



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

Issued by the Chief Inspector

Name of designated centre:	St Catherine's Nursing Home
Name of provider:	Newcastle West Nursing Home Limited
Address of centre:	Bothar Buí, Newcastle West, Limerick
Type of inspection:	Unannounced
Date of inspection:	29 June 2022
Centre ID:	OSV-0000429
Fieldwork ID:	MON-0036806

About the designated centre

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

St Catherine's Nursing home is located in the town of Newcastle west, in Co Limerick. The building was previously a convent and has been in operation as a designated centre for over ten years. It is a two story building set in large grounds and in close proximity to all amenities in the town. Resident's private accommodation consists of 51 single bedrooms, two single bedroom apartments and seven twin bedrooms with en-suite facilities. Communal accommodation, such as dining and lounge facilities are located on both floors. There are three lifts allowing easy access between floors. There is an enclosed courtyard/garden area with seating for resident and relative use. The centre is registered to provide care to 73 residents. It provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring, convalescent and respite care. Care is provided by a team of nursing and care staff covering day and night shifts. The centre employs a full time physiotherapist and physical therapist. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	66
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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 29 June 2022	08:45hrs to 16:50hrs	Sean Ryan	Lead
Thursday 30 June 2022	08:45hrs to 12:45hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Residents living in St. Catherine's nursing home told the inspector that they enjoyed a good quality of life in the centre. The inspector found that residents received a high standard of person-centred care from a team of staff under the supervision of a responsive management team.

The inspector was guided through the centre's infection prevention and control measures on arrival at the centre. Following an introductory meeting with the person in charge, the inspector walked through the centre and met with a number of residents in both their bedrooms and in communal areas.

Residents were observed to be content and relaxed in a variety of communal areas around the centre. The inspector observed that residents' choice was respected. Some residents got up from bed early while others chose to remain in bed until mid-morning. Staff were observed serving residents their breakfast in communal areas and in their bedrooms. Some residents chose to have breakfast at a later time and the staff facilitated this request.

The inspector spent time talking to a number of residents who sat in the corridor that overlooked the enclosed courtyard. Residents were keen to tell the inspector about their experience living in the centre which they described as being positive and that the staff were caring. Residents complimented the variety of seating areas around the building and the views of internal gardens that were observed to be well maintained. Residents told the inspector that staff were responsive to their needs, were prompt to answer their call bells and that they felt safe living in the centre. Additionally, residents spoke of the difficulty and fear they experienced during the initial stages of the COVID-19 pandemic. Residents told the inspector that receiving the vaccination, coupled with the support and reassurance from staff, had made them feel more confident. The inspector acknowledged the difficult and challenging time the residents and staff had faced during the pandemic.

The premises was observed to be designed and laid out to meet the needs of the residents. Corridors were wide and facilitated the safe mobility of residents with appropriately placed hand rails. Corridors, bedrooms and communal areas were brightly coloured and had adequate soft furnishings that were well maintained. The inspector observed aspects of the premises that were in a poor state of repair including walls that were visibly damaged as a result of friction from equipment and beds while corridor floors were damaged and torn in areas. The person in charge confirmed that these issues had been escalated to the provider and an action plan was in development.

The residents dining experience was observed to be a pleasant, sociable and relaxed occasion for residents. Residents had a choice of meals from a menu that was updated daily. Residents complimented the aroma of baking of breads and buns that were described as high quality and were provided to residents at their request. Staff

were observed to provide assistance and support to residents in a person-centred manner. On the ground floor, there were two meal sittings to ensure residents had adequate space in the dining room. The inspector observed that residents were facilitated to attend the dining room at a time of their choosing. Staff were also observed attending to residents in their bedrooms to provide support during mealtimes.

In the afternoon, residents were observed engaged in a variety of activities over the two days of inspection. This included live music, manicures and bingo. Residents were also observed receiving one-to-one activities, tailored to their particular interests.

Residents were consulted with on a daily basis and the person in charge visited each residents in the morning time. Residents complimented this process as it allowed them to raise any concerns they may have with the person in charge or schedule a meeting for later in the day. Residents said that if they had cause to complain, they could do so freely and were confident that their concerns would be addressed. Residents were facilitated with religious service three times per week and plans were in development for trips to local areas of interest. Overall, residents told the inspector that they received good quality care and support from a service that valued their feedback and was used to implement change.

