



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

Issued by the Chief Inspector

Name of designated centre:	St. Michael's Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	One Hundred Acres East, Caherconlish, Limerick
Type of inspection:	Unannounced
Date of inspection:	19 January 2021
Centre ID:	OSV-0004664
Fieldwork ID:	MON-0031730

About the designated centre

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

St. Michael's Nursing Home is located in the village of Caherconlish, which is approximately 15 minutes from Limerick city. It is a two storey premises and can accommodate 80 residents in 62 single bedrooms and nine twin bedrooms. The ground floor is divided into five sections, namely Autumn Breeze (bedrooms 1 - 10), Bluebell (bedrooms 11 - 20), Shamrock (bedrooms 21 - 26), Summer Mist (bedrooms 27 - 65) and Mountain View (bedrooms 80 - 85). All of the bedrooms are en suite with shower, toilet and wash-hand basin and are fitted with a nurse call bell system and Saorview digital TV. Seven residents are accommodated upstairs in five single and one twin bedroom and is accessible by stairs and lift; all other residents are accommodated in bedrooms on the ground floor. St. Michael's provides care to both female and male residents requiring general long-term care, convalescent care, palliative care and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	70
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 16 February 2021	09:30hrs to 15:15hrs	Ella Ferriter	Lead
Tuesday 19 January 2021	12:30hrs to 18:30hrs	John Greaney	Lead
Monday 25 January 2021	09:45hrs to 15:15hrs	Ella Ferriter	Lead
Tuesday 19 January 2021	12:30hrs to 18:30hrs	Ella Ferriter	Support
Monday 25 January 2021	09:45hrs to 15:15hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

The inspection took place over three days on the 19th January, the 25th January and the 16th February 2021, against the background of inadequate governance and management in the centre, and an extensive outbreak of COVID-19. The centre was in the midst of the outbreak on the first two days of this inspection.

The extent of the concerns of the Inspectors, on days one and two of this inspection, were such that it was deemed necessary to return, to ensure that residents received all required care, the COVID-19 outbreak was being managed in line with best practice and advice, and that the provider was establishing an effective system of governance and management in the centre. Inspectors arrived unannounced to the centre, on all three days of the inspection.

This section of the report presents what residents told us and what the Inspectors observed. Due to the number of residents that were self-isolating in their bedrooms, Inspectors were unable to interact with many residents on day one or day two of the inspection. There were limited opportunities to elicit resident views on life in the centre. On day three of the inspection residents were mobilising around the centre. They told the inspector how pleased they were that they could now come out of their rooms. They stated how they missed their friends in the centre, the activities, and coming to the dining room for their meals.

On arrival at the centre, on the first day, the inspectors witnessed a centre in crisis and were not assured that there was adequate oversight of the day to day operation of the centre. Key members of the clinical management team, including the person in charge, were unavailable. The only member of nursing management on duty was providing direct care to residents. A large number of staff were not available to work in the centre, as they had either tested positive for the virus, were cocooning, or were self isolating, due to being deemed close contacts of a positive case. On arrival to the centre on the first day Inspectors found:

- recommended infection prevention and control measures necessary on entering the designated centre (symptom checks) were not in place
- the centre was not appropriately zoned, all staff were entering and exiting the centre through the main entrance, there was no designated clean area in the centre, and staff and visitors had to use the bathrooms in the residents area of the centre

It was clearly evident that there was not sufficient nursing staff on duty on day one of the inspection. There was one Clinical Nurse Manager (CNM) on duty, two agency nurses and eleven healthcare assistants (HCAs), providing care to 70 residents. Five of the HCAs were part of the centre's own staff, while the remainder were either from an agency or were redeployed from the Health Service Executive (HSE). The Inspectors observed one of the nurses leaving the centre at 15:00 hrs, as her shift was over. The second agency nurse was assigned to care for five residents with

additional needs, in the upstairs section of the premises. Even though this nurse was also scheduled to finish duty early in the afternoon, she remained on duty, to assist the CNM in providing clinical care to the residents in the downstairs area of the centre, until night staff arrived.

The CNM was focused on meeting the clinical and care needs of residents, with little opportunity to provide managerial oversight of the centre. There were 63 residents who were COVID-19 positive on day one of this inspection, which resulted in residents requiring increased monitoring, assistance and support. The CNM informed Inspectors that the residents' general practitioners (GPs) were on call 24 hours a day, seven days a week, which was very helpful as they were familiar with residents. The Inspectors observed a GP attending the centre on the afternoon of day one of the inspection, to review residents with COVID-19.

