



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

## Issued by the Chief Inspector

Name of designated centre:	St Francis Nursing Home
Name of provider:	John Desmond Joyce & Sharon Joyce Partnership
Address of centre:	Kilkerrin, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	13 October 2020
Centre ID:	OSV-0000393
Fieldwork ID:	MON-0030737

## About the designated centre

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

St. Francis's Nursing Home is a two-storey residential care facility that provides 24-hour nursing care. The building was originally a monastery and it has been modified and refurbished over the years. It can accommodate 34 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency who require long-term care, or who have respite, convalescent or end-of-life care needs. It is situated in a rural location a short distance from the village of Killkerrin, County Galway. It is a family run business with family members having key roles for the management and oversight of the business. Accommodation is provided in 11 single bedrooms and 10 twin bedrooms, four of which have en suite shower and toilet facilities. There is one three bedded room which also has en suite shower and toilet facilities. There is lift and stairway access to the upper floor. There is a variety of communal day spaces available to residents and there is access to a safe, enclosed garden area.

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

Number of residents on the date of inspection:	30
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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
Tuesday 13 October 2020	09:30hrs to 16:30hrs	Mary Costelloe	Lead
Wednesday 14 October 2020	09:30hrs to 14:30hrs	Mary Costelloe	Lead

## What residents told us and what inspectors observed

On the days of inspection, the inspector spoke with individual residents and also spent time in the communal rooms observing resident and staff engagement. The general feedback from residents was one of satisfaction with the care and service provided.

As a consequence of the COVID-19 pandemic, the normal routine and schedules of the centre had been disrupted by the restrictions in place. Residents mentioned how they had been living through difficult times but were thankful that staff had been supportive and the centre had remained free of the COVID-19 virus. Some residents stated that they missed being able to visit their homes as they had done regularly before the pandemic.

Residents spoken with were complimentary of staff stating that they were very supportive and kind. The inspector observed that staff knew the residents well and engaged with residents in a person centered way, speaking to them using their first name and chatting to them about their families and interests. The inspector observed that residents frequently visited the office of the management team and they were greeted and responded to in a friendly, patient and helpful manner.

The inspector observed that the communal sitting rooms were occupied by residents on the days of inspection with members of staff in attendance at all times. Physical distancing in line with public health guidance was being adhered to.

Residents were observed to have free movement both inside and outside of the centre. Many residents were seen to walk about the centre independently, going about their own daily routines as they wished, some coming and going from their bedrooms and the outdoor enclosed garden area. Staff were observed supporting other residents to go for walks both indoors and outdoors.

Some residents told the inspector how they enjoyed being involved and helping out in the day to day to operation of the centre. They told the inspector how they enjoyed helping with bringing in and out the refuse bins, weeding, gardening and assisting the maintenance staff member.

Residents were happy with the food served. Residents told the inspector that they had a choice at mealtimes and that other alternatives were also provided. The inspector observed that choice of meals and drinks were offered throughout the days of inspection. Meals including modified diets appeared appetising and wholesome.

The inspector observed the meal time experience. Meals were served in the dining room and day room areas. Physical distancing in line with public health guidance was being adhered to. The inspector observed residents been assisted with meals in

a respectful and dignified manner.

The inspector observed that staff supported residents with personal orders and deliveries from the local shop and also get items of clothing and footwear they had requested.

Residents reported that communication in the centre was good and that they had been kept up-to-date regarding the restrictions and the COVID-19 pandemic. The inspector observed that a variety of daily and regional newspapers were provided for residents. Residents spoken with confirmed that they had been supported to remain in contact with their families throughout the pandemic by phone and by other social media applications.

Residents said that they were happy that family visits had resumed and that they had been able to meet their loved ones again. While indoor visiting restrictions were in place again at the time of inspection, residents spoken with were very happy with the visiting arrangements that were in place. Residents continued to receive 'window' visits from family members. A covered shelter had been provided outside the window visiting area to facilitate visits during wet weather.

Residents told the inspector that they were happy living in the centre and were comfortable in their rooms. The inspector observed that many of the residents had personalised their bedrooms with their family photographs and ornaments.

The activities sessions observed were inclusive of all residents. There was a staff member facilitating recreational activities seven days a week. They were observed to refer to all residents by name and were seen to be actively encouraging resident involvement. The inspector observed residents taking part and enjoying a variety of activities including art and a meditation session. Residents told the inspector how they had enjoyed a recent visit from the local priest.

