



# 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:	31 May 2022
Centre ID:	OSV-0000169
Fieldwork ID:	MON-0036537

## 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:	33
--	----

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
Tuesday 31 May 2022	09:30hrs to 17:35hrs	Arlene Ryan	Lead

## What residents told us and what inspectors observed

The centre has a very homely and the residents told the inspector that they were happy living there and that they feel safe. The interaction between staff and residents was relaxed and comfortable. In general the residents knew the staff by name and on occasions where the residents could not remember someone's name the staff reminded them courteously.

Following an introductory meeting, the inspector did a walk-around the nursing home with the person in charge and had the opportunity to meet many of the residents and staff. The resident's bedrooms were clean and tidy. Some residents told the inspector that their rooms were cleaned every day and they were happy with this arrangement. The residents had personalised their rooms with pictures and photographs and personal items from home. There was adequate storage in the resident's bedrooms for their clothes and personal possessions, and this included a lockable drawer for any valuables they may wish to lock away. Where residents required more storage, additional units were facilitated in their rooms. Residents informed the inspector that a laundry service was provided for them and they got their clothing back clean and fresh every few days. Each item of clothing was marked with the residents name to prevent it getting lost.

Residents were observed in different areas of the nursing home throughout the day. Some residents choose to stay in bed longer in the morning and were offered breakfast when they decided to get up. Residents also choose where they wanted to have their meals. Some chose to come to the dining room and others preferred to eat in their bedrooms. Staff facilitated these choices.

When asked about their food, all the residents who spoke with the inspector said that the food was either very good or excellent. They said that there was always a choice of meals, there was plenty to eat and it was always hot and tasted good. The tables in the dining room were laid out with cutlery and condiments for the residents to access easily. The inspector observed staff offering drinks to the residents at frequent intervals throughout the day. The inspector saw a list of dietary requirements in the kitchen to assist the chef in preparing meals based on the individual residents needs.

The inspector met the activities coordinator who was facilitating a project with Creative Ireland, a national initiative supporting local communities to engage with creative endeavours. On the day of inspection a local artist was visiting the centre to collaborate on this project to enable some residents to develop their creative artistic skills. The activities coordinator was organising this project with some of the residents and there was a planned exhibition scheduled, whereby the residents' work would be displayed at a local venue. Some pieces of work completed by the residents were being prepared for display. Part of this project also involved reminisce therapy using photographs, music, sounds of nature and pictures to stimulate memories and events. Two of residents told the inspector that they really

enjoyed this activity, and loved this project.

A group of the residents were sitting in the day room and spoke at length with the inspector. They reported that they were very content and happy living at the centre and said that all the staff were lovely and looked after them well. They said that they enjoyed the activities scheduled for them and also enjoyed going out on day trips with their family members. They spoke about how hard it had been over the past couple of years in light of COVID- 19 and were glad that they could now get back to doing normal things, like going out for walks and day trips home.

There was a full activities schedule covering seven days a week. When the activities coordinator was not on duty other staff were assigned to ensure activities took place. Mass was available six days a week and some of the residents informed the inspector that this was very important to them. Following the easing of COVID-19 restrictions they were happy that they could now attend mass in the oratory.

When asked about complaints the residents spoken with were aware of who to speak to if they had a complaint or concern, however they said that they did not have anything to complain about as they were very well looked after and that the staff were lovely. Visitors were seen coming into the nursing home. One visitor said that they 'could not praise the nursing home more' and was very happy with the care provided by the centre.

The inspector observed that some of the floor surfaces on corridors were uneven and worn and needed repair in order to support effective infection control cleaning practices. Additionally laundry skips were observed to be stored inappropriately and there was no process in place to indicate if equipment had been cleaned. These and additional issues relating to infection control, specifically the sluice room and cleaners room are included in the quality and safety section of the report.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

Overall the inspector was assured that the residents were supported and facilitates to have a good quality of life living at the centre. Good leadership, governance and management arrangements were in place. This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider was St Anne's Convalescent Home Limited which is part of the Hibernia Nursing Home group. The person in charge was supported by a

regional manager, the group managing director, a clinical nurse manager, nurses, healthcare assistants, housekeeping, catering and maintenance staff on the day of inspection. There was a clear line of accountability and responsibility throughout the nursing home team in line with the statement of purpose. There were two clinical nurse managers employed in the nursing home and they deputised in the absence of the person in charge.

The senior management team was kept informed about the performance of the service with key quality indicators, audits and other aspects of the service reviewed on a weekly, monthly and quarterly basis, however further improvements were required to ensure that the information received informs the quality improvement plan of the centre. Some further improvements were required under the following regulations; Regulation 21: Records (staff); Regulation 23: Governance and Management; Regulation 24: Contracts for the provision of services; Regulation 17: Premises and Regulation 27: Infection Control. Furthermore the management team informed the inspector that they had an action plan in this respect, and that at group level they were in the process of updating their monitoring procedures to ensure quality improvements plans were in place and progress scrutinised.

