



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

Issued by the Chief Inspector

Name of designated centre:	St Carthage's House
Name of provider:	St. Carthage's House Company Limited by Guarantee
Address of centre:	Townspark East, Lismore, Waterford
Type of inspection:	Unannounced
Date of inspection:	23 March 2021
Centre ID:	OSV-0000687
Fieldwork ID:	MON-0031314

About the designated centre

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

St Carthage's House is located on a large site on the outskirts of Lismore town, Co Waterford. It is owned and managed by a voluntary organisation with charitable status through a voluntary board of directors. It is a single-storey purpose built centre and was opened in its current location in 1994. It was set up by local people to provide support with activities of daily living to residents with a low to moderate dependency needs who do not require full-time nursing care. Residents are charged a weekly fee, an annual grant is allocated to the centre via statutory funding and additional funds are raised through on-going local fund raising. It is currently registered to provide residential care to 42 older people. There is a large communal sitting room, two smaller sitting rooms in the main building along with a dining room and a small Oratory. Accommodation in the premises comprises four "Courts", Court A, B, C and D. Court A accommodates 14 residents in single bed rooms and two residents in one shared bedroom. Court B accommodates 16 residents in single bedrooms and one double room. Court C contained one single bedroom. Court D is adjoined by a glass corridor to the rear of the main building and comprises eight single en-suite bedroom flats. St Carthage's house is a residential setting catering for the residents to live independently with supportive care. The centre is specific in its criteria and facilitates older adults to continue independent living. The centre does not provide 24 hour nursing care but a registered general nurse is responsible and accountable for the daily running of the centre and nursing staff administer medication during the day and at night time. The staffing structure includes nursing, care staff, household and catering staff and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

35

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 23 March 2021	08:45hrs to 19:00hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

The inspector arrived to the centre in the morning for an unannounced inspection and staff guided the inspector through the infection prevention and control measures necessary on entering the designated centre. These included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

The front porch at the main entrance had precautionary COVID-19 signage and a shoe spa for visitors to clean their shoes before entering the centre. The large sitting room, dining room, visitors' lounge and oratory were located by the main foyer. Nursing and administration offices were also here.

The centre was set out in three wings around a the forth communal space of Court C; Courts A and B were to the right and left of the main foyer and comprised residents' bedroom accommodation; Court D adjoined the main building by a glass corridor via the dining room, and comprised eight single en-suite bedroom flats set out around an enclosed courtyard.

Most bedrooms were single occupancy with one shared bedroom and one double bedroom. Rooms had new black-out roller blinds for residents comfort. Personal storage in bedrooms comprised double wardrobes and bedside lockers. Residents were encouraged to personalise their rooms and some had brought additional furniture from home, such as chest of drawers and writing bureau. The double bedroom was a large room and residents had arranged it with a living area of comfortable couch, arm chairs, TV and bookshelves. One resident showed her bedroom and the walls were almost totally adorned with beautiful pictures, photographs and prints of flowers; the resident said this gave her great joy as she loved flowers. Other residents spoken with in their flats enjoyed their own space, to read, 'do their own thing', play their own music, and came up to the dining room for their meals; and reported that this suited them as they had the support when they needed it but where independent otherwise. Flats did not have tea/coffee making facilities, but residents said they enjoyed coming up to the dining room to meet and chat with staff and other residents.

Some of the flats had a living room, bedroom, shower en suite and had decorated hallways leading from the living room to the bathroom with a cosy seating area. Seven of the eight flats had shower facilities in their en suites, