



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

## Issued by the Chief Inspector

Name of designated centre:	St Paul's Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	St Nessian's Road, Dooradoyle, Limerick
Type of inspection:	Unannounced
Date of inspection:	09 December 2021
Centre ID:	OSV-0000433
Fieldwork ID:	MON-0033439

## About the designated centre

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

St. Paul's Nursing Home is a purpose-built designated centre and has been in operation since 1963. The nursing home was opened and operated by the Bons Secour De Troyes until 2010 when it was purchased by Blockstar Limited, who are the current registered providers. The centre is registered to accommodate 57 residents in 52 bedrooms – one three bedded room, three two bedded rooms (two with en suite facilities) and 48 single bedded rooms (seven with en suite facilities).

The centre provides 24-hour residential care for both female and male residents and provides general long-term care, palliative care, convalescent care and respite care. The centre is registered to care for persons over the age of 18 but most residents are over 65 years of age and can cater for residents assessed as being from low to maximum dependency levels' as per the modified Barthel Index.

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

Number of residents on the date of inspection:	53
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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
Thursday 9 December 2021	09:30hrs to 18:25hrs	Fiona Cawley	Lead
Thursday 9 December 2021	09:30hrs to 18:25hrs	Mary McCann	Support

## What residents told us and what inspectors observed

This unannounced inspection was carried out over one day. The inspectors were welcomed to the centre on arrival and guided through the infection prevention and control measures in place. These included temperature check, hand hygiene and face covering before entering the centre.

On the day of the inspection the inspectors observed that residents were supported to enjoy a good quality of life in a relaxed environment. Residents told inspectors they were happy with the care they received within the centre and were observed to be content in the company of staff. Notwithstanding this, inspectors observed that there were aspects of the design, layout and maintenance of the premises that had a negative impact on residents. Examples include deficits in fire safety and a lack of accessible communal sanitary facilities in close location to bedroom areas. These non-compliances were identified at the time of the last inspection on the 25 February 2020 and had resulted in two conditions of registration being attached to the registration of this centre.

The centre had experienced an outbreak of COVID-19 in October 2021. Throughout the outbreak the person in charge had worked closely with local public health professionals and the Health Service Executive (HSE) to implement the centre's COVID-19 contingency plan and to ensure the outbreak was managed in line with the recommended guidance. The centre was COVID-19 free on the day of the inspection. Inspectors acknowledged that residents and staff of the centre had been through a challenging time and that staff and management had the best interests of residents at the forefront of everything they did to manage the outbreak.

The centre is a large building set out over three floors, the front lobby was pleasantly decorated and a receptionist was available immediately on entry to the centre. The facility provided accommodation for 56 residents and comprised of four two bedded rooms, and 48 single rooms. There were 53 residents accommodated in the centre on the day of the inspection and four vacancies. There were a variety of communal areas for residents to use depending on their choice and preference including day rooms, a dining room, a quiet room, a reception area, a chapel and accessible outdoor areas. There was a lift for ease of access between all floors.

The inspectors spoke with a number of residents during the inspection. Residents reported that they enjoyed the food, going into the garden and were complimentary of the care and attention from staff telling inspectors that staff were obliging, attended quickly and were kind and helpful. Some comments included 'staff are very pleasant and kind' and 'they help you when you need help'. A number of residents were living with dementia and therefore conversations with some residents were limited. Those residents who were unable to communicate verbally were observed by the inspectors to be very content. Residents were seen to be happy and content as they went about their daily lives. The staff were attentive and respectful in their

interactions with the residents.

The inspectors completed a walk about of the centre together with the person in charge and observed a friendly, relaxed and calm atmosphere throughout. The living and dining areas had a homely atmosphere which allowed residents to relax and socialise. Resident's bedrooms were personalised to individual preferences and inspectors saw family photos, memorabilia and other personal belongings in many of the bedrooms. All bedrooms contained furniture to store resident's belongings, and residents had access to a television or radio in their room. The corridors were wide and well lit. The walls were adorned with colourful artwork including beautiful pictures painted by the residents. Grab rails were available along the corridors to assist residents to mobilise safely. The building was warm and well ventilated throughout. Call bells were available throughout the building to enable residents to alert staff if they required their assistance, however inspectors noted that some call bells in bathrooms were not accessible to residents. The inspectors noted that several aspects of the centre required maintenance, refurbishment and redecoration. This will be discussed further under regulation 17 Premises.