Most residents were confined to their bedrooms on the advice of Public Health. As a result, the Inspectors were not exposed to the usual lived experience of residents in the centre. Inspectors observed on their walk around that many residents were asleep in their beds, or on chairs at their bedside. Some residents had subcutaneous fluids being administered, and a number of residents required oxygen. Inspectors observed that some residents had drinks placed in front of them, and it was evident that these residents required assistance with drinking fluids. Inspectors also observed that some residents had partially eaten dinners on tray tables at 16:00hrs, when these should have been removed.

Inspectors observed that there were six residents in the main sitting room, and were informed that they had all tested positive for COVID-19. They were appropriately supervised by a member of staff. These residents had various degrees of cognitive impairment and did not wish to remain isolated in their bedrooms. The Inspectors observed that residents were sitting in chairs and were maintaining social distance, as recommended. Drinks were also being offered frequently.

Inspectors met with a health care attendant on day one of the inspection. They told Inspectors that staff were constantly in and out of residents bedrooms offering them fluids, to ensure they were kept hydrated. Inspectors noted that one resident was lying flat on the bed and was attempting to access a drink. This was brought to the attention of care staff, who stated that they were giving the resident drinks throughout the day. This member of staff stated it was hard to keep track of residents fluid intake. Inspectors observed that although there were facilities available to record intake and output, records were not being maintained. Improvements were acknowledged on day two of this inspection, and accurate fluid intake records were maintained.

On day two of this inspection the Inspectors observed that there was an adequate ratio of nursing, care staff and housekeeping staff working in the centre. There were also temporary managers appointed by the registered provider to supervise care delivery. However, it was noted that the roster did not accurately reflect the staff working in the centre on day two, and management were unaware of this. On the final day of this inspection staffing levels in the centre were appropriate, taking into

consideration the needs of the residents.

Inspectors observed poor practices in relation to infection prevention and control, which did not facilitate effective containment of infection. Staff were not appropriately delegated to care for either COVID-19 positive or not detected residents. The Inspectors were informed that staff changed their PPE between caring for positive and not detected residents. On day two of the inspection Inspectors observed there continued to be staff crossover between COVID-19 and non COVID-19 areas. Residents in whom COVID-19 had not been detected continued to be accommodated in areas where the majority of residents with a confirmed diagnosis of COVID-19 were accommodated.

Staff had been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended personal protective equipment (PPE). However, Inspectors observed that PPE, such as gloves and masks, were used inappropriately by staff during the course of the inspection, on day one and day two.

Inspectors visited the sluice room and found that there was a strong, foul odour emanating from the room. The flushing mechanism on the sluice sink was broken and it was evident that the water in the sink had been stagnant for a considerable period of time. On day two of this inspection the room had been cleaned, however, the odour was still evident. On day three, the Inspector observed that the sluice room was clean, and all equipment had been reviewed and a cleaning procedure was in place.

The Inspectors noted that the staff changing room was unlocked. The changing room was small and some staff belongings, including coats and handbags, were hanging on coat hooks. The PPE station was down the hall from the changing room and inspectors were informed that staff would change their clothes and then go to the PPE station to don PPE. Staff would use the same changing room when they finished their shift, meaning there was no designated clean area for staff to don their uniforms.

On day two of the inspection, dedicated changing areas had been created for staff to change at the beginning and end of their shifts. The provider had implemented the advice of the HSE infection control specialists, and had constructed two cubicles for staff to change. There were also separate entrances and exits allocated for staff, to minimise the risk of cross contamination. This system had been put in place immediately after the first day of this inspection.

In addition, defence force personnel were observed by Inspectors on day two of the inspection. They were assisting with environmental hygiene, such as cleaning floors and frequently touched surfaces, and also assumed responsibility for stock management. They confirmed with Inspectors that they were taking direction from the assistant director of nursing, who had orientated them to the building. Sufficient supplies of PPE were available, and efforts had been made to de-clutter the centre. The Inspectors also observed that PPE stations were now more organized and clinical waste bins were being monitored more effectively.

On day two of the inspection the Inspector observed family members visiting a resident at end of life, outside a window. The Inspector got an opportunity to speak to one relative who described the staff as very kind, caring and supportive. However, they stated it was sometimes hard to get information over the phone, as staff were so busy. The relative confirmed that compassionate visiting was facilitated by the centre and was offered daily.

