



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

|                            |                                       |
|----------------------------|---------------------------------------|
| Name of designated centre: | St Ursula's Nursing Home              |
| Name of provider:          | Ballyhavil Limited                    |
| Address of centre:         | Golf Links Road, Bettystown,<br>Meath |
| Type of inspection:        | Unannounced                           |
| Date of inspection:        | 12 January 2022                       |
| Centre ID:                 | OSV-0000171                           |
| Fieldwork ID:              | MON-0033916                           |

## About the designated centre

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

The centre provides 24- hour nursing care for up to 24 residents over the age of 18 years, male and female who require long-term and short-term care or respite. The building has two storeys. Communal facilities and residents' bedroom accommodation consists of 24 single bedrooms, two of which have en-suite facilities. Communal facilities, bathrooms and toilets are available and located within a reasonable distance from bedrooms and communal areas. The centre has a spacious lounge with a variety of seating options, and a number of other sitting areas with views outside. A separate dining room is available on the opposite end to the lounge and sitting areas with 17 bedrooms in between and seven bedrooms on the first floor. There is a passenger lift available to residents. An accessible, safe and secure outdoor courtyard contains block paving, seating areas and a variety of shop front displays. The philosophy of care is to provide high quality, personalized, friendly and informed care to residents. The Nursing Home endeavours to foster an ethos of independence and choice where residents can recover and build confidence in their abilities with a high standard of nursing and medical care provided. A commitment to providing privacy, dignity and confidentiality to the residents and their families underpins the centre's mission statement.

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

|  |    |
|--|----|
| Number of residents on the date of inspection: | 23 |
|--|----|

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 12<br>January 2022 | 09:30hrs to<br>11:45hrs | Sheila McKeivitt | Lead |

## What residents told us and what inspectors observed

Residents living in the centre were happy with the standard of care they were receiving. A number of residents told the inspector that although they were confined to their bedroom they knew this was just for a short period of time. Some said they looked forward to being able to socialise with other residents soon. Some sought reassurance from the inspector that COVID-19 would soon be gone and things would get back to some form of normality.

The inspector saw that residents needs were being met and residents spoken with confirmed this. Residents said that although their bedroom door was closed due to the virus, staff popped in and out and answered their call bell without delay. The inspector observed that whether the resident was resting in bed or sitting out in their chair, they had a call bell within reach.

Residents told the inspector they could have visitors at their window however most said they had opted for telephone and video calls, just until the nursing home was clear from COVID-19.

Residents had access to reading material including the daily newspaper, television and radio in their bedroom. The nursing homes contingency plan had been activated therefore the activities coordinator was carrying out the role of a health care assistant. Residents said the choice and variety activities available to them when they were COVID-19 free was wide and varied. They said they had great fun and that the staff made a huge effort to ensure the activities met their needs. One resident described the 1920s evening, where staff dressed up in 1920s clothing, they played 1920s music and had afternoon tea. They also informed the inspector of the recent Hollywood show where residents dressed up as Hollywood stars, walked the red carpet and had great fun and laughter.

The inspector observed good hand hygiene practices and staff were seen to be adhering to guidelines in relation to uniform for example; clear below elbows. Staff had access to hand sanitisers on both floors however an increase in the number of wall mounted sanitisers and a review of the availability of clinical wash hand sinks was required. The inspector observed that clinical waste was not disposed in the correct large bin outside. This was addressed immediately by the person in charge.

The inspector spoke with staff, who confirmed that they felt supported by the management team, who were present and visible in the centre and who communicated with them regularly.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

## Capacity and capability

This unannounced risk inspection was undertaken to determine if the provider had managed to implement the centres contingency plan in response to the current outbreak of COVID-19 in the centre. A notification of this outbreak had been submitted on 02 January 2022.

The provider is Ballyhavl Limited. The management team was made up of the provider representative and the person in charge. The person in charge was onsite on this inspection and was aware of her roles and responsibilities. The lines of authority and accountability were outlined and reflected in the centre's statement of purpose. The management team communicated on a regular basis to discuss all areas of governance and the inspector saw that they followed up on any issues brought to their attention.

There was a process in place for reviewing the quality of care and the quality of life although these were not reviewed due to the current outbreak. An annual review had been completed in early 2021. It reflected residents' satisfaction with the service provided and included a quality improvement plan for 2021 most of which had been implemented.