## Capacity and capability

This risk inspection was conducted over two days. The inspection was carried out

- to monitor ongoing compliance with the regulations
- to follow up on non compliance's raised at the last inspection
- following an application to the Chief Inspector to renew registration of the centre
- to review infection prevention and control measures in light of the COVID-19 pandemic.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. While there was an audit schedule in place

and feedback was sought from residents and families to improve practice and service provision, further improvements were required to ensure effective oversight of areas such as cleaning and some aspects of infection prevention and control. These are discussed further under Regulation 27: Infection Control.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to. The registered provider is partnership with one of the partners involved in the day to day operational management of the centre.

It is a family run business with family members having key roles for the management and oversight of the business. The management team included the general manager who was also the nominated person to represent the provider entity. She was involved in the day-to-day running and worked full-time in the centre. The person in charge was a registered general and psychiatric nurse with over 30 year's experience. He worked full time in the centre and had a good knowledge of the regulations and of his responsibilities. He was supported in his role by an assistant director of nursing, maintenance manager who was a partner in the business, administrator and other staff members including nurses, carers, activities coordinator, housekeeping and catering staff. There was an on call out-of-hours system in place.

The management team met each other, residents and staff on a daily basis. The team knew the residents well and were knowledgeable regarding their individual needs. They were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. They were positive in attitude and demonstrated a willingness to comply with the regulations.

Issues identified at the last inspection dated November 2018 relating to safe recruitment of staff had been addressed. The management team confirmed that extensive fire safety works had been completed and they were waiting on certification of completion from the fire safety engineer.

The inspector acknowledged that residents and staff living and working in centre has been through a challenging time and they have been successful to date in keeping the centre free of COVID-19.

A documented COVID-19 information and guidance folder was in place and the management team had established links with the public health team and Health Service Executive (HSE) lead for their area however, there was no documented contingency plan outlining the operational management arrangements in place should an outbreak of COVID-19 occur in the centre. The risk register had been updated to reflect some risks associated with the pandemic however, it required further updating to reflect all identified risks.

The team had identified an area for isolation and cohorting of residents. The area could accommodate three residents in one single and one twin bedroom. The twin bedroom had en suite toilet and shower facilities. A separate entrance area, areas for staff to don and doff had been identified. All residents that are transferred from

the acute setting as well as new admissions to the centre are isolated for 14 days as part of the risk management processes in place to minimise spread of the virus. The guidance in place outlined that separate staff would be specifically allocated to care for residents in this area in the event of an outbreak of COVID-19.

Testing of staff for COVID-19 had been taking place and the results to date had not detected COVID-19. Further testing of staff was scheduled on a fortnightly basis.

Cautionary signage was seen throughout the centre. Up to date training had been provided to all staff in infection control, hand hygiene, in donning and doffing of personal protective equipment (PPE) and the use of face masks.

The management team ensured that safe and effective recruitment practices were in place. Staff files including the files of recently recruited staff members were reviewed and found to contain all documents as required by the regulations including Garda Síochána vetting disclosures. The management team confirmed that all other staff and persons who provided services to residents had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure.

The inspector assessed a total of 16 regulations, six were found to be compliant, eight substantially compliant and two non compliant.

Some improvements were required under the following regulations, Regulation 3: Statement of purpose, Regulation 15: Staffing, Regulation 16: Training and staff development, Regulation 21: Records, Regulation 23: Governance and management, Regulation 17: Premises, Regulation 26: Risk management, Regulation 9: Residents rights and Regulation 27 Infection Control.

### Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. He had the required experience in the area of nursing the older adult and was knowledgeable regarding the regulations, HIQA's standards and his statutory responsibilities. He was observed to have a strong presence within the centre and was committed to providing a good service. He demonstrated good clinical knowledge and knew the individual needs of each resident. The assistant director of nursing deputised in his absence.

Judgment: Compliant

### Regulation 15: Staffing



On the days of inspection staffing levels and skill-mix were sufficient to meet the assessed needs of 30 residents, with the exception of housekeeping staff.

The impact of a shortage of cleaning staff was apparent on the days of the inspection. There was one housekeeping staff member whose duties included cleaning on a daily basis. This centre is a large building set out over two floors. The inspector found that many parts of the building including bathrooms, sluice and laundry rooms, bedrooms and some equipment for use by residents such as shower chairs were not visibly clean. The inspector was not assured that the entire centre and equipment could not be cleaned to the standard required during a COVID-19 pandemic by the current number of cleaners on a daily basis. The number of cleaning staff did not accurately reflect that described in the statement of purpose. The management team advised that recruitment of additional housekeeping staff was on-going.