The inspector found that there were an adequate number of staff providing care to the residents. Supervision of staff was evident on the day of inspection with the person in charge and clinical nurse managers presence on the floor. In the afternoon, the clinical nurse manager had allocated time to undertake managerial roles and support the person in charge. Housekeeping resources had increased since the last inspection. The management team were actively interviewing for further housekeeping staff on the day of inspection.

Staff informed the inspector that they had access to training and had completed their mandatory training. They said that they received reminders when any training was due and this was organised by the management team. They were knowledgeable in relation to safeguarding and fire precautions. All registered nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

A sample of staff records were reviewed by the inspector. Each file was organised and contained the relevant information as per the regulations. There was an induction record for each new member of staff. With one minor gap identified on inspection, each staff had completed An Garda Síochána (police) vetting requests prior to commencing employment.

The 2021 annual review was available for review and this included a summary of the residents meetings and suggestions. The most recent residents' meeting minutes were also available. This meeting is chaired by the centres reflexologist and the minutes and feedback from the meeting is provided to the person in charge for action.

A sample of contracts for the provision of service were reviewed by the inspector. They were clearly laid out and contained details of the services to be provided to the residents, the fees charged for services, any arrangements (if applicable) for the nursing home support scheme and other services available to residents. However,

the residents room number were not identified in the contracts.

### Regulation 15: Staffing

The staffing levels and skill mix was good to meet the needs of the residents. Staff were visible on the floor and attentive towards the residents. Call bells were answered quickly. Housekeeping hours had increased to enhance cleaning in the nursing home.

There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of the staff training records indicated that staff had undertaken their mandatory training and other relevant training. Training was scheduled for those requiring updates.

Judgment: Compliant

### Regulation 21: Records

A selection of staff files were reviewed. Each file was organised and contained the relevant information as per the regulations. However, one staff Garda vetting had been completed after their work commencement date.

Judgment: Substantially compliant

### Regulation 23: Governance and management

While overall there was evidence of good management systems in place to oversee the service, further improvements were required to ensure that data collected through audits and surveys were integrated into the centres quality improvement plan. The provider and management team had identified improvements to enhance their current quality assurance system and were in the process of implementing these into practice.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

Contracts were easy to read and well laid out, however they did not contain the resident's room number as required by the regulations.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

All Schedule five policies were available for review. They were sufficiently detailed to inform and guide staff practice when supporting residents and to ensure the safe operation of the service. Some had been updated in 2020 and others in 2021.

Judgment: Compliant

## Quality and safety

The inspector was assured that the residents received a good standard of service living at the nursing home and that their healthcare needs were well met. Residents informed the inspector that they were content, were well looked after by the staff and felt safe. Some further improvements were required in relation to the premises and infection control practices as detailed under the individual regulations, however the inspector was satisfied that the residents were supported to enjoy a good quality of life in the centre.

The inspector reviewed a selection of residents' care records which were maintained on a paper-based system that was easy to read and accessible to residents. The inspectors saw that assessments and care plans were person-centered and were updated when residents' condition changed. There was good access to healthcare services including allied health professionals and established referral processes were in place. There was a physiotherapist employed by the centre who was on site on the day of inspection.

The centre had engaged a reflexologist who attended the centre twice a week to undertake reflexology and aromatherapy sessions, with group sessions or on a one-to-one basis. The reflexologist also chaired the residents meetings in the centre as they were familiar with the residents yet not considered to be one of the staff. This promoted openness and trust with the residents. The meeting minutes were

reported back to the person in charge and any actions or improvement suggestions identified.

There was a detailed schedule of activities organised for the residents and this was on display in the nursing home. There were group activities and one-to-one activities available to meet the individual needs and preferences of the residents. The residents care plans also reflected the individual preferences for activities based on their individual assessments.

Residents were receiving visitors in their rooms and had adequate privacy to do so. There were alternative spaces available for residents to receive visitors other than in their rooms.

In talking with the inspector, the housekeeping staff on duty was knowledgeable about their role and responsibility and was able to explain their cleaning process including the process for cleaning and drying reusable spray bottles. However, the process undertaken by the cleaning staff required review in relating to the emptying of mop buckets between rooms. For example; the housekeeping staff were required to bring the mop buckets to the cleaner's room, located outside the main building, to discard of dirty water. Then refill their buckets and bring them back in. This resulted in multiple trips through the centre delaying time spent cleaning. The Person in charge informed the inspector that this issue had been identified and was currently under review and they were looking at alternatives systems of cleaning.