The Inspector observed on day three of this inspection that residents were no longer isolating in their bedrooms, and this was in line with national guidance. Residents were seen engaging and enjoying activities. Residents told the Inspector that they found the last few weeks difficult. One resident stated that they missed friends in the centre, who had kept him going for the last year, since the pandemic commenced. Residents spoken with praised staff in the centre for their kindness and attention. The Inspector observed the centre was clean throughout, and staff confirmed that deep cleaning of bedrooms had taken place. Residents were observed enjoying meals in the centre's dining room, and food was well presented. The Inspector spoke with some staff that had worked during the outbreak. They acknowledged it had been such a challenging time for all. They spoke about the importance of giving time to residents and assisting them post COVID-19. The Inspector observed that staff had set up a purple memory tree in the foyer area, to remember the residents who had passed away. The third and final day of the inspection took place on a bright spring day, and some residents were observed going outside for walks and were assisted by staff, if required.

The next two sections of this 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 the quality and safety of the service being delivered.

Capacity and capability

This inspection took place following the receipt of information that there was a significant outbreak of COVID-19 in St Michael's Nursing Home and that the registered provider, Blockstar Limited, had delegated its statutory responsibilities under the Health Act 2007 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, to another company.

The registered provider had entered into an arrangement, in or around August 2020, whereby another limited company would be responsible for the management of the designated centre including:

- leasing the premises of the designated centre;
- obtaining and maintaining insurance for the premises of the designated centre;
- employing those who worked in the centre
- managing staffing, recruiting, training and rostering staff.

At the time that this information came to the attention of the Chief Inspector, the centre was subject to a significant outbreak of COVID-19, involving residents and staff. The ability of the registered provider to manage the outbreak was significantly impacted by the outsourcing of their responsibilities in the previous months. The above action taken by the provider significantly impacted their ability to prepare for, recognise and respond to this outbreak.

Meetings were held with the registered provider on the 18th and 19th of January 2021 respectively. At these meetings the registered provider was informed that as the registered provider of the designated centre they were responsible for ensuring the care and welfare of residents. At these meetings Blockstar Limited confirmed that they took full responsibility for the safety of residents, and that they were taking action to re-establish their governance and management of the centre. A further meeting was held on the 28th of January 2021, following the second day of this inspection, to outline to the provider that issues identified for improvement on the first day of the inspection remained outstanding on the second day of the inspection.

Throughout the outbreak Inspectors were in regular contact with the provider, nursing management and the HSE, about the situation evolving in the centre. As required by the regulations, the person in charge had notified the Chief Inspector, that residents and staff had been affected by COVID-19. Initially five residents and two staff tested positive, in the week commencing the 11th of January. By the end of the week, that number had increased to 61 residents and 36 staff. Unfortunately, from the date the outbreak began to the date of completion of this inspection, 18 residents living in St Michael's had passed away, having tested positive for the virus. A further three residents passed away subsequent to the inspection.

A key concern during the outbreak was the absence of key managerial staff in the centre, and the provider's ability to maintain staffing levels. The majority of the centre's staff were impacted by the virus, either through testing positive, being considered close contacts or identifying as being in the at risk group of people. Therefore, the centre did not have adequate numbers and skill mix of staff to meet the needs of residents living in the centre. The centre's own staff were supported by staff from the HSE and from other agencies. Despite this support, there continued to be a deficit of nurse managers, nursing staff and housekeeping staff.

Significant concerns were identified on the first day of the inspection and these were brought to the attention of the provider at the end of that day. An urgent compliance plan was issued to address the most serious of these concerns. These were in relation to clinical oversight, the governance and management of the centre, staffing and infection prevention and control practices. Confirmation was received the following day, that a director of nursing (DON) and an assistant director of nursing (ADON) were allocated to the centre on an interim basis. Additional nursing and care staff had also been sourced from the HSE and from agencies.

Inspectors visited the centre again six days later, to ascertain if the issues identified were addressed, and to conduct further inspection activity. Concerns remained regarding clinical oversight of residents and infection prevention and control

practices. While some improvements were noted, there continued to be significant deficits in the areas of governance and management, infection prevention and control, care planning for end of life care and records of pain assessments. A further urgent compliance plan was issued to the provider to address these issues.