The following sections of this report details the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

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). The inspector reviewed the actions taken by the provider following the last inspection of the centre in March 2021. The inspector found that the provider had taken action to address some of the findings of the previous inspection with regard to the provision of activities for residents supported by additional staffing, infection prevention and control procedures and maintenance and redecoration of the premises had progressed. This inspection of the centre found a satisfactory level of compliance with the regulations assessed. Nonetheless, action was required to comply with Regulation 21, Records, Regulation 17, Premises, Regulation 27, Infection control and Regulation 28, Fire precautions.

Newcastle West Nursing Home Limited is the registered provider of St. Catherine's Nursing Home. The company is comprised of one director who represents the company and provided oversight and support to the clinical management team. The centre was found to have an effective, well organised governance and management structure, where lines of accountability and authority were clearly defined to ensure

effective oversight of the quality and safety of the service provided to residents. The person in charge was supported by an assistant director of nursing and two clinical nurse managers. A third clinical nurse manager had recently been appointed to enhance the governance structure and support the implementation of the monitoring and oversight systems. Arrangements were in place to ensure that a member of the management team were present in the centre seven days per week.

Governance and management meetings were held weekly between the person in charge and the provider through a blend of in-person and telephone communications. Records evidenced that aspects of the service with the potential to impact on the quality and safety of care were discussed and quality improvement plans were developed. Weekly meetings occurred between the clinical management team that analysed key clinical performance indicators such as falls, restrictive practices and wounds. Information specific to audit findings were analysed and corrective actions were developed where deficits in the service were identified. There was evidence of good systems of communication with staff that discussed clinical and operational matters and quality improvement plans.

There were effective systems of risk management in the centre that were underpinned by a risk management policy. Risks were appropriately identified, recorded and controls put in place to mitigate the risk of harm to residents. A risk register was maintained in respect of each individual resident and an environmental risk register was in operations and reviewed weekly by the management team to measure the effectiveness of risk mitigating actions.

The inspector found that the information and records required by schedule 2, 3 and 4 of the regulation was available for review. Staff personal files were maintained in line with the requirements of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 were in place. However, record keeping and file management systems required action to comply with regulatory requirement. For example, information specific to residents care records were not maintained in a way that was secure or easily accessible.

On the day of inspection, there were sufficient numbers of staff on duty to attend to the direct care needs of residents. The staffing level was appropriate for the size and layout of the building. The person in charge confirmed that staffing levels were kept under review and informed through monitoring of the residents dependency needs and occupancy levels. For example, on the first floor of the premises, there were two nurses rostered in the morning and one nurse in the afternoon. The management team confirmed that this would be increased to two nurses in the afternoon as occupancy and residents dependency needs increased. The service was also supported by adequate healthcare, activities, housekeeping and catering staff.

Staff training records were reviewed and evidenced that the provider had all mandatory training requirements in place for staff. Staff demonstrated an appropriate knowledge of their training commensurate to their role. The person in charge had provided additional training to staff with regard to pressure wound prevention to support an ongoing initiative to reduce the incidence of pressure

wounds in the centre.

A summary of the complaints procedure was displayed in the centre. Residents were familiar with the procedure and the key personnel involved in complaints management. A record of complaints raised by residents and relatives was maintained in the centre. Details of communication with the complainant and their level of satisfaction with the measures put in place to resolve the issues were included. There was evidence that complaints raised by residents during resident forum meetings were appropriately actioned and progressed through the complaints procedure.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

There were 66 residents accommodated in the centre on the day of inspection and seven vacancies.

There were sufficient numbers of staff on duty on the day of inspection. There were two registered nurses on duty 24 hours a day and a third nurse on duty in the morning.

The centre is a large building and residents are accommodated over two floors. On the day of inspection, there were 17 residents assessed as maximum dependency, 28 residents as high dependency, 14 with medium dependency and seven with low dependency care needs. The provider acknowledged that, as the number of residents increase, the number of nursing staff on duty will also require an increase on the first floor where resident occupancy is higher.

Judgment: Compliant

Regulation 16: Training and staff development

Training records evidence that all staff had up-to-date mandatory training as required by the regulations. Staff had also completed training and education relevant to infection prevention and control.

Arrangements were in place for the ongoing supervision of staff through senior management presence and through formal induction and performance review processes.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the centre. The directory contained the information as specified in paragraph (3) of Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

Action was required to ensure compliance with the requirements of Regulation 21, Records. This was evidenced by;

- Residents records contained current and historical information that was not easily accessed or retrieved. For example, risk assessments completed in 2022 were located within records from 2020 and 2016.
- Care plans contained historical information that that did not accurately reflect the care to be given at this time. This created a risk whereby residents current care plans were not easily retrieved to guide the care to be provided to residents.
- Records of residents nutritional and fluid intake were not securely stored in a manner that protected the residents privacy.
- Records in respect of residents participation in daily social activities were not accurately maintained.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance against injury to residents and protection of residents property.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had an established governance and management structure in place where lines of authority and accountability were clearly defined.

