



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

## Issued by the Chief Inspector

Name of designated centre:	St. Anthony's Nursing Home
Name of provider:	Kilduff Care Co. Limited
Address of centre:	Kilduff Castle, Pallasgreen, Limerick
Type of inspection:	Unannounced
Date of inspection:	16 November 2022
Centre ID:	OSV-0000428
Fieldwork ID:	MON-0038400

## About the designated centre

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

St. Anthony's Nursing Home is a 60-bedded nursing home situated in Pallasgreen, Co. Limerick. The centre is family owned and operated and was first established in 1969. The centre has undergone a number of renovations and extensions in the intervening period. It is a two storey premises with residents accommodated on both floors in twelve twin bedrooms and thirty six single bedrooms. All bedrooms are en suite with shower, toilet and wash hand basin. St. Anthony's provides a 24-hour nursing care with the support of a team of healthcare assistants. The centre is registered to provide care to both male and female adults over the age of 18 years of age with varying conditions, abilities and disabilities. The centre provides long-term, respite and convalescence care.

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

Number of residents on the date of inspection:	58
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Wednesday 16 November 2022	09:30hrs to 17:15hrs	Oliver O'Halloran	Lead
Thursday 17 November 2022	09:00hrs to 17:30hrs	Oliver O'Halloran	Lead

## What residents told us and what inspectors observed

Overall, this was a good centre where residents enjoyed a good quality of life. The feedback from residents living in St. Anthony's Nursing Home was that this was a safe and comfortable place to live. Several residents spoke with the inspector and many spoke positively about the staff. One resident said "it's a home away from home here" while another explained that "the staff are lovely, they are kind and good".

On arrival to the centre, the inspector met with the provider's nominated representative who was the person in charge of the centre. Following an introductory meeting, the inspector carried out a walk around of the centre accompanied by the person in charge.

The inspector observed a calm atmosphere in the centre throughout the inspection. Staff were observed using care giving intervention time as an opportunity to engage socially with residents. The inspector observed that staff were responsive to residents needs and call bells were answered promptly.

The centre is laid out over two floors, with residents' communal and bedroom accommodation set out over the two floors in the centre. The centre was found to be visibly clean throughout, and was well maintained. Residents' private accommodation comprises of single and twin bedrooms with full en-suite facilities. There are sitting and dining rooms downstairs. These rooms are furnished in a domestic-style character, with pieces of furniture such as a china cabinet with china on display and a vintage solid fuel range, which was not in use. Upstairs there are two seating areas furnished with comfortable seating, and a dining table and chairs for residents' use. Throughout the inspection, residents were observed spending time in these communal areas. There is an enclosed garden that all residents could access. There is a seating area outdoors, which residents could use throughout the seasons as it was enclosed by a large pergola, which provides shelter. There is also a sensory garden in the centre, and there were raised planting beds which residents had been involved in planting. These raised planters were wheelchair accessible.

The inspector observed that residents' bedrooms appeared to have adequate storage space, which included a bedside locker and wardrobe space for each resident. The inspector sought consent from a number of residents to view their rooms. There were photographs, ornaments and other personal items displayed in residents' bedrooms. Where residents shared bedrooms, privacy screens were appropriately placed to ensure residents could undertake personal activities in private. The inspector observed resident care equipment such as a hoist and wheelchairs being stored inappropriately in a corridor area which was used by residents.

Several residents were complimentary about the food in the centre. One resident explained that "the food is lovely, there's always a choice". Another said "the food is

lovely, and there's plenty of it". The inspector observed that the lunch-time dining experience was an unhurried social occasion for residents. Residents were observed having their lunch in the dining rooms, sitting rooms and their own bedrooms. Where residents required assistance with their meal, staff were observed to provide assistance in a manner that ensured the residents' dignity was respected. A choice of refreshments was available to residents throughout the day.

