



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

## Issued by the Chief Inspector

Name of designated centre:	Saint Louis Nursing Home
Name of provider:	Yvonne Maher
Address of centre:	1-2 Clonmore, Ballymullen, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	09 February 2022
Centre ID:	OSV-0000289
Fieldwork ID:	MON-0035707

## About the designated centre

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

St. Louis Nursing Home is a two-storey premises based in the town of Tralee and close to amenities such as shops, restaurants, and a library. While it is a two-storey building, all resident accommodation is on the ground floor. The centre provides 24-hour nursing and social care to 25 residents, both male and female, who are predominantly over the age of 65 years. The centre offers long and short-term care, respite and convalescence care. Bedroom accommodation comprises 15 single bedrooms and five twin bedrooms. Three of the single bedrooms are en suite with shower, toilet and wash hand basin. The aim of the nursing home, as set out in the statement of purpose, is to provide a high standard of professional care to residents in a safe and homely environment, while preserving and promoting independence.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	22
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 9 February 2022	09:15hrs to 16:45hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

Overall, the inspector observed that residents received a high standard of care in Saint Louis Nursing Home, and that they were satisfied with the service provided. The inspector saw that the atmosphere in the centre was calm and relaxed. Residents were observed spending time in the communal areas of the centre throughout the day, as well as enjoying quiet time in their bedrooms. Residents who spoke with the inspector said they were happy with their life in the centre, one resident describing it as "homely place".

The inspector was welcomed to the centre on arrival and guided through the infection prevention and control measures in place, by a member of staff. After an opening meeting, the inspector completed a tour of the premises of the centre, with the person in charge.

Saint Louis Nursing Home provides care for both male and female adults, with a range of dependencies and needs. The centre is situated in the town of Tralee, in County Kerry, and is registered to accommodate for 25 residents. It is a two-story facility, with residents' accommodation all located on the ground floor and staff facilities located on the first floor. Bedroom accommodation comprises of 15 single and 5 twin bedrooms. Three single bedrooms have en suite facilities, and the remainder of the bedrooms have shared toilets and showers. Communal areas for residents to use include a sitting room, a dining room, a visitors room and an accessible internal garden. Some residents' bedrooms were seen to be personalised and decorated with family photos and personal items.

Overall, the inspector observed that the centre was generally clean throughout. The inspector spoke with the cleaner on duty on the day of the inspection and they were knowledgeable about the cleaning process and schedule, which included deep cleaning of bedrooms. However, some improvements were required pertaining to infection prevention and control practices. For example: staff were observed not adhering to the most recent guidance in relation to face masks, which the inspector brought to the attention of management. While the centre generally provided a homely environment for residents, improvements were also required in respect of the overall maintenance of the premises, which is further detailed under regulation 17.

The atmosphere in the centre was very relaxed on the day of the inspection. The inspector met with most residents living in the centre, and spoke in detail to six residents, to gain an insight into their experience of living in Saint Louis Nursing Home. Feedback was positive in relation to residents' relationship with staff, and residents told the inspector that they were happy with the care and attention they received. Residents described staff as "kind" and "helpful". One resident said that they were "always listened to" and that staff were kind to them. A number of residents were living with dementia and therefore conversations were limited. Residents who were unable to communicate verbally, were observed by the

inspector to be content. Discussions with staff indicated that they knew individual residents well and were able to relate to the inspector the specific care needs of residents. The inspector observed that staff treated residents with respect and kindness throughout the day.

The dinner was observed to be an enjoyable, social event for the residents in the dining room and residents were offered a varied choice of three hot meals on the day of inspection. Residents were seen to enjoy their meal and reported that the food was good. There were sufficient amounts of staff to support those residents who needed assistance with their meal, and where possible residents were encouraged to eat independently.

The centre employed an activity coordinator to provide a range of activities throughout the week. Activities included bingo and arts and crafts and games. Residents also enjoyed a live music session by a guitarist twice a week in the centre. The inspector viewed a video of residents dancing and singing with staff during this session, which took place the day before this inspection. Residents also had access to television, radio, and newspapers.

Visiting was facilitated in line with current guidance and there were no restrictions on visitors. Residents were encouraged and facilitated to visit their families outside the centre and attend day care services in the community. Visitors spoken with told the inspector they were happy with the care their loved one received, and were complimentary regarding the kindness of staff.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

This was an unannounced risk based inspection, to monitor compliance with the regulations, conducted over one day. The last inspection of this centre had been in March, 2021. Overall, this inspection found that residents in Saint Louis Nursing Home were well cared for, enjoyed a good quality of life and received person centred care. However, improvements were required in the management systems that were in place, to ensure there was effective oversight of staff training, maintenance of the premises, risk and infection control.