A review of staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. There were normally five care assistants and one nurse on duty throughout the day and evening with one nurse and two care assistants on duty at night time. The staffing compliment included, housekeeping, laundry, activities coordinator, catering, maintenance and administration staff. The person in charge worked full time hours normally Monday to Friday and also at weekends.

The general manager confirmed that staffing levels were kept under constant review, taking into account the dependency of residents, the evacuation needs of residents, the care needs of residents and the size and layout of the centre. She advised that recruitment of staff was on-going and that a nurse, care assistant and laundry assistant had recently been recruited.

All nurses working in the centre had a valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Substantially compliant

## Regulation 16: Training and staff development

The training matrix reviewed identified that staff had received mandatory training in safeguarding vulnerable adults from abuse, people moving and handling, fire safety, infection prevention and control, hand hygiene and breaking the chain of infection. Training had not taken place since the start of the pandemic and some mandatory training courses were now due for renewal. The general manager advised that the training schedule was now due to recommence, fire safety training was scheduled and other training planned. Some nursing staff had completed training on taking swabs for COVID-19 testing and pronouncement of death.

The inspector observed that staff adhered to guidance in relation to hand hygiene,

maintaining social distance and in wearing PPE in line with the national guidelines.

While the inspector did not review Regulation 29: Medicines and pharmaceutical services on this inspection, training records reviewed and staff spoken with confirmed that nursing staff had not completed recent medicines management training.

Judgment: Substantially compliant

### Regulation 21: Records

While the general manager advised that all new staff had received comprehensive induction training including fire safety, there were no records maintained of this training.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. As a result the ethos of person-centred care was evident in staff practices and attitudes. Regular audits and analysis were carried out in areas such as medicines management, incidents including falls, care planning, residents files and restraint management. The results of audits and areas for improvement were discussed with staff to ensure learning and improvement to practice. However, there had been no recent audits carried out in relation to environmental and hand hygiene.

The management team met each with one another informally on a daily basis and while they discussed the quality and safety of care in the centre, improvements were required to documenting minutes of management team meetings and to ensuring more effective oversight of cleaning routines and procedures. The contingency plan required updating to include the operational management arrangements in place should an outbreak of COVID-19 occur in the centre.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

Revision 8 of the statement of purpose submitted to the Office of the Chief Inspector along with the recent application to renew registration of the centre

requires updating in order to comply fully with the regulations. The areas that required updating were discussed with the general manager. The following omissions were noted, the name and address of the centre, the name of the registered provider, the deputising arrangements in the absence of the person in charge, arrangements in place for residents to access to the national screening services and a detailed descriptive narrative of all rooms as outlined on the floor plan.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

The management team were aware of the requirement to notify the Chief Inspector of all incidents as required by the regulations. All notifications as required to date had been submitted.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector was satisfied that complaints were managed in line with the centre complaints policy.

There was a comprehensive complaints policy in place which clearly outlined the duties and responsibilities of staff. The complaints procedure was displayed and contained all information as required by the Regulations including the name of the complaints officer, details of the appeals process and contact information for the Office of the Ombudsman.

The inspector reviewed the complaints log, there were no open complaints. All complaints to date had been investigated and responded to and included complainants' satisfaction or not with the outcome.

Judgment: Compliant

## Quality and safety

Residents' lives had been impacted by the COVID-19 restrictions and some of these were still in place at the time of the inspection. Visitor restrictions were in place,

residents were allocated to group pods in the communal day areas, activities were limited to small groups and to those facilitated by staff in-house. Residents could not go on day trips, shopping trips or visit their homes as some residents used to do prior to the pandemic.

However, the inspector found that the care and support residents received was of a high quality and ensured that they were safe and well-supported. Residents' medical and health care needs were met. Staff had implemented a social care programme to meet the individual needs of residents, as far as was practicable with the current restrictions on social distancing and group activities.

Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Resident and staff temperatures were monitored and recorded twice daily to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity.