Residents were engaged in activities throughout both days of the inspection. There was an activities schedule in place, seven days a week. An activities information sheet was prominently displayed and informed residents what activities were on offer to choose from. Throughout the two days of inspection, the largest sitting room was observed to have seating reconfigured to enable residents to participate in different activities that were taking place. On the first day of inspection, in the afternoon the seating was set up for a religious service. On the second day, the seating was configured so that residents could participate in an interactive session which was facilitated by an external theatre company. A number of residents described a trip out of the centre in the summer, and this trip included lunch out at a hotel and a boat trip on the River Shannon. There is a centre minibus, which residents could use to go to appointments, or to go shopping with assistance.

Family and friends were facilitated to visit residents. Visitors were observed coming and going to the centre throughout both days of the inspection.

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.

## Capacity and capability

Overall, the inspector found that the governance and management arrangements in place were effective and ensured that residents received a good standard of evidenced-based care and support. Improvements were required in relation to staffing to ensure compliance with the regulations.

This was an unannounced risk inspection, carried out over two days, by an inspector of social services to:

- Monitor compliance with the Health act 2007 ( Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).
- Review an application for the renewal of the registration of the centre.

Kilduff Care Company Ltd. is the registered provider of the centre. The provider had a clear governance structure in place with lines of authority and accountability clearly defined. The provider's nominated representative was the person in charge. In the centre, the person in charge was supported by an assistant director of nursing who worked in a supervisory role. In addition, there were three clinical

nurse managers who worked across supervisory and direct care delivery roles. There was also an accommodation manager. The assistant director of nursing deputised in the absence of the person in charge. There was a team of nursing, care and support staff in place.

The provider had systems in place to monitor, evaluate and improve the quality and safety of the service provided to residents. There was an audit schedule in place. Audits were undertaken across clinical and environmental aspects of the service, such as health and safety and infection prevention and control. A review of the audit schedule and audits completed in 2022 evidenced that actions were taken to address deficits found on audit. These actions were communicated to staff at staff meetings. A review of the minutes of these meetings evidenced that responsibility for implementation of these action plans was assigned to staff. An action plan had been clearly documented and reviewed to ensure quality improvement.

The inspector observed that the number and skill mix of staff on duty during the day time from 8am to 10pm was sufficient to meet the resident's assessed health and social care needs, given the size and layout of the designated centre. However, between 10pm and 8am improvements were required in relation to nursing staffing. There was only one registered nurse on duty during this time, to provide nursing care for up to sixty one residents, and to provide supervision and oversight of the health care assistant team. The provider confirmed that a recruitment process was underway to recruit additional registered nurses to allow for two registered nurses to be on duty between 10pm and 8am.

The centre's management team had carried out an annual review of the service for the year 2021, which informed quality improvement initiatives for the current year. The annual review was informed by resident feedback.

There was a system in place to monitor staff training. A review of this system, evidenced that all staff had mandatory training provided at appropriate intervals. Staff were also facilitated to avail of other training appropriate to working with older adults in residential care, such as caring for residents with dementia and end of life care. Staff were appropriately supervised by the centre's management team.

A review of the directory of residents found that it contained all the requirements, as set out in Schedule 3 of the regulations.

There were effective record and file management systems in place. All records, such as staff personnel files and resident's records were well maintained and stored securely in the centre. A review of a sample of staff personnel files found that they contained the necessary documentation, as set out in Schedule 2 of the regulations.

A review of contracts for the provision of services found that all residents had an agreed contract in place. The inspector reviewed a sample of the contracts of care and found that they contained all the requirements, as set out in the regulations.

A record of incidents was maintained in the centre. A review of this record found that the Chief Inspector had been informed of notifiable incidents, in line with

regulatory requirements.

The centre had a complaints policy. The complaints procedure was on clear display in the centre and set out clearly the process for making a complaint. A review of complaints records found that they contained sufficient detail of the nature of the complaint and the investigation carried out. The records also evidenced communication with the complainant and the complainant's satisfaction with the outcome was documented. Residents' who spoke with the inspector, understood what action to take in the event that they needed to make a complaint about the service.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for renewal of registration was made in line with regulatory requirements.

Judgment: Compliant

#### Regulation 15: Staffing

Action was required to ensure compliance with Regulation 15, Staffing.

There were 58 residents accommodated in the centre on the day of inspection with three vacancies.

There were 27 residents assessed as being maximum dependency, eight residents high dependency, 19 medium dependency, four low dependency and one independent resident.