There were effective monitoring and oversight systems in place to ensure the service provided was safe, appropriate, consistent and effectively monitored. Quality improvement plans evidenced an ongoing commitment to enhance the quality and safety of the service provided to residents.

The annual review of the quality and safety of care for 2021 had been completed in consultation with the residents. The review set out the plan to address aspects of the service for the year ahead.

Judgment: Compliant

Regulation 3: Statement of purpose

Action was required to comply with the requirements of Schedule 1 of the regulations. The description of some rooms in the designated centre, including their primary function, did not align with what was observed on the day of inspection. For example;

- A cleaning room was incorrectly identified as a sluice room.
- An oratory was a quiet room.
- A door had been created in a general purpose store room that was now an area to store clean linen from the laundry.
- A room on the second floor of the premises was used to store equipment and maintenance tools but was not registered or included in the statement of purpose or the footprint of the building.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifiable events as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints policy and procedure that met the requirements of the regulation.

The inspector reviewed the complaint recorded for 2022. Records evidenced that complaints were recorded, investigated and there was evidence of follow up communication with the complainant as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result. There was an independent appeals process in place.

Residents reported feeling comfortable with speaking to any staff member if they had a concern and were confident that their concerns would be addressed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had written policies and procedures as required under Schedule 5 of the regulations. Policies were available to staff to provide guidance on the quality and safety of care to be provided to residents.

Judgment: Compliant

Quality and safety

The impact of an effective governance and management structure was observed in the quality of care provided to residents. Residents' health and welfare was maintained by a high level of evidenced based care. The inspector found that residents received person-centred and safe care from a team of staff who knew their individual needs and preferences. Nonetheless, action was required to comply with Regulation 17, Premises, Regulation 27, Infection control and Regulation 28, Fire precautions.

Resident's care needs were assessed through a suite of validated assessment tools to identify areas of risk specific to residents. This included the risk of impaired skin integrity, falls, malnutrition and safe mobility needs. Care plans were informed through the assessment process and developed in consultation with residents.

Residents had timely access to general practitioner (GP) services and to allied health and social care professionals as requested by residents or required. Systems were in

place for referral to specialist services such as dietetic, speech and language and occupational therapy services. Tissue viability expertise was available to support the staff in the prevention and treatment of wounds.

The person in charge was actively promoting a restraint free environment. A restrictive practice committee monitored the use of physical and chemical restraint in the centre and discussed and implemented and reviewed the effectiveness of alternatives to restraint. The use of bedrails had reduced significantly in the centre.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse.

The risk management policy met the requirements of Regulation 26, Risk management, and contained the associated risk policies to address specific risk such as the unexplained absence of a resident, self-harm, aggression and violence, safeguarding and the prevention of abuse. The policy detailed the arrangements in place for the identification, recording and learning from serious or adverse events involving residents.

Residents nutritional and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu based on their individual food preferences and dietetic requirements. An additional meal sitting had been commenced following the previous inspection to ensure residents were provided with adequate dining space on the ground floor.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of communal and private areas observed in use by residents on the day of inspection. All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Directional signage was displayed throughout the centre to support residents to navigate their environment. Floor coverings in areas of the centre were in a poor state of repair and the opening mechanism on some windows required action.

The centre had experienced two outbreaks of COVID-19 in 2022 that had affected a number of residents and staff. The person in charge reported that outbreak management was supported by public health guidance and advice. A COVID-19 preparedness and contingency plan was in place and this had been reviewed following an outbreak of COVID-19 in the centre. The person in charge reported that the contingency plan had worked well in practice to contain the spread of the virus. Outbreak reviews had been completed by the person in charge that informed amendments to the outbreak management plan as a result of learning from previous outbreak management. For example, additional staffing had been recruited to ensure sufficient staffing resources in the event of future outbreaks. The management team had also established a committee to support anti-microbial stewardship and surveillance in the centre. The provider had a number of assurance systems in place to prevent and control the risk of infection in the centre. A single use, colour coded, mop and cloth systems was in operation. Cleaning agents were

appropriate for healthcare settings and housekeeping staff demonstrated an understanding of the centres cleaning process. Staff were observed to use personal protective equipment appropriately and perform hand hygiene. However, action was required to comply with Regulation 27, Infection control. For example, the inspector observed that dirty utilities and housekeeping store rooms were not managed in a way that reduced the risk of cross contamination fo equipment. Some areas of the centre were not clean on inspection.