Nursing documentation reviewed indicated that residents needs had been assessed using validated tools and that up-to-date care plans were in place reflecting residents needs. The sample of care plans reviewed by the inspector provided good assurances that a high standard of nursing care was provided to the residents. There was evidence that assessments and care plans were routinely reviewed and updated and that residents and relatives were involved in the review of care plans. Care plans were individualised, person centred and generally informative.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

Residents finances were managed in a clear and transparent manner. The provider had systems in place to ensure that pensions collected on behalf of residents were in line with Department of Social Protection guidelines.

The management team demonstrated good fire safety awareness and knowledge of the evacuation needs of residents. Fire drills simulating both day and night time scenarios had taken place and learning outcomes had been documented. However, there had been no recent fire drill completed and some recently recruited staff had not taken part in an evacuation drill. Following the inspection a fire evacuation drill was carried out and the records of same were submitted. The fire drill records indicated timely evacuation of the the largest compartment simulating night time staffing levels.

The building was two storey in design, with accommodation for residents provided on both floors. Bedroom accommodation is offered in 11 single and 10 twin rooms, four with en suite shower rooms and one three bedded room with en suite shower room. The centre was warm and nicely decorated. There was a variety of communal day spaces, including dining room, day rooms, church, smoking area and residents had access to secure landscaped garden area. There was a lift provided between floors which allowed residents to independently access each floor.

However, the arrangements in place for sluicing, decontamination of equipment for use by residents, location of cleaning supplies and equipment, storage for equipment and supplies and the number and location of showering facilities required review. These are discussed under Regulation 9 : Residents rights, Regulation 17: Premises and Regulation 27: Infection Control.

Appropriate directional signage was provided on doors and corridors to assist residents in finding their way around the centre. There was a sign with a word and a picture for bathrooms, toilets, dining rooms, day rooms and gardens. The aim of these was to provide visual cues for people to assist them find their way around the centre and recognise the area they were looking for.

### Regulation 17: Premises

The arrangements in place for sluicing, decontamination of equipment for use by residents, location of cleaning supplies and equipment, storage for equipment and supplies required review. In addition the number and location of showering facilities was not satisfactory.

The sluice room located on the ground floor was being used to store cleaning equipment and cleaning supplies as well as supplies of paper hand towels and boxes of disposable gloves. This posed a risk of cross contamination and was not in line with infection prevention and control guidance.

Equipment such as laundry trolleys, hairdressing equipment, wheelchairs, commodes, unused air mattresses and treatment bed were being stored in bathrooms and shower areas.

There was only one communal shower available on the ground floor for use by residents who did not have en suite shower facilities. Some of the bedrooms were located a distance from the shower room and residents had to traverse communal areas to access the shower.

These were discussed with the management team who agreed to review the arrangements and existing space available with a view to addressing these issues.

Judgment: Not compliant

### Regulation 26: Risk management

The management team had developed and documented a COVID-19 information and guidance folder which included clear guidance for staff on the management, isolation and cohorting of residents if they were suspected or confirmed with COVID-19. A designated area for isolation and cohorting of residents was in place.

The guidance in place outlined that separate staff would be specifically allocated to care for residents in the event of an outbreak of COVID-19. However, there was no documented contingency plan outlining the operational management arrangements in place should an outbreak of COVID-19 occur in the centre.

While the risk register had been updated to reflect some risks associated with an outbreak of COVID-19 such as staff sharing accommodation, further updating was required to the risk management policy to ensure all identified risks associated with the COVID-19 pandemic and measures in place to address those risks were included.

During the inspection, the inspector noted that several wheelchairs in use by residents did not have foot plates fitted. This posed a risk to residents.

Judgment: Substantially compliant

## Regulation 27: Infection control

The centre had procedures in place for the prevention and control of health care associated infections. However, improvements were required to the location of the sluice and cleaners room in order to minimise the risk of cross contamination as discussed under Regulation 17: Premises. Improvements were also required to ensuring that all parts of the building and equipment used by residents were adequately cleaned and decontaminated on a regular and on going basis.

All staff in the centre had completed infection prevention and control training and all staff were in the process of completing further on-line training.

On the days of inspection there were ample supplies of personal protective equipment (PPE) available. All staff had access to PPE and there was up to date guidance on it's use. All staff were observed to be wearing surgical face masks as per the relevant guidance.

The inspector observed there was appropriate signage in place reminding staff of the need to complete hand hygiene and observe social distancing when appropriate. Alcohol gel dispensers were observed to be available and in use throughout the building. The inspector observed good hand hygiene practices on the days of the inspection. Daily observations of hand hygiene were carried out by the nursing management team.