The dining arrangements had been reorganised as a result of the pandemic. Residents' mealtimes were organised in three sittings to facilitate social distancing. Residents could chose to eat in their bedrooms or in the dining or sitting areas. Residents were offered a choice regarding the food they ate, and where they wished to eat their meals and residents confirmed that they enjoyed the meals provided. The dining room was a lovely bright, spacious room where the inspectors observed residents enjoying meals and snacks throughout the day. The lunch time period was observed by the inspectors on the day of the inspection and inspectors saw that the meals served were well presented and there was a good choice of nutritious food available. Daily menus which were on display. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently and residents were not rushed. Staff and residents were observed to chat happily together and all interactions observed were respectful.

The outdoor space included safe, unrestricted access to a pleasant outdoor area for the residents. There was a pleasant garden area which included a variety of suitable seating areas, bird feeders, a water feature, fruit trees and flower beds. The centre was located near a primary school and the sound of children laughing and playing provided a pleasant background noise in the garden.

Housekeeping staff who spoke with the inspectors were knowledgeable about the cleaning process required in the centre. Overall, the centre was generally clean and tidy. However, the inspectors noted a number of areas that required attention. This will be discussed under Regulation 27.

The laundry facility was a large well-ventilated area and was clean and tidy. The area had a clear one way system to maintain segregation of clean and dirty linen. The inspectors were informed by the Person in Charge that the housekeeping staff used the sink facility in this area as there was no such facility in the housekeeping room. The inspectors were told the laundry function was not negatively impacted as

a result of this.

There was adequate signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions.

The daily schedule of activities for the residents was displayed in a prominent places and included a schedule in picture format. There was a specific schedule in place for the Christmas period which included Christmas movies, poetry, quizzes and baking. Inspectors saw that there were activities taking place on the day of inspection. These included, reading the newspaper, bingo, and Mass. A local priest attended the centre and mass was celebrated three days per week. The centre employed one coordinator to provide a range of activities Monday to Thursday with the care staff providing activities to the residents on the remaining days. The most recent resident survey results showed that a number of residents had identified that they would like to have more activities provided. Although the majority of residents spent most of their time in the communal areas, others preferred to spend time in their bedroom. Residents told the inspectors that they could choose to spend time where they wished. There were a minority of residents who were considerably younger than the majority of residents. These residents had specific care packages to meet their assessed needs

Throughout the day residents were observed in the various areas of the centre and were seen to be happy and content as they went about their daily lives. The staff knew the residents well and provided support and assistance with respect and kindness. The provision of care was observed to be person-centred, unhurried and respectful and there was a happy atmosphere present throughout the centre. There was sufficient staff on duty to ensure the residents' needs could be met. Staff were observed helping residents with hand hygiene throughout the inspection. Many residents were observed socialising with each other and with staff members.

Staff who spoke with inspectors were knowledgeable about residents and their specific needs. Inspectors spent time in communal areas observing interactions and found that staff were respectful, had a good knowledge of resident's likes, dislikes and their background.

Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Visiting was facilitated in line with current guidance (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

In summary, this was a good centre with a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

## Capacity and capability

The inspectors found that overall this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. Some of the required improvements from the previous inspection had been implemented. However, further improvements were required to assure regulatory compliance with all regulations and in particular Regulation 17 Premises and Regulation 28 Fire Precautions. As result of theses ongoing regulatory non-compliances the centre was not compliant with Condition 4 and Condition 5 of the centre's registration conditions. The office of the Chief Inspector had engaged with the registered provider in relation to this matter on the 23 September 2021, where the provider gave a commitment to address the identified regulatory non-compliances to ensure safety and comfort of the residents was maintained. This included the commencement of the necessary work to address fire safety and available sanitary facilities and a comprehensive fire risk assessment to be carried out by a competent person. It was requested at this meeting that the report for this risk assessment be forwarded to the Chief Inspector. On the day of the inspection, the inspectors found that the required work had not started and there had not been a fire risk assessment carried out and no detail was provided to the inspectors as to when this was to occur.

The person in charge facilitated the inspection throughout the day and demonstrated a clear understanding of their role and responsibility and was a visible presence in the centre. The person in charge was supported in the role by a two clinical nurse managers and a full complement of staff including nursing and care staff, activities coordinator, housekeeping staff, catering staff and a maintenance person. There were deputising arrangements in place for when the person in charge was absent. There was an on call out-of-hours system in place that provided management advice if required. However, the clinical nurse managers often worked as part of the nursing team and were not supernumerary consistently. Consequently, this impacted on the effectiveness of the oversight of the service. This will be discussed further under Regulation 23.