The management of fire safety was kept under review. Service records were in place for the maintenance and testing of fire detection and containment systems. There was evidence that a visual inspection of fire safety measures in the centre had been completed by an external service provider and that the actions arising from that inspection were mostly completed. This included repair or replacement of fire door seals and intumescent strips. While records evidenced that staff engaged in frequent fire evacuation drills, the drill records did not evidence that the evacuation of a compartment was undertaken. Further action was required to comply with Regulation 28, Fire precautions.

The inspector found that residents were free to exercise choice in how to spend their day. Activities were observed to be provided by dedicated activities staff with the support of healthcare staff. Residents told the inspector that they were satisfied with the activities on offer. There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service.

Visiting was observed to be unrestricted and residents could receive visitors in either their private accommodation or a visitors room if they wished. Residents were also facilitated to meet with their family and friends in the local café.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were provided with adequate space to store and maintain their clothing and personal possessions. Residents were encouraged to personalise their private accommodation with items of significance. Residents reported being satisfied with their bedroom accommodation.

Residents personal clothing was laundered on-site. Systems were in place to ensure

clothing did not become misplaced, damaged or lost.

Judgment: Compliant

Regulation 17: Premises

There were areas in the interior of the building that were not kept in a good state of repair and did not meet the requirements under schedule 6 of the regulations. For example;

- Floor coverings on corridors of the first floor were damaged and torn. The floor was also uneven and contained hollows that presented a trip hazard to residents.
- Sash windows were observed to be held open by cups and toiletries and presented a risk of injury to residents who attempted to remove those items to close the windows. Glass was broken in one sash window in the dining room.
- Areas of the premises that included bedrooms and corridors had visibly damaged and chipped paintwork.
- There was inadequate storage for residents toiletries in shared en-suites. Toiletries were observed stored on top of toilet cisterns and on the window sills in multiple en-suites.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals and snacks and refreshments were made available at the residents request. Menus were developed in consideration with residents individual likes, preferences and, where necessary, their specific dietary or therapeutic diet requirements as detailed in the resident's care plan.

Daily menus were displayed in suitable formats and in appropriate locations so that residents knew what was available at mealtimes.

There was adequate numbers of staff available to assist residents with their meals. Assistance was offered discreetly, sensitively and individually.

There were adequate arrangements in place to monitor residents at risk of malnutrition or dehydration. This included weekly weights, maintaining a food intake monitoring chart and timely referral to dietetic and speech and language services to ensure best outcomes for residents.

Judgment: Compliant

Regulation 26: Risk management

Risk management systems were guided through the risk management policy that clearly set out the system for identifying, recording and responding to risks with the potential to impact on the safety and welfare of residents in the centre.

The risk management policy contained all the required elements as required by Regulation 26. An emergency plan was in place and detailed the actions to take to respond to major incidents.

Judgment: Compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements under Regulation 27. For example;

- There was inadequate storage in sluice rooms to store bedpans and urinals. This was evidenced by large volumes of clean equipment stored on drainage boards which created a risk of cross contamination.
- There was a loss of integrity between floor coverings and the skirting that resulted in a build up of debris that could not be effectively cleaned. This was most prominent on the corridors of the ground and first floor.
- Housekeeping rooms were not clean on inspection. Multiple items such as chemicals, floor mops and vases were stored on the floor that was visibly unclean on inspection.
- Window sills were visibly unclean with build up of debris and dirt.
- Housekeeping trolleys were not clean on inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure that residents were adequately protected from the risk of fire. For example;

- Escape stairs were used for the storage of supplies and equipment. For example, excess stock of clinical waste bins, soft furnishings and hoists were

stored in the area with the potential to impede safe evacuation.

- The effectiveness of the evacuation strategy could not be determined as evacuation drill records did not indicate if a full compartment evacuation had occurred in the largest compartment.
- Some staff were unclear with regard to the evacuation strategy and progressive horizontal evacuation.
- Action was required to ensure areas of risk, such as the smoking room, had appropriate fire and smoke detection.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents care documentation was maintained on a paper based system. Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated at regular intervals. Staff had knowledge of residents' individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to a General Practitioner. Residents were also supported with referral pathways and access to allied health and social care professionals. There was a vacant full-time physiotherapist position at the time of the inspection. Arrangements were in place for residents to access physiotherapy through an external service provider in the interim.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents needs in relation to behavioural and psychological symptoms and signs of dementia were assessed and continuously reviewed, documented in the resident's care plan and supports were put in place to address identified needs.