During the late morning time it was noted that there was no hot water in some of the taps. The maintenance team were contacted immediately by the person in charge to resolve this issue. There was a monthly schedule in place to check the water temperature in the taps.

## Regulation 11: Visits

Visiting within the centre was being facilitated and inspectors saw a number of residents receiving visitors. There were no restrictions on visiting within the centre. The procedures in place were in line with the current public health guidelines as issued by the Health Protection Surveillance Centre (HPSC).

Judgment: Compliant

## Regulation 17: Premises

Overall, the premises met the regulatory requirements, however the following issues were identified:

- There was no hot water in multiple taps on the day of inspection affecting

residents hygiene needs and the homes cleaning schedule.

- There was no call bell available in one shower room, therefore a resident could not summon assistance if required.
- The hand washing sink in the sluice room was leaking therefore creating a slip hazard.
- Some uneven floor surfaces on the corridors required replacing as they posed a trip hazard.

Judgment: Substantially compliant

## Regulation 27: Infection control

Overall, the centre was clean and there was good adherence to the National Standards for infection prevention and control (IPC) in community services (2018). with the exception of the following issues identified:

- There was inappropriate storage such as laundry skips in the sluice rooms which had the potential to lead to cross-contamination of clean items.
- There was no clear process for the identification of clean equipment in place, which did not allow staff to know when items had been cleaned for example; Some resident moving and handling slings were not identifiable as clean posing risk of cross contamination.
- A flushing hopper was required in sluice rooms to dispose of bodily fluids.
- The sink in the cleaner's room was rusted therefore preventing effective cleaning.
- Clinical wash hand basins did not meet the required standard.
- The outside cleaner's room was found to be untidy and the floors required cleaning, as this is where the housekeeping staff store their equipment.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

A sample of resident's assessments and care plans were reviewed by the inspector. Each had a thorough assessment using a variety of validated tools. Care plans were based on these assessments. Each record reviewed showed that the assessment and care plan was initiated within 48 hours of admission and they were reviewed and updated within a four month period. The care plans were person centred, reflecting resident's individual needs and actual therapeutic interventions.

Judgment: Compliant

## Regulation 6: Health care

Residents were provided with a good standard healthcare and support in the centre. They had access to general practitioner (GP) services, who attended the centre regularly. There was evidence of residents access to other allied health professionals such as tissue viability nurse, dietitian, speech and language therapist, physiotherapist, occupational therapist, palliative care services, and other medical consultants. Arrangements were in place for optician and dental referrals.

Access to allied health care was also easily accessible and a physiotherapist was employed by the centre.

Judgment: Compliant

## Regulation 8: Protection

There was a safeguarding policy in place and staff had received training and residents were protected from abuse. Staff spoken with were knowledgeable about what constitutes abuse and what action to take following an allegation of abuse.

Petty cash was managed in line with the centres policy. The centre was not a pension's agent for any residents.

Judgment: Compliant

## Regulation 9: Residents' rights

There were facilities in place for recreational activities, and residents were observed participating in individual and group activities. The minutes of the residents meetings and the residents who spoke with the inspector identified that residents were consulted in the running of the service. An independent advocacy service was available to the 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially 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 St Anne's Nursing Home OSV-0000169

Inspection ID: MON-0036537

Date of inspection: 31/05/2022

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: All new staff members are vetted prior to starting work. The vetting in question had been carried out in one of our other homes as initially the staff member had started there but had come to work here during Covid.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A new auditing system has been developed this year. There will be more involvement from CNM’s in the auditing process. The data collected will be discussed at management meetings and integrated into the quality improvement plan.	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: The contracts for provision of services have been updated to include room number.	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  The hand washing sink in the sluice room has been repaired and also the hot water supply to the sink.  On the day of the inspection the switch for the water heater in the hot press had been switched off which had affected some of the hot water supply. The plumber has reviewed this and will carry out some works to make the system more effective.  The electrician has reviewed the call bell point in the shower room and will add a pull cord closer to the shower that a resident can summon assistance if required.  New floor covering will be installed where surfaces are uneven.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  “I am clean” labels have been sourced and staff will be trained in their use.  A flushing hopper has been ordered for the sluice room.  The sink in the cleaners room will be replaced.  A cleaning schedule has been implemented for the cleaners store.  Laundry skips are no longer stored in the sluice room.  The provider has ordered a clinical wash hand basin and if they are of suitable quality he will order some more.  Flat mop system has been ordered.</p>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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	31/08/2022
Regulation 21(2)	Records kept in accordance with this section and set out in Schedule 2 shall be retained for a period of not less than 7 years after the staff member has ceased to be employed in the designated centre concerned.	Substantially Compliant	Yellow	11/07/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe,	Substantially Compliant	Yellow	31/08/2022

	appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	11/07/2022
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	31/08/2022