St Louis Nursing Home is owned and operated by Yvonne Maher, a sole trader, who is the registered provider. She works full time in the centre and is involved in the day to day running of Saint Louis Nursing Home. The management structure was clear, with the management team consisting of the owner of the centre, a person in charge, an assistant director of nursing and a team of registered nurses, care staff, kitchen, household, and maintenance staff. There were deputising

arrangements and an on-call out-of-hours system in place.

There was an auditing system in place and weekly data was being collected on information such as falls, weight loss, wounds and restraint. However, this inspection found that management systems in place required review, to ensure that the service provided was safe, appropriate, and consistently monitored, which is discussed further under regulation 23. Policies required by the regulations were up-to-date, however, they were not available to staff, to provided staff with guidance regarding the delivery of care within the centre.

A review of the rosters found that there were adequate levels of staff on duty to meet the needs of the residents, and for the size and layout of the centre. Staffing levels which were kept under review, in line with residents' changing needs. As per the findings of the previous inspection this inspection found that the monitoring of staff training required to be reviewed, which is discussed further under regulation 16.

The incident and accident log was reviewed and evidenced that incidents were appropriately recorded and included information such as residents' clinical observations, reviews of occurrences and actions to mitigate recurrences. One notification was not submitted to the Chief Inspector, as per regulatory requirements. Complaints were being managed as per the centres policy. All documented complaints had been dealt with appropriately and had sufficient detail of the investigation conducted. The responses and satisfaction of the complainants were documented.

#### Regulation 14: Persons in charge

The person in charge worked full-time in the centre. They had the required experience in nursing the older adult and in management, as required by the regulations. They also had obtained a management qualification.

Judgment: Compliant

#### Regulation 15: Staffing

The registered provider ensured that the number and skill mix of staff was appropriate, having regard for the assessed needs of the residents, and given the size and layout of the centre. Staff were knowledgeable and demonstrated competence in their work.

Judgment: Compliant

## Regulation 16: Training and staff development

As found on the previous inspection, improvements were required in the monitoring and management of staff training. In the absence of a training matrix, it was difficult for management to determine current and expired training, and to identify any gaps in training. This was a repeated area of non compliance.

Judgment: Not compliant

## Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place.

Judgment: Compliant

## Regulation 23: Governance and management

Current governance and oversight arrangements required a review and improvement. For example:

- a review of the risk management systems found that improvements were required to ensure that risks were identified and managed in line with the centre's own policy. While there was a risk management policy in place, that was up-to-date, the inspector found that there was not risk register established, to identifying and monitor environmental and clinical risks within the centre.
- the monitoring of the infection control practices, namely, ensuring that staff were aware and complaint with the relevant face mask to be worn when delivering care to residents.
- the monitoring and oversight of training was not sufficiently robust, as detailed in regulation 16.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

A review of the incident log indicated that incidents occurring in the centre were recorded by staff. The majority of notifications required to be submitted to the Chief



Inspector were submitted in accordance with regulatory requirements. However, an incident relating to an injury to a resident, requiring medical treatment had not been notified, as required by the regulations.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

Records indicated that complaints were investigated appropriately and the satisfaction or otherwise of the complainant was recorded. A summary of the complaints procedure was displayed prominently at the centre's reception area. The person in charge was the designated person to deal with complaints. Residents had access to an appeal process, in accordance with the regulatory requirements.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Current written policies and procedures on matters set out in Schedule 5 were in place, however, they were not available to staff working in the centre. These were stored upstairs in management offices and staff spoken with were unaware of them.

Judgment: Substantially compliant

## Quality and safety

Overall, the health and nursing care need of residents living in St Louis Nursing Home were met to a very good standard. The inspector observed residents being supported throughout the inspection and this support was considerate of the needs of residents. It was person-centred, and it upheld the residents dignity and privacy. However, this inspection found that a more proactive approach to infection control, and maintenance of the premises was required.

A review of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). Residents were supported by allied health care professionals such as physiotherapy and speech and language therapy. Each resident had a comprehensive assessment and had a care plan documented. Care plans were found to contain detail required to guide care in a person-centred manner.

The inspector acknowledged that residents and staff living and working in centre had been through a challenging time, since the onset of the global pandemic. The centre had remained free from a COVID-19 outbreak at the time of this inspection.

Improvements were noted in fire safety since the previous inspection, particularly relating to the evacuation of compartments. Staff were knowledgeable and clear about what to do in the event of a fire and what the fire evacuation procedures were. Evacuation equipment was available and accessible, in the event of an emergency. Fire fighting equipment was in place throughout the centre. Fire exits were clearly visible and free from obstruction. Fire safety training and evacuation drills were carried out frequently, which was a noted improvement from the previous inspection. Personal evacuation plans were in place for all residents. Some further areas required to be addressed, which is discussed under regulation 28.

Activity provision in the centre was of a good quality, with a range of activities on offer during the week, coordinated by dedicated activities staff. There was evidence of effective consultation with residents. The centre aimed to ensure the rights of the residents were upheld and at the centre of care delivery.