There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. Communal areas were supervised at all times during the inspection and staff were observed to be interacting with residents in a positive and meaningful way. The person in charge and clinical nurse managers provided clinical supervision and support to all the staff. Staff had the required skills, competencies and experience to fulfil their roles. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection.

Policies and procedures were available which provided staff with guidance about



how to deliver care to the residents. Inspectors reviewed the policies required by the regulations and found that all policies were reviewed and up-to-date.

A sample of three staff personnel files were reviewed by the inspectors and found to have all the information required under Schedule 2 of the regulations. Staff had access to education and training appropriate to their role. Staff with whom the inspectors spoke with were knowledgeable regarding fire safety, safeguarding and hand hygiene.

The inspectors observed that regular staff and management meetings had taken place. Minutes of meetings reviewed by the inspectors showed that a range of issues were discussed in detail including COVID-19, staffing levels & recruitment, incidents, and audits.

A range of audits were carried out by the person in charge which reviewed practices such as care planning, medication management infection prevention and control, hand hygiene and dining experience. Key performance indicators were collected and reviewed monthly in areas such wounds, infections, the use of psycho-tropic medications, discharges and resident deaths.

The person in charge had completed an annual review of the quality and safety of care in the centre for 2020 with input from the residents which included a quality improvement plan.

### Regulation 15: Staffing

There was sufficient staff with an appropriate skill mix of staff on duty to meet the needs of residents and having regard to the size and layout of the centre. There was a registered nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. This included Infection Prevention and Control, COVID-19, Manual Handling, Safeguarding and Fire Safety Training.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a Directory of Residents which contained the information required by the regulations.

Judgment: Compliant

### Regulation 21: Records

A sample of three staff personnel files were reviewed by the inspectors and found to have all the information required under Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of high quality care and support to residents. There was a clearly defined management structure in place with identified lines of authority and accountability. There were systems in place to monitor and evaluate the quality and safety of the service. The audit system included action plans with identified time frames and persons responsible for actions.

There was an annual review prepared for 2020 which was available to residents and staff on the day of the inspection. This document was prepared in consultation with the residents and included a quality improvement plan for the year ahead.

However, the roles and responsibilities of the clinical nurse managers were not clear as they were regularly on duty as the nurse delivering care for residents and not as the clinical manager with responsibility for supporting and supervising the staff team. The lack of consistent supernumerary hours to carry out their management responsibilities had an impact on the oversight of a number of key areas and as a result the audit system had not identified a number of areas of non-compliance found by the inspectors during this inspection.

Inspectors found repeated non-compliance's with the regulations reviewed and that the compliance plan response to the previous inspection findings had not been implemented. Inspectors found that Regulation 17 Premises and Regulation 28 Fire Precautions remained not compliant.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

There was a written contract of care for each resident that detailed the services to be provided and the fees to be charged.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was a complaints policy in place and this was updated in line with regulatory requirements. Records of complaints were maintained in the centre and the inspector observed that these were acknowledged and investigated promptly and documented whether or not the complainant was satisfied. The last recorded complaint was in February 2020. However, the resident survey results reviewed by the inspectors documented a response from one resident who wrote that personal property and laundry had gone missing. The Person in Charge informed the inspectors that these issues had been dealt with to the satisfaction of the resident. There was no record of this complaint in the complaints log.

Judgment: Substantially compliant

## Regulation 4: Written policies and procedures

All policies required by Schedule 5 of the regulations were in place and updated on a three yearly basis in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

Overall, the inspectors found the care and support provided to the residents of this centre to be of a good standard. On the day of the inspection the residents were well-groomed, nicely dressed and observed to be content and happy. Staff were respectful and courteous with the residents. generally

Residents were well cared for and their health care needs were assessed using validated tools which were generally used to inform care planning. Residents had access to medical care with the residents' general practitioners providing on-site

reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

The provider had appropriate measures in place to ensure that the residents were protected from abuse. All staff had the required Garda vetting in place.

Since the last inspection, the provider had reduced the occupancy in a three bedded room to twin occupancy. This had enhanced the space available to residents and had improved the lived experience for the residents using this room.