New and separate staff facilities including toilet, shower, changing area and kitchenette had been provided since the onset of the COVID-19 pandemic, staff changed into their uniforms prior to commencing and leaving work in the centre. The inspector observed that the uniform policy was being adhered to.

Resident and staff temperatures were monitored and recorded twice daily to ensure

that any potential symptoms of COVID-19 were detected at the earliest opportunity.

While the management team advised that additional hours had been provided each day for enhanced cleaning of frequently used hard contact surfaces since the onset of the COVID-19 pandemic, improvements to infection prevention and control measures including cleaning and decontamination of many parts of the centre and to equipment used by residents was required.

- Bathrooms, bedrooms, laundry and sluice room were not visibly clean.
- Cobwebs and dead insects were visible in corners and behind furniture.
- Accumulations of dust were noted on shelving and curtain rails.
- Some equipment for use by residents such as commodes and shower chairs were not visibly clean.
- The frames and wheels to some equipment used by residents was rusted and could not be effectively decontaminated.
- There was no deep cleaning programme in place.
- The sluice room and cleaners room were housed together posing a risk of cross contamination
- Hygiene products such as paper hand towels and boxes of disposable gloves were stored inappropriately in the sluice room posing a risk of cross contamination.
- The bed pan washer was not in working order and therefore items such as commode basins and urinal bottles could not be effectively cleaned and decontaminated in line with infection control guidance.
- The hot water supply to the ground floor wash hand basin in the communal toilet was not in proper working order. There was a poor flow of water of inadequate temperature, therefore, residents or staff were unable to effectively wash their hands.
- There was no soap dispenser or paper towel dispenser available at the wash hand basin in the staff toilet facilities. This posed a risk as staff using the facilities could not effectively wash their hands following use of this toilet.
- The grouting to the wall tiles of the ground floor communal shower room was defective therefore, effective cleaning and decontamination of the wall surfaces was not possible.

These issues were discussed with the management team who undertook to review all cleaning procedures and committed to carrying out a full deep clean of the entire building and all equipment within two weeks. The registered provider representative advised that the recruitment of additional housekeeping staff was in progress.

Judgment: Not compliant

## Regulation 28: Fire precautions

The management team confirmed that extensive fire safety works had been carried out following the last inspection, they advised that due to the onset of the pandemic

the fire safety engineer had been unable to visit the centre to provide written confirmation that all of the works had been completed satisfactorily. The provider undertook to submit an updated compliance report from the fire safety engineer indicating that all works had been satisfactorily completed and a visit by the engineer was scheduled the week following the inspection.

There had been no recent fire drill completed and some recently recruited staff had not taken part in an evacuation drill. Following the inspection, fire drill records indicating the time taken to evacuate residents from the largest compartment simulating night staffing levels were submitted.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed the care plans of a number of residents including end of life care, residents in isolation, presenting with responsive behaviours, nutritionally at risk, at high risk of falls and with restraint measures in place. There were no residents with pressure ulcers at the time of inspection.

Overall the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of residents. Systems were in place to record evidence of consultation with residents and their families with regard to review of their care plans.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP). The person in charge confirmed that most residents had been reviewed by their GP in the past few months and files reviewed by the inspector confirmed that reviews had taken place. Most residents had recently received the flu vaccine.

Residents had access to allied health services and visits by health care professionals including physiotherapist, chiropodist, dietitian and psychiatry of later life had resumed at the time of inspection.

Judgment: Compliant



## Regulation 8: Protection

Safeguarding training was in place for all staff and all new staff had undergone satisfactory Garda Vetting. The person in charge advised that Garda Siochana (police) vetting had been recently updated for all staff. A sample of staff files reviewed confirmed this to be the case.

Staff continued to promote a restraint free environment. There was nine residents using bed rails and one resident using a lap belt at the time of inspection. Alternatives such as low low beds, crash mats and sensor alarms were in use for some residents. There was evidence of multi-disciplinary input into the decision to use restraints. Risk assessments, care plans, consent and safety checks in line with national policy were documented in all files reviewed. There was evidence of access and referral to psychiatry services.