### Regulation 11: Visits

Visits to the centre were operating in line with current HPSC guidance. The inspector observed two visitors arriving on the day. Screening measures were in place for residents visiting indoors and there was a visiting room. Visits were generally scheduled in advance, but there was flexibility in the arrangements, and short notice visits were seen to be organised on the day.

Judgment: Compliant

### Regulation 17: Premises

The following required to be addressed, in relation to the premises:

- some equipment, such as hoists, were observed to be inappropriately stored along a corridor, which may impede residents mobilising.
- the outside area of the centre, including the garden and front entrance required painting and cleaning.
- grab rails along one corridor were broken and not fixed to the wall, which could pose a risk of injury to residents.

Judgment: Substantially compliant

## Regulation 27: Infection control

Improvements were required pertaining to infection control practices within the centre, as it was found:

- some areas of the centre were cluttered, such as the clinical room and the staff dining and changing facilities, therefore, effective cleaning could not be assured.
- the management and staff were unaware of the most recent HPSC guidelines, in relation to the wearing of FFP2 masks during care delivery, which had been recommended for implementation in December 2021.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Improvements were noted in fire safety since the previous inspection. The provider was in the process of replacing five external fire doors within the centre at the time of this inspection. However, some areas required to be addressed:

- the evacuation procedures to be followed were displayed in the centre, however, they were small and it was difficult to not determine the closest means of escape.
- although fire safety checks were documented to be taking place, the inspector found that two fire doors were not functioning appropriately when checked, thus they may not be effective in the event of a fire. The provider arranged for these to be repaired on the day of inspection.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

Improvements were noted in medication management since the previous inspection. Medicine management practices observed and described to the inspector were found to be safe. Nurses maintained a register of controlled drugs, which was checked and signed twice daily by two nurses. Medication reviews and pharmacy audits took place on a regular basis.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents' care plans were completed to a high standard and detailed person-centred care interventions, to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed, to assess various clinical risks, including risks of malnutrition, pressure ulceration and falls. Based on a sample of care plans viewed, appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

## Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were well met. There was evidence of good access to general practitioners and regular reviews took place. There was a low incidence of pressure ulcer development in the centre and evidence of good wound care management practices.

Judgment: Compliant

## Regulation 8: Protection

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures or suspicions of abuse. The provider did not act as a pension agent for any residents living in the centre, at the time of this inspection.

Judgment: Compliant

## Regulation 9: Residents' rights

The rights of each residents were respected in Saint Louis Nursing Home. Residents had opportunities to give feedback via meetings and surveys and these were acted on by the provider. Residents had access to the services of an advocate. There were no restrictions on resident's movements within the centre and residents were encouraged and supported to visit family outside the centre. Residents were fully informed of and understood the updated visiting guidelines. There was a variety of activities available to residents, that included group and one to one sessions.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Saint Louis Nursing Home OSV-0000289

Inspection ID: MON-0035707

Date of inspection: 09/02/2022

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>We will ensure all mandatory training is up to date and a plan in place for future training. A training matrix is now in place to monitor staff training.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We will ensure the quality and safety of care delivered to residents is monitored on an ongoing basis, regular quality meetings, raising cars to drive improvement, consultation with residents.</p> <p>We will ensure our risk register is updated and reviewed to identifying and Monitoring environmental and clinical risks .</p> <p>We will ensure all staff are aware and compliant with the relevant face mask to be worn when delivering care to residents.</p> <p>Training matrix now in place.</p>	
Regulation 31: Notification of incidents	Substantially Compliant



<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>We will ensure a record of all incidents that occur is maintained and where required notified .We will ensure all relevant details of each incident are recorded with actions taken and all are analysed for learning purposes.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>We are now reviewing all policies and procedures and where required we have updated them in accordance with best practice.</p> <p>We will ensure they are available to staff working in the Home.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>We will ensure equipment, such as hoists, are stored appropriately .</p> <p>Painting and decorating was to be commenced in May but will be brought forward for some areas of the Home.</p> <p>New grab rails will be fitted.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We will ensure that procedures, consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority are implemented by staff.</p> <p>The clinical room and the staff dining and changing facilities have now been decluttered to ensure effective cleaning takes place.All staff are now aware of the most recent HPSC guidelines, in relation to the wearing of FFP2 masks during care delivery.</p>	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: We will ensure suitable fire fighting equipment, suitable building services, means of escape, including emergency lighting are all checked regularly. We are improving signage in relation to evacuation procedures.	

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	01/04/2022
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	30/06/2022
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	10/02/2022
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	31/03/2022

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	29/07/2022
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/06/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	10/03/2022
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in	Substantially Compliant	Yellow	31/05/2022

	paragraph (1) available to staff.			
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