The inspector observed staff providing person-centred care and support to residents who experience responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Restrictive practices, such as bedrails, were managed in the centre through ongoing initiatives to promote a restraint free environment. Where 'as required' psychotropic medication was administered, the effects and outcome for the resident following the administration of the medication was recorded and audited weekly.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

The provider did not act as a pension agent for any residents. There were systems in place to safeguard residents monies and goods handed in for safekeeping. A safe log book was maintained to record deposits and withdrawals for residents in the centre. A sample of deposits were reviewed by the inspector and were found to be accurately recorded and audited by two persons.

Judgment: Compliant

Regulation 9: Residents' rights

Residents reported that staff made them feel at home in the centre and that they were treated with dignity and respect. Resident felt supported and could exercise choice in how they spend their day.

Residents expressed their satisfaction with the activities programme and looked forward to schedule outings to areas of local interest.

Residents were provided with daily newspapers and could watch television in either the communal dayrooms or in their bedrooms. Resident detailed how they maintained contact with their friends and families during restrictions such as telephone and video calls and they were satisfied that religious services had continued in the centre.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Catherine's Nursing Home OSV-0000429

Inspection ID: MON-0036806

Date of inspection: 30/06/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: A new file will be put in place to reflect the current risk assessments and care plans. The historical information will be stored in the nurse's station hereby reducing the risk and allowing the information to be easily retrieved to guide the care to be provided to residents. This will take time to implement therefore we are saying it will be completed by 31.12.22</p> <p>Staff were reminded that records of resident's nutritional and fluid intake must be stored in a manner that protects the resident's privacy and this will be continually monitored.</p> <p>A meeting occurred with the Activity Co-Ordinators, and they have been informed that resident's participation in daily social activities must be accurately maintained. This will be continually monitored and audited.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: The floor plans were amended to include the correct description of the rooms in the designated center to include their primary function.</p> <p>The statement of Purpose was updated to reflect the amendments and floor plans were drawn up for the room on the second floor to include their primary function and this has been completed.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The floor covering on the corridor on the first floor is scheduled to be repaired and replaced on a scheduled basis to prevent any trip hazards and to ensure residents safety. A risk assessment has been done on this and it is priority. This will be completed by 31.10.22</p> <p>The upper part of the sash windows will be opened by maintenance and the bottom of the window will be kept closed to prevent a risk of injury to residents. The ventilation will be monitored as needed as requested by residents and will also be monitored by staff to prevent a risk of injury to residents. Completed</p> <p>The glass on the sash window in the dining room will be replaced. A schedule has been made out to upgrade the paintwork in the bedrooms and corridors as this is a big project and will need to be budgeted for. This will commence shortly and will be ongoing.</p> <p>New storage cupboards for residents' toiletries in ensuites and shared ensuites are being installed.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: New storage cupboards are being installed in sluice rooms to store the bedpans and urinals and clean equipment to prevent cross contamination.</p> <p>Measures will be put in place to ensure that a build of debris will be prevented in the floor coverings on the corridor of the first floor and ground floor to ensure effective cleaning can take place. In the interim enhanced cleaning measures have been introduced eg. Hoovering and cleaning is being carried out along the skirting boards to prevent buildup of debris between the skirting boards and the floor covering. We are awaiting tradesmen to visit the centre to advise us on the best permanent solution to this problem. This is a large project and will be rectified by 31.12.22</p> <p>The housekeeping rooms have now been added to the cleaning schedule and are being monitored and audited.</p> <p>Storage cupboards will be installed in the cleaning room for items such as Chemicals, mops and vases.</p>	

Window sills and housekeeping trolleys have now been added to the cleaning schedule and must be signed off on following cleaning. This will be monitored by Management and audited.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: Supplies and equipment have been removed from underneath the escape stairways to ensure safe evacuation in the event of a fire.

The evacuation strategy was further developed, and evacuation drills now include a full compartment evacuation process and has been carried out in the largest compartment. We have also numbered the compartments.

Staff have been retrained on the evacuation strategy and progressive horizontal evacuations have taken place and will be completed on a weekly basis to ensure staff are familiar with the process.

The smoking room is scheduled to have the appropriate fire and smoke detection alarms installed and to be completed by the 30.08.2022. In the interim residents that are smoking are being checked more regularly than previously until the alarm is installed.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	31/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2022

Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	30/07/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/07/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for	Substantially Compliant	Yellow	30/08/2022

	detecting, containing and extinguishing fires.			
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	15/07/2022