The inspector was satisfied that robust systems were in place for the management of residents' finances. The person in charge acted as pension agent for one resident, transactions and records were transparent and in line with Department of Social Protection guidelines. The provider did not keep money or valuables for safe keeping on behalf of residents. All residents had access to a secure lockable locker in their bedrooms should they wish to securely store any personal items

Residents had access to SAGE national advocacy and support service for older people. A representative of SAGE had visited the centre and their contact details were displayed in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector found that the residents interactions with staff were seen to have an individualised and person-centred approach. All residents who spoke with the inspector reported that they felt safe in the centre.

Residents looked well-groomed and content and those who spoke with the inspector confirmed that they were happy living in the centre despite the limitations imposed by the current Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance. However, some residents spoken with wished for more normal routines to return such as being able to visit their homes, go on day trips, for external entertainers and musicians to return to the centre.

The inspector noted that the privacy and dignity of residents was well respected by staff. There was adequate privacy curtains in shared bedrooms. Bedroom and

bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms. However, the location and number of shower facilities on the ground floor impacted upon some residents privacy and dignity as residents bedrooms were located a distance away from the shower room and they had to travel through communal day areas to reach the shower room. This was discussed with the management team who undertook to review existing space and facilities in order to accommodate an additional shower room.

At the time of inspection there was only one shower room available to meet the needs of 15 residents who did not have en suite bathroom facilities on the first floor. While there were normally two shower rooms available, one shower room had been temporarily designated as an area for staff to don PPE as it was located adjacent to the identified isolation area.

Residents had access to information and news, a selection of daily and weekly local newspapers, radio, television and Wi-Fi were available. Residents were supported to use telephones and other mobile phone applications to keep in contact with friends and family particularly while the visiting restrictions were in place.

Residents' religious rights continued to be facilitated during the pandemic. While the local priest had not celebrated Mass in the centre since the start of the pandemic, he had recently visited residents, anointed them and provided individual blessings. Residents were facilitated to view religious ceremonies on the televisions and listen to religious services on local radio. Residents were supported to recite the Rosary and receive weekly Holy Communion. There was a chapel provided where residents could spend time in quiet reflective prayer.

Activity provision was led by the activities coordinator. There was a daily schedule of activities taking place in each day room, a variety of activities were scheduled seven days a week. The schedule included both group and individualised activities. The social care needs for each resident were set out in their care plans. Staff were observed to use this information to engage meaningfully with some residents. While external entertainers and musicians had not visited since the start of the pandemic, the in house activities programme included bingo, arts and crafts, baking, flower arranging, choir, memory games, newspaper reading, meditation, beauty therapies and walks.

Residents were observed to be moving about as they wished both inside and outside the centre. There was a variety of communal day spaces where residents could sit and relax. A hairdresser who was a member of the care team facilitated residents to have their done on a regular basis.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St Francis Nursing Home OSV-0000393

Inspection ID: MON-0030737

Date of inspection: 14/10/2020

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: <ul style="list-style-type: none"> <li>• Additional hours have been allocated to two staff members to facilitate additional deep cleaning being carried out. This began on Monday 09/11/2020 and will continue until the efforts to recruit an additional cleaner, which have been ongoing for some time, are successful.</li> </ul>	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ul style="list-style-type: none"> <li>• Staff who were due to have Fire Safety training as indicated on the Training Matrix, had that training on 07/11/2020.</li> <li>• All members of Nursing staff completed Medicines Management training on HSELand by 11/11/2020.</li> </ul>	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> <li>• Whilst all staff receive a comprehensive induction training, Staff Induction Records</li> </ul>	

have been completed in respect of staff recruited since the inspection.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- An Environmental Audit was carried out by the Infection Prevention and Control Nurse on 04/11/2020 and the issues arising are on the agenda for both a series of “socially distanced” staff meetings to begin on 25/11/2020 and of the next management team meeting which is on 24/11/2020.

Hand Hygiene was one element of that Environmental audit.

- The Infection Prevention and Control Nurse will conduct Hand Hygiene and Environmental Audits on a monthly basis.
- Frequent Management Team meetings are an essential element of the Governance and Management structure of the Nursing Home and will continue with a formal agenda as before, but a more formal minuting structure has been put in place that will further feed into the existing robust Continuous Improvement Cycle. Management Team meetings take place on the last Tuesday of each month and this revised structure will commence at the meeting on 24/11/2020.
- Audits are always discussed at Management Team Meetings, but those dealing with Infection Prevention and Control will be a specific agenda item.
- A comprehensive Preparedness Plan in the event of a COVID-19 outbreak has been completed. It is added to the COVID-19 Policy, the Risk Management Policy and is displayed in a prominent position in the Management Office.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- The Nursing Home’s Statement of Purpose is currently under review taking into account all amendments discussed during inspection. This document is due for completion on 30/11/2020.