On day three of this inspection the centre was working towards recovering from the COVID-19 outbreak. Residents were resuming activities and the centre's staff had returned to work. Significant improvements had been implemented. There were adequate numbers and skill mix of staff, and they were appropriately supervised. Residents' care was being delivered and monitored appropriately and the centre was adequately resourced.

In summary, the provider's decision to outsource the management of this centre meant that they did not have a governance and management structure in place which would prepare for, recognise and respond to an outbreak of COVID-19. While the provider accepted that this should not have happened, and moved to address it on foot of engagement with Inspectors of Social Services, they required extensive support from the HSE and the Defence Forces to support the care of residents during the outbreak. In addition, the systems in place to ensure appropriate infection prevention and control, healthcare, staffing levels, care planning and the premises required improvement.

Regulation 15: Staffing

While day three of the inspection found improvements, over the course of the inspection significant deficits were identified in relation to staffing. Deficits identified included:

- insufficient skill mix to ensure overall management of the centre
- there were inadequate numbers of staff at times in the centre, particularly nursing and housekeeping staff
- on the second day of the inspection Inspectors found that the roster was not accurate regarding the named staff working on that day. Discussions with staff indicated that some staff had either changed or cancelled shifts and this was not reflected on the roster
- on the second day of the inspection, Inspectors were informed that there was a nurse allocated to residents with additional needs in the upstairs section of the centre. However, it transpired that the nurse had cancelled their shift and management were unaware of this deficit in staffing.

Judgment: Not compliant

Regulation 16: Training and staff development

Adequate arrangements were not in place in relation to the training and supervision of staff. For example:

- Inspectors were informed that staff had attended training on infection prevention and control., however, up to date training records were not available for review, to ascertain what training was provided or the level of attendance
- records of audits of practice were also not available
- there was inadequate oversight of staff, to allow for a safe level of supervision of care delivery from a nursing perspective. There were a number of temporary staff working in the centre that did not know residents well and therefore, there was a requirement for enhanced supervision to ensure that residents' care needs were met.

Judgment: Not compliant

Regulation 23: Governance and management

The provider was not compliant with this regulation as follows:

- the registered provider had outsourced their legal responsibilities to another limited company, which was a significant breach of the Health Act 2007
- there were insufficient management arrangements in place, to ensure the service being operated was safe for residents
- there was an absence of a person that could focus on ensuring adequate clinical oversight of the day to day operation of the centre. Due to the need to focus on caring for the most unwell of residents, nursing staff were unable to devote adequate attention to supervising other staff
- there was inadequate oversight of environmental hygiene, and areas of the centre were not cleaned due to the absence of a systematic cleaning protocol for staff assigned to cleaning duties
- key documents were not available to Inspectors due to the absence of key managerial personnel
- in response to an urgent compliance plan the provider had allocated senior nurse managers to work in the centre and these persons were present in the centre on the second day of the inspection. However, this arrangement remained inadequate as one member of management was based in an administrative area of the premises, rather than providing direct supervision of staff and clinical oversight of residents' care through regular visits to the lived area of the centre. Inspectors were informed that this was to reduce the risk of management contracting COVID-19 during the outbreak
- there was inadequate oversight by the registered provider and the person in charge in relation to infection prevention and control, healthcare delivery,

- staffing levels, care planning and the maintenance of the premises
- formal arrangements had not been communicated to care staff in the upstairs section of the centre regarding the unplanned absence of a nurse.

Judgment: Not compliant

Quality and safety

Inspectors observed that the COVID-19 outbreak was posing a significant challenge to management and staff, due to the numbers of residents that tested positive for the virus, and the increased care needs of these residents. This was further impacted by the number of staff who could not work because of confirmed or suspected COVID-19. Dedicated staff in the centre worked very hard and were very committed to providing care to residents during the outbreak. They worked to the best of their ability, with the assistance of staff from the HSE and agencies to care for residents. However, insufficient staffing levels, on day one and day two of this inspection, in conjunction with increasing care needs of residents, directly impacted staffs' ability to provide a good standard of evidence-based care and support. Improvements were also required in the areas of infection prevention and control, and care planning.

GPs were initially available remotely for advice and guidance including nights and weekends, and subsequently visited the centre to medically review residents that were displaying symptoms of the virus.

Significant improvements were required in relation to assessment and care planning to guide and direct staff in caring for residents. This was particularly important as the provider was depending on staff from employment agencies and the HSE, and these staff did not know the residents well. Observations of the inspectors, a review of records and discussions with staff indicated that residents needs at end of life were met. This included the provision of a high standard of nursing care and the administration of medications to support comfort. There was a need, however, to ensure that end of life preferences were reflected in care plans and that records were maintained to reflect the effectiveness of pain medication.