Closed circuit television cameras (CCTV) were used in the centre including some of the corridors and the exterior of the building. There was an up to date policy in place to guide staff and appropriate signage was in place.

Residents had access to an independent advocacy service.

The inspectors found that there were opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities. There were staff available to support residents in their recreation of choice and there were regular activities including music and exercise.

There was a risk register in place which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

Infection Prevention and Control measures were in place. Staff had access to appropriate infection prevention and control training and all staff had completed this. Staff who spoke with the inspectors were knowledgeable of the signs and symptoms of COVID-19 and the precautions to be adapted to protect them and residents. Good practices were observed with regard to hand hygiene procedures and appropriate use of personal protective equipment. Staff and resident temperatures were checked twice a day in line with the Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities). However, some improvements were required to ensure the premises and lived environment supported appropriate infection prevention and control practices. This will be discussed under Regulation 27.

Staff were knowledgeable and clear about what to do in the event of a fire and what the fire evacuation procedures were. Evacuation equipment was available and accessible in the event of an emergency. Firefighting equipment was in place throughout the centre. Fire exits were clearly visible and free from obstruction. Personal evacuation plans were in place for each resident. Fire safety training and evacuation drills were carried out regularly. However, the inspectors were not assured that all control measures were satisfactorily in place to ensure residents and staff were protected should a fire occur in the centre. These will be discussed further under Regulation 28.

The centre had a comprehensive COVID-19 contingency plan in place which

included guidance from Health Protection and Surveillance Centre (Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities).

### Regulation 10: Communication difficulties

The action from the previous compliance plan to train relevant in the specific communication needs of residents who required one to one care had not been addressed .

Judgment: Substantially compliant

### Regulation 11: Visits

The centre was COVID-19 free at the time of this inspection and arrangements were in place for residents to receive visitors in private. Visits were pre booked to manage footfall and social distancing. Staff informed the inspectors that relatives/friends could attend as per the most recent HSPC guidance which was available in the centre. Inspectors observed visitors in the centre throughout the inspection. A record of visitors was maintained to monitor the movement of persons in and out of the building to ensure the safety and security of the residents.

Judgment: Compliant

### Regulation 17: Premises

The actions required to comply with regulation 17 detailed in the previous compliance plan had not yet commenced and a date for these required actions was not available on the day of the inspection. Consequently, the designated centre was not in compliance with Condition 5 of the centre's registration conditions. As identified on previous inspections, elements of the design and layout of the building did not meet the individual and collective needs of residents, and did not meet regulatory requirements.

- There is only one shower available for seventeen residents located on the first floor.
- There are two showers for twenty residents on the second floor.
- While there are wheelchair accessible toilets on each floor, not all toilets are

wheelchair accessible including the en-suite toilets of some residents using wheelchairs.

In addition;

- Items of furniture were found to be visibly chipped. The inspectors were not assured that these items could be effectively cleaned to provide adequate infection prevention and control protection to residents.
- Paintwork was peeling off a small number of walls.
- There was no hand wash basin or janitorial sink in the housekeeping room.
- A number of hand towel dispensers were not working.
- The house keeping store which contained a number of hazardous items was unlocked.
- Although there was storage facilities available in the centre, on the day of the inspection better organisation of equipment was required to ensure the residents could move freely around the building. For example; A number of en-suite facilities were used to store hoists.
- Items of equipment were stored in one communal bathroom.
- A small number of call bells were not accessible to residents in a number of bedrooms and bathrooms.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents stated they enjoyed the food and that there was a choice available. Nutritional care assessments and care plans were in place for residents who required same. Where allied health professionals had made recommendations with regard to specialist dietary need this advice was included in the care plans. Where specialist practitioners had recommended specific interventions such as dietary supplements and thickened fluids or meal textures these were implemented by staff.

Judgment: Compliant

### Regulation 26: Risk management

The centre had a risk management policy in place which included all of the required elements as set out in Regulation 26 (1).

Judgment: Compliant

## Regulation 27: Infection control

Areas for improvements to ensure the centre was in compliance with infection prevention and control standards were identified by the inspectors on the day of the inspection including:

- There was visible dust on a small number of surfaces.
- There were gaps in the cleaning schedules.
- Residents' personal wash basins were stored on the floor in a number of bathrooms which created a risk of contamination.
- A review of the cleaning trolley was required to ensure it supported safe storage and safe cleaning practices.
- A review of the fixtures and furnishings throughout the centre to ensure they were fit for purpose and supported appropriate cleaning and disinfection practices.
- A number of items of equipment were visibly unclean including residents' commodes, hoists and shower chairs.
- There were no hand towels in one of the toilets.
- There were a small number of hand towel dispensers not working and rolls of hand tissues exposed in communal toilets / en-suites.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Records indicated that all fire fighting equipment was serviced annually and the fire alarm was serviced on a quarterly basis. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. Regular fire drills took place which included simulated full compartment evacuation involving night time staffing levels.