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Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- The cleaning materials/equipment store has been removed from the sluice room. It is now situated in the new PPE store.

Due to its size and layout, a bathroom/toilet area was at the time of inspection, accommodating items that had been taken out of service including air mattresses and commodes that were awaiting disposal. They were in addition to some items that were in service.

- The area has now been restored to its original sole function as a bathroom/toilet area.
- Items that were out of service due to being replaced by new stock, that were temporarily stored in a bathroom, have been disposed of.
- Commodes when sluiced, are no longer stored in the bathroom. As those items are now specific to Residents who require them, they are returned to the Residents own bedroom once cleaned and decontaminated.
- Significant structural work has been undertaken to relocate the Sluice Room to what was previously a downstairs toilet thus facilitating the creation of a larger toilet and shower area in the previous sluice room and this is fully operational as of 19/11/2020.

Regulation 26: Risk management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management:

- As outlined under Regulation 23 above, a comprehensive Preparedness Plan in the event of a COVID-19 outbreak has been completed. It is added to the COVID-19 Policy, the Risk Management Policy and is displayed in a prominent position in the Management Office. This action was completed on 16/11/2020
- Action has been taken to minimise the risk of footplates falling off wheelchairs.

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• A senior member of Nursing Staff has been chosen to lead on Infection Prevention and Control (IPC) in addition to the COVID-19 lead already in place. She will lead and guide this topic and will audit standards on an ongoing basis.</li> </ul> <p>Cleaning deficits had arisen because of COVID-19 specific surface cleaning being escalated, because some staff members were redeployed within the Nursing Home when Student Nurses went back to college in September and because ongoing efforts to recruit an additional cleaner had thus far been unsuccessful.</p> <ul style="list-style-type: none"> <li>• An extensive deep cleaning exercise has taken place and was completed in less than the two-week period undertaken at inspection. We are satisfied that all of the cleaning needs identified have been rectified.</li> <li>• While the recruitment process for an additional cleaner remains ongoing, additional hours have been made available to two members of staff who are now working to a cleaning rota that will maintain the standard achieved.</li> <li>• Items that were observed to have cleaning deficits were dealt with in one of two ways. Those that presented challenges to cleaning were replaced by new stock. This exercise is now complete, whilst others are cleaned as part of the daily cleaning schedule.</li> <li>• Indeed, some of the items referred to, including out of service air mattresses and commodes, were stored in a large bathroom pending disposal due to being obsolete, posed some of the greatest cleaning need at the time of inspection. They have now been disposed of.</li> <li>• The Sluice Room and Cleaners Room are no longer accommodated together. Significant structural work has been carried out in this area as outlined at Regulation 17 above.</li> <li>• Hygiene products such as paper towels and disposable gloves are now stored in a section of the PPE store.</li> <li>• The bed pan washer is being serviced as of November 19th. While this is being done a robust sluicing, cleaning and decontamination process is in place as an alternative.</li> <li>• The difficulty with the hot water supply to the ground floor wash hand basin was of a technical nature and has been rectified in the context of the overall structural changes referred to.</li> <li>• Dispensers have been provided for the paper towel and soap in the staff toilet facility.</li> <li>• The grouting to the wall tiles of the ground floor communal shower room has been completely renewed thus facilitating effective cleaning and decontamination of the wall</li> </ul>	



surfaces.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
The Nursing Homes fire safety engineer and the provider reviewed all works carried out via phone call after inspection; the fire safety engineer has provided a draft compliance report dated 31/10/2020 confirming all works are completed. This document will be approved when the fire safety engineer can safely visit the Nursing Home and COVID-19 restrictions allow.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:  
• As outlined above under Regulation 17 significant structural work has been undertaken to relocate the Sluice Room to what was previously a downstairs toilet thus facilitating the creation of a larger toilet and shower area in the previous sluice room and this is fully operational as of 19/11/2020.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	09/11/2020
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	11/11/2020
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.	Not Compliant	Orange	19/11/2020
Regulation 21(1)	The registered	Substantially	Yellow	19/11/2020

	provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Compliant		
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	25/11/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	16/11/2020
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.	Not Compliant	Orange	19/11/2020

Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/11/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2020
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	19/11/2020