Challenge have a care plan in place.

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	15/11/2024
Registration Regulation 4 (2) (a)	In addition to the requirements set out in section 48(2) of the Act, an application for the registration of a designated centre for older people shall be accompanied by full and satisfactory information in regard to the matters set out in Part A of Schedule	Substantially Compliant	Yellow	22/11/2024

	2 and an application for renewal shall be accompanied by full and satisfactory information in regard to the matters set out in Part B of Schedule 2 in respect of the person who is the registered provider, or intended registered provider.			
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.	Not Compliant	Orange	15/11/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/05/2025
Regulation 17(2)	The registered provider shall, having regard to	Not Compliant	Orange	31/05/2025

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	25/11/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	15/11/2024
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	31/05/2025
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	31/01/2025

	published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	31/08/2025
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/10/2025
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should	Not Compliant	Orange	31/01/2025

	the clothes of a resident catch fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/08/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/08/2025
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	15/11/2024