Significant improvements were also required in the areas of infection prevention and control. In the days leading up to the first day of the inspection, communication by Inspectors with the person in charge indicated that they had liaised with the HSE Covid-19 Response Team (CRT), Public Health and local infection prevention and control (IPC) nursing specialists. Due to the absence of members of management, records were not available of outbreak control team (OCT) meetings. Inspectors were informed that IPC nursing specialists had offered to visit the centre to assess and advise on infection control practices, however, management were unable to accommodate this visit, due to staff shortages. This visit did take place on the evening prior to the first day of this inspection, with a follow-up visit conducted on

the day of the inspection. Areas for improvement were identified and these are outlined under regulation 27 of this report, in conjunction with issues identified by Inspectors. Some of the recommendations of the IPC specialists were actioned immediately by the registered provider, following day one of this inspection. However, further infection control deficits were observed on day two of the inspection.

Visiting to the centre was suspended in line with national guidelines, however, visiting on compassionate grounds was facilitated. Staff demonstrated respect and empathy in their interactions with residents. Activities for residents were suspended as most residents were self-isolating in their bedrooms. Activity staff were redeployed to other duties. On day three of this inspection activities had resumed and a social and recreational programme was being planned for the week ahead.

Regulation 11: Visits

Visiting was suspended to the centre as per the National Framework for Living with COVID-19 Level 5 recommendations. Signage at the entrance to the centre informed the public of this. An appropriate visiting room had been set up by the provider to facilitate visiting, when it resumed. The Inspector was informed and observed that visiting was taking place on compassionate grounds.

Judgment: Compliant

Regulation 13: End of life

Inspectors found that when a resident was approaching the end of his or her life, staff had made every effort to ensure that appropriate care and comfort, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned was provided, and that religious and cultural needs of the resident concerned were met, in so far as could be achieved. Following the death of a resident, staff had ensured that appropriate arrangements in accordance with that resident's wishes were met. End of life care planning records required improvement, and this is addressed under regulation 5.

Judgment: Compliant

Regulation 27: Infection control

Action was required by the provider to ensure that infection prevention and control arrangements were in line with the national minimum standards, and national guidance: These included:

- facilities for staff to minimise the risk of cross contamination, such as separate entrances and exits in staff changing facilities, and staff dining facilities
- IPC practices to be followed consistently, such as compliance with the staff uniform policy, monitoring of staff temperatures, compliance with the appropriate use and storage of PPE and segregating staff caring for residents that tested positive from COVID-19 from staff caring for residents that were not-detected
- regular maintenance and upkeep of the premises, in areas such as the sluice room, furniture coverings and floor surfaces
- the management of clinical waste to be in line with national guidelines. Inspectors observed build-up of bags of clinical risk waste in an outside area which was accessible to the public.
- the effective cleaning and decontamination of clinical and non-clinical equipment after use
- the designation of rooms for clinical and non-clinical purposes
- ensuring that there are adequate hand hygiene facilities available for staff.
- an agency staff member did not comply with the centre's uniform policy. The staff member was in civilian clothes, and had not changed into alternative clothes or a uniform on arrival at the centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

It was found on the first day of inspection that action was required in relation to assessment and care planning. Inspectors found that the care plans for residents did not effectively support communication and decision making regarding residents care. For example:

- care plans were not always reviewed at a minimum of every four months and did not provide adequate guidance on issues such as diabetes, wound care and epilepsy
- although residents had appropriate analgesia prescribed in all instances, improvements were required in effective pain assessment and monitoring
- based on a review of records, residents receiving end of life care did not always have end of life care plans in place, to allow the clinical team to prioritise the goals of comfort and support, based on residents and families preferences
- from a sample of records reviewed, the clinical reasoning behind the end of

- life decisions were not always recorded
- there was a need to update handover sheets with end of life preferences for those residents for whom this decision was recently determined.