The areas of non-compliance identified on the previous inspection remain unchanged and as a result the designated centre was not compliant with Condition 4 of the centre's registration conditions. The actions required to comply with this regulation as detailed in the previous compliance plan had not yet commenced and a date for these required actions was not available on the day of the inspection. This included the installation of fire doors to reduce the numbers of residents in fire compartments and thereby reduce the number of residents who require immediate evacuation in the event of a fire. In addition, a comprehensive fire risk assessment of the building had not been undertaken by a competent person including assessment of the current location of the main fire panel on the first floor and the repeater panel on the ground floor. There was no repeater panel on the second floor.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

There was a comprehensive assessment of needs completed for each resident prior to admission to ensure the centre had the ability and facilities to provide the appropriate level of care and support.

Overall most care plans and resident records were detailed. There was evidence that care plans were reviewed regularly and arrangements were in place to evaluate care plans at four monthly intervals. However, the inspector found that the standard of care planning was not consistent and improvements were required to ensure that staff had the information they needed to deliver care in line with each resident's needs. For example;

- The inspectors noted that the records for two residents who had recently sustained a fall did not have a falls risk assessment review post the fall to ensure up to date information was available to reflect the assessed needs of the residents. Consequently, care plans were not reviewed in response to the changing needs of these two residents.
- The management of a pressure related wound required review to ensure there was a clear process in place to describe the wound management plan. While photographs and a wound assessment chart were available, the inspectors found from speaking and reviewing the clinical records with the clinical staff that clinical records did not consistently evaluate the progress of the wound management plan. For example 'dressing renewed' was documented this did not provide information on the clinical status of the wound.

Additionally, the use of inappropriate terminology was noted in a number of clinical records.

Judgment: Substantially compliant

### Regulation 6: Health care

Access to allied health professionals to include dietetic service, chiropody and speech and language therapy (SALT) services, opticians and physiotherapy was available. Where resident's needs changed they were referred to the appropriate service, for example where a resident had unintentional weight loss they were referred to a dietician.

Judgment: Compliant



## Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices. Records showed that where restraints were used these were implemented following risk assessments and alternatives were trialled prior to use. Risk assessments were completed prior to the enactment of a restrictive practice and these assessments were reviewed and signed by the general practitioner.

At the time of inspection there was a small number of residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff displayed good knowledge of residents and their needs and were observed to respond to residents in a caring and responsive way. Care plans were in place for residents who had responsive behaviour.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspectors found that the staff made good efforts to ensure the residents' rights were upheld in the designated centre. Residents told the inspectors that they were well looked after and that they had a choice about how they spent their day.

Staff were observed to engage in positive, person-centred interactions with residents.

However, the inspector found that there were no formalised opportunities for residents to consult with management and staff on how the centre was run. The Person in Charge informed the inspectors that there were no resident meetings held since 2020 due to the COVID-19 pandemic.

Satisfaction surveys were carried out with resident and relatives with generally positive results.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St Paul's Nursing Home OSV-0000433

Inspection ID: MON-0033439

Date of inspection: 09/12/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:                      Supernumerary hours on a weekly basis for Clinical Nurse Managers is now in place.</p> <p>Regulation 17 Premises                      To ensure compliance with Condition 5 of the centre's registration conditions the registered provider shall complete the following:</p> <ul style="list-style-type: none"> <li>• Two additional showers shall be installed on the first-floor corridor where 17 residents currently reside. This will bring the total number of showers in this area to 3.</li> <li>• One additional shower shall be installed on the second-floor corridor where 20 residents currently reside. This will bring the total number of showers in this area to 3.</li> <li>• Two new wheelchair accessible toilets shall be installed on the first and second floor of the facility. All relevant ensuite toilets shall be made wheelchair accessible.</li> </ul> <p>Regulation 28 Fire Precautions</p> <ul style="list-style-type: none"> <li>• A fire door shall be installed on the first-floor corridor where 16 residents currently reside in one compartment. This shall reduce the number of residents per fire compartment to 8.</li> <li>• A fire door shall be installed on the second-floor corridor where 11 residents currently reside in one compartment. This shall reduce the number of residents per fire compartment to 6 and 5.</li> <li>• A fire door not fit for purpose on the second floor shall be replaced.</li> <li>• Once all internal construction works have been completed a fire risk assessment of the facility shall be completed.</li> </ul>	

Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:  All issues/concerns identified from Resident Satisfaction Surveys shall now be input on our online complaints log.</p>	
Regulation 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:  Specific Training for 1:1 care staff on communication needs of one resident shall be completed with all relevant staff by the 31st March 2022.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  To ensure compliance with Condition 5 of the centre's registration conditions the registered provider shall complete the following:</p> <ul style="list-style-type: none"> <li>• Two additional showers shall be installed on a first-floor corridor where 17 residents currently reside. This will bring the total number of showers in this area to 3.</li> <li>• One additional shower shall be installed on the second-floor corridor where 20 residents currently reside. This will bring the total number of showers on this floor to 3.</li> <li>• Two new wheelchair accessible toilets shall be installed on the first and second floor of the facility. All relevant ensuite toilets shall be made wheelchair accessible.</li> </ul> <p>In addition, the Registered Provider shall:</p> <ul style="list-style-type: none"> <li>• Repair / replace all items of equipment / furniture that are chipped.</li> <li>• Repaint all required areas of the Nursing Home identified during the inspection.</li> <li>• A janitorial sink shall be installed in the housekeeping room.</li> <li>• Hand towel dispensers shall be replaced / repaired where required.</li> <li>• A new keypad entry lock placed on the entrance to the housekeeping store.</li> <li>• Review storage areas on each floor of the Nursing Home to ensure adequate organisation of equipment and to remove any hoists from communal bathrooms.</li> <li>• Repair all call bells identified during the inspection to ensure adequate accessibility for</li> </ul>	

residents.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- The Director of Nursing and Domestic Services Manager shall ensure weekly environmental audits are completed to ensure there is no visible dust on any surfaces, cleaning schedules are completed on a daily basis and resident items are stored appropriately.
- All domestic staff have been re-trained on storage and monitoring of their cleaning trolleys to ensure they are supervised at all times when in use for safe storage and safe cleaning practices. This is to ensure no residents / visitors / other staff have access to the items stored. The Domestic Services Manager shall review and audit this practice to ensure compliance.
- The Director of Nursing and Head of maintenance shall complete an onsite review of all fixtures and fittings to ensure they are fit for purpose to support cleaning and disinfection practices within the centre. All items deemed unfit for purpose shall be replaced.
- Daily disinfection and cleaning of resident equipment shall be carried out on a daily basis. There shall be daily checks from Nursing and Senior Health Care Assistants to ensure all items are clean / disinfected for resident use.
- All hand towel dispensers shall be repaired / replaced where relevant throughout the centre. Weekly environmental audits by the Domestic Services Manager shall include a review on all hand towel dispensers.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- A fire door shall be installed on the first-floor corridor where 16 residents currently reside in one compartment. This shall reduce the number of residents per fire compartment to 8.
- A fire door shall be installed on the second-floor corridor where 11 residents currently reside in one compartment. This shall reduce the number of residents per fire compartment to 6 and 5.
- A fire door no longer fit for purpose on the second floor shall be replaced.
- Once all internal construction works have been completed a fire risk assessment of the facility shall be completed.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>A care plan workshop shall be completed with all Nursing Staff to review current practices in relation to Care Planning. All Nursing staff shall be retrained on the policy and procedure in relations to falls management and wound care management.</p> <p>Falls assessment audits shall be completed monthly by the management team for all residents who are deemed to be a high risk of falls.</p> <p>Wound care audits shall be completed on a monthly basis by the Management team to ensure compliance with the centres policy and procedure.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>In house resident meetings shall recommence by the 28th of February 2022.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 10(1)	The registered provider shall ensure that a resident, who has communication difficulties may, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre concerned, communicate freely.	Substantially Compliant	Yellow	31/03/2022
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	30/04/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management	Substantially Compliant	Yellow	30/04/2022



	structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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	28/02/2022
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	30/04/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	30/04/2022
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters	Substantially Compliant	Yellow	31/01/2022

	complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	28/02/2022
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	28/02/2022