Improvements were required in relation to nursing staffing. There was one registered nurse on duty between 10pm and 8am to provide oversight and supervision of the health care assistant team and to provide nursing care for up to 61 residents.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

A review of staff training records found that all staff had up-to-date mandatory training.



Staff were appropriately supervised in their roles.
Judgment: Compliant
<b>Regulation 19: Directory of residents</b>
The registered provider had established and maintained an up-to-date directory of residents in the centre. The directory of residents reviewed by the inspector evidenced that it included all the information, as set out in Schedule 3 of the regulations.
Judgment: Compliant
<b>Regulation 21: Records</b>
Information management systems were in place to ensure secure record keeping and file management systems were in place. A review of a sample of staff personnel files, evidenced that they contained all the necessary requirements, as set out in Schedule 2 of the regulations. Records with regard to the medical and nursing care provided to residents, were maintained in a manner that was safe and accessible.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The provider had an up-to-date contract of insurance against injury to residents and protection of residents property.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the centre's statement of purpose. There was a clearly defined management structure that identified lines of authority and accountability.
Management systems were in place that ensured the service provided was safe,

appropriate and effectively monitored. For example, there was an audit schedule in place which ensured continuous quality improvement.

An annual review was undertaken for the year 2021, which was informed by resident and relative feedback. The annual review was available in the centre.

Judgment: Compliant

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

The registered provider had ensured that there was an agreed contract of care for all residents' in the centre. A review of a sample of the residents' contracts of care evidenced that they contained all the requirements, as set out in the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents that occurred in the centre were notified to the Chief Inspector within the required time-frame specified by the regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

The centre had a complaints policy and procedure. The complaints procedure was accessible to residents. A review of complaints found that complaints were managed in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

The inspector found that the residents in the centre were supported to enjoy a good quality of life, and received a high standard of evidenced based care. Since the last inspection, the provider had completed the actions outlined in the compliance plan in relation to Regulation 28, Fire precautions. However, the findings of this

inspection were that further action was required to ensure that all residents were safe in the centre, particularly in relation to infection prevention and control, and storage of resident's care equipment.

The design and layout of the premises was appropriate to support the needs of the residents. It provided adequate indoor communal and private spaces for residents. The centre's garden areas were accessible to residents. The inspector found that the centre was well lit and warm throughout, on both days of the inspection. However, there was a lack of storage space for resident care equipment in the centre.

Resident's health and social care needs were assessed on admission to the centre. A review of resident's care plans found that they were developed and reviewed at intervals not exceeding four months, in consultation with the resident, and where appropriate, their relative. Care plans contained sufficient detail to guide staff in the provision of person-centred care to residents.

Residents' had timely access to their general practitioner (GP). A referral system was in place that ensured residents had access to allied health and social care professionals such as occupational therapy, physiotherapy and dietitian. A review of resident's care records found that the centre incorporated allied health professionals treatment plans into the resident's care plans. These plans were observed to be adhered to. For example, where a dietitian had made specific recommendations, these were observed to be followed.

The centre was visibly clean. There were household staff on duty seven days a week. There was a cleaning schedule in place. The oversight of the cleanliness of the centre was ensured through a system of audit, and also by staff supervision and support by the two senior housekeepers and the accommodation manager. The inspector observed that some action had been taken to address the findings of the previous inspection. The provider had installed additional wardrobes in resident's bedrooms to ensure personal care items could be stored securely, and that the bedroom environment could be effectively cleaned. The provider had also moved washing machines out of dirty utility rooms to minimise the risk of cross contamination. Nonetheless, the inspector observed that soap and alcohol gel dispensers were not effectively cleaned, which increased the risk of cross contamination.

Records maintained evidenced that maintenance and servicing of the fire alarm, emergency lighting systems and fire fighting equipment were carried out in line with regulatory requirements. Staff who spoke with the inspector demonstrated awareness of the centre's fire safety and evacuation procedures.