The staffing numbers and skill mix on the day of this inspection were adequate to meet the needs of the residents. The provider had effective processes in place to source additional staff if they were required. The supervision of staff was effective and staff reported that they felt supported. They had access to all the required mandatory training and the required training in relation to infection prevention and control.

## Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had mandatory training in place. They had completed training in hand hygiene,

breaking the chain of infection, donning and doffing personal protective equipment and infection control training in 2020 and in 2021.

The person in charge was on site supervising staff.

Judgment: Compliant

### Regulation 23: Governance and management

The management team had a COVID-19 risk assessment completed and they had instigated their contingency plan for the COVID-19 outbreak successfully.

The person in charge was on site managing the outbreak. She had put all the appropriate resources in place to ensure the needs of the residents were met. The annual review for 2020 had been completed in February 2021, it included feedback from the resident and a quality improvement plan for 2021.

Judgment: Compliant

### Quality and safety

The quality and safety of the service provided to residents was monitored and this ensured that the residents' received a good standard of care. The inspector noted that some areas of the premises and some infection control practices required review.

The designated centre was homely, warm and comfortable. Residents' bedrooms were personalised and appeared homely. Residents who had tested positive for COVID-19 were isolating in their bedroom with the door closed. All residents residing in their bedroom had a call bell within reach. Communal rooms and areas were of sufficient size to safely accommodate the number of residents who were using them. The new seating area developed outside of the lift door on both the ground and first floor was bright and contained comfortable seating for residents use. The corridors were clutter free and hand rails on either side facilitated residents to mobilise independently.

Maintaining communication with residents and families formed part of the designated centres' contingency planning and the records showed effective arrangements were in place. The layout of the centre facilitated window visits to take place downstairs and residents upstairs were facilitated to contact their relatives via telephone or via video call.

All residents who spoke with the inspector confirmed that they felt safe and their

experience of living in the centre was positive. Residents' rights were upheld and the activities programme was varied and interesting. The inspector observed residents relaxed and engaged in activities in their bedroom. Group activities had been postponed during the COVID-19 outbreak.

The inspector found that overall infection control practices in the centre were good. House-keeping staff had appropriate resources available to them. There were procedures in place to ensure bedrooms were cleaned on a daily basis and frequently touched surfaces were cleaned two to three times per day. Good records of all cleaning procedures were kept. While there were good levels of compliance with the national standards in infection prevention and control, this inspection identified areas for improvement that could further enhance the quality and safety of care provided, the specifics of which are detailed under Regulation 27.

### Regulation 11: Visits

Residents were receiving visitor's. Those on the ground floor were receiving visitors at their bedroom windows. Residents on the first floor were communicating with their relatives via telephone and via other channels of communication.

Judgment: Compliant

### Regulation 17: Premises

The floor covering in the staff changing room was stained and this room required review.

The storage of equipment under the stairs leading to the staff changing area and offices required review.

Judgment: Substantially compliant

### Regulation 27: Infection control

Issues identified as requiring improvement on this inspection:

- the process for disposing of clinical waste were not in line with best practise.
- there were not enough wall mounted hand sanitiser's on the ground and first floor.
- a review of the availability of clinical wash hand sinks available to staff was

required.

Judgment: Substantially 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 23: Governance and management      | Compliant               |
| <b>Quality and safety</b>                     |                         |
| Regulation 11: Visits                         | Compliant               |
| Regulation 17: Premises                       | Substantially compliant |
| Regulation 27: Infection control              | Substantially compliant |

# Compliance Plan for St Ursula's Nursing Home OSV-0000171

Inspection ID: MON-0033916

Date of inspection: 12/01/2022

## 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 17: Premises  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>1. The frosted windows on the first floor had been removed last year and replaced with clear glass. 2) Phase 1 of our Planning Permission has been granted which includes a new staff changing room. 3) Equipment under the stairs has been moved to a more suitable area.  |                         |
| Regulation 27: Infection control   | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Infection control:<br>1. All members of staff are aware of the correct procedure for disposing of clinical waste. 2) There are now sufficient amounts of wall mounted hand sanitiser's in place to ensure easy access for staff and residents. 3) Additional clinical wash hand sinks are currently being sourced by the provider. |                         |

## 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).

| <b>Regulation</b> | <b>Regulatory requirement</b>   | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|-------------------|---|-------------------------|--------------------|---------------------------------|
| 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             | 01/05/2022                      |
| 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             | 01/05/2022                      |