Judgment: Not compliant

Regulation 6: Health care

Nursing staff were in regular contact with GPs and advising them of each resident's status and medical needs. The majority of residents were under the care of one GP practice, and these GPs remained on call out-of-hours, including weekends throughout the outbreak, providing advice to staff remotely. On the first day of the inspection a GP visited the centre to assess each resident under their care. By the second day of the inspection, all residents had been reviewed by their GP and medications had been prescribed for residents requiring end of life care. These medications were administered on a PRN (as required) basis by nursing staff to ensure residents were comfortable and not in any distress. A number of residents were also being administered oxygen via nasal cannula.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that residents' rights were upheld in as far as was possible during the COVID-19 outbreak. Residents' rights in relation to freedom of movement and to communicate freely were impacted by the restrictions, imposed to contain the spread of COVID-19 in the centre, as was the national guidance at the time of the inspection. Residents and their families were informed about the outbreak and residents who spoke with Inspectors understood why restrictions were necessary. For residents that could not isolate in their bedrooms, arrangements had been put in place for staff to supervise these residents in the sitting room. Residents were encouraged to contact families via phone and video calling. Activities had resumed on day three of this inspection, and residents were observed enjoying games and interaction with staff.

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	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Michael's Nursing Home OSV-0004664

Inspection ID: MON-0031730

Date of inspection: 21/01/2021

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ol style="list-style-type: none"> 1. The centre was severely challenged during the outbreak of Covid-19 in relation to ensuring adequate clinical and non clinical staffing levels and skill mix were in place notwithstanding all reasonably practicable efforts and measures were made by the provider to have sufficient staff numbers and skill mix on duty. Staffing levels have now returned to normal and the skill mix and levels are kept under review in line with residents needs and dependencies; 2. Protocols are now in place in the event of staff shift changes and/or cancellations and this is reflected on the daily roster. 	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The following arrangements are in place:</p> <ol style="list-style-type: none"> 1. Training including IPC training is in place and reflected on the centres training matrix which is kept under review to ensure that all staff have completed mandatory and other such training as required to ensure safe and effective delivery of care to service users; 2. Audits of practices are being carried out to include infection prevention and control, care planning, medication management and the environment; 3. Senior nursing management levels have returned to normal to ensure adequate oversight and supervision including relief staff. 	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The following arrangements have been put in place:</p> <ol style="list-style-type: none"> 1. Blockstar Limited is the registered provider of the centre and assumes all legal responsibility under the Health Act 2007 (as amended) and associated regulations for the safe and effective delivery of care to service users; 2. Management arrangements are now in place in the centre to ensure adequate oversight of matters identified in the inspection report including availability of key documents, staffing levels, staff supervision, infection prevention and control, care planning, environmental hygiene and maintenance. 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The following arrangements are in place:</p> <ol style="list-style-type: none"> 1. Facilities and practices in line with IPC advices are in place to mitigate the risk of cross contamination in relation to staff welfare facilities; 2. IPC best practice is being followed in relation to staff uniforms, monitoring staff temperature and storage of PPE. Segregation of staff now forms part of the Covid-19 outbreak plan; 3. An environmental audit is being undertaken to ensure appropriate maintenance and upkeep of the premises including such areas as the sluice room, furniture coverings and floor surfaces; 4. A clinical waste management removal contract is in place; 5. Cleaning procedures are in place for cleaning of clinical and non clinical equipment; 6. Designated clinical and non clinical rooms have been established; 7. A review of the adequacy and availability of hand hygiene facilities throughout the centre is being undertaken; 8. All staff are required to be in uniform when on duty and comply with the centres uniform policy. 	

Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The following arrangements are in place:</p> <ol style="list-style-type: none">1. Nursing staff are allocated a specific number of resident care plans to ensure they are kept under review notwithstanding the requirement on the nurse on duty to maintain accurate nursing records daily. Care plans are required to be reviewed every four months or if the residents care needs change. Following assessment a care plan is devised around specific needs identified from the assessment such as diabetes, epilepsy falls, wound care etc.2. Following assessment of resident care needs in relation to pain, a validated pain assessment is undertaken and put in place;3. End of life care needs forms part of the review of residents care plans to allow the clinical team meet the residents goals of comfort and preferences;4. The reasoning behind and underpinning end of life decisions will now form part of the care plan where reasonably practicable;5. Handover sheets have been updated to reflect recent resident end of life preferences.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	19/05/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/06/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/03/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the	Not Compliant	Orange	30/03/2021

	effective delivery of care in accordance with the statement of purpose.			
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Not Compliant	Orange	30/03/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/03/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	15/06/2021
Regulation 5(1)	The registered provider shall, in so far as is	Not Compliant	Orange	30/06/2021

	reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
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.	Not Compliant	Orange	30/06/2021