There was an activities schedule in place. Residents had access to daily newspapers and had access to radio, television and the internet. An activities co-ordinator was observed facilitating one to one sessions with residents on the first morning of the inspection. A large number of residents attended a religious service, in the centres lounge area in the afternoon. On the second day, a large number of residents were observed participating in an interactive session with a local theatre group. Residents had the opportunity to participate in resident's meetings, which were scheduled to

take place quarterly in the centre. The last resident meeting took place in July 2022. These resident meetings provided an opportunity for residents to be informed and consulted about the organisation of the centre.

Staff, who spoke with the inspector, were knowledgeable about responding to and managing behaviour that is challenging. There were up-to-date risk assessments for residents who had bed rails in place.

### Regulation 11: Visits

The registered provider had ensured that there were arrangements in place for residents to receive visitors. Visits to residents were not restricted.

Judgment: Compliant

### Regulation 17: Premises

There was inadequate storage. This was evidenced by items of resident personal care equipment being stored on a corridor area, posing a trip hazard and restricting the movement of residents.

Judgment: Substantially compliant

### Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements of Regulation 27, Infection control. Action was required to ensure that procedures, consistent with the national standards for infection prevention and control in community services, as published by the Authority were implemented. For example:

- Soap and alcohol gel dispenser's were not visibly clean. This posed a risk of cross-contamination.
- A colour- coded mop system which was in use to prevent cross contamination between areas, was not consistently applied. There were mop heads in use which were not colour-coded. The use of these increased the risk of the spread of infection during cleaning.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The management of fire safety in the centre was kept under review. Staff who spoke with the inspector were knowledgeable on what actions to take in the event of the fire alarm being activated. Each resident had a completed, frequently reviewed personal emergency evacuation plan in place to guide staff. There were records in place that documented fire drill scenarios in the centre.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

A comprehensive assessment was in place that guided the development of care plans. The assessment was completed using validated assessment tools to identify resident need. Care plans contained sufficient detail to guide staff to meet residents individual needs. Care plans were reviewed at intervals not exceeding four months, in consultation with the resident, and where appropriate, their family.

Judgment: Compliant

## Regulation 6: Health care

Residents had access to their General Practitioner (GP). A review of records evidenced that resident's had access, by a system of referral, to the expertise of allied health professionals, such as physiotherapists, occupational therapists, Dietitians and tissue viability clinical nurse specialist.

Judgment: Compliant

## Regulation 8: Protection

Arrangements were in place to ensure that residents were protected from the risk of abuse. Staff were appropriately trained in recognising and responding to an allegation of abuse. Systems were in place to ensure incidents involving residents were recorded by the clinical team and reviewed by the person in charge.

Judgment: Compliant

### Regulation 9: Residents' rights

The registered provider had provided facilities for residents occupation and recreation, and opportunities to participate in activities, in accordance with their interests and capacities.

Residents had the opportunity to be consulted about, and participate in the organisation of the designated centre.

Residents had access to independent advocacy services.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	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. Anthony's Nursing Home OSV-0000428

Inspection ID: MON-0038400

Date of inspection: 17/11/2022

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            Following our recent NTPF negotiations, we have allocated increased funding to staff nurse recruitment as planned. We have agreed employment contracts with nurses that are joining our team from abroad. These nurses are currently engaged in the registration process and will start as soon as NMBI registration and work permit is granted. Dependency levels and task assignment will continue to be monitored across all our teams and we will continue to care for our residents' and meet their clinical needs to the highest of standards. Nursing staff and Senior Health Care Assistant's will continue to support their colleagues and continue to report to the Clinical Nurse Managers, Assistant Director of Nursing and Director of Nursing.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:            A seldom used desk has been repurposed to allow for ample storage of personal care equipment such as wheelchairs and hoists. An area in the nurses clinical room has been made available for other equipment such as drip stands, blood pressure monitors, etc.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection</p>	

control:

Newer color coding will be added to the newer mop heads. The importance of color coding has been discussed at housekeeping meetings and we will continue to audit compliance. Hand gel wall dispensers are used less frequently since the introduction of clip-on hand gel attached to all staff uniforms. We have reviewed the wall dispenser cleaning schedule and additional time has been assigned to the completion of this task.

## 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 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	01/09/2023
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	15/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	15/12/2022

	control of healthcare associated infections published by the Authority are implemented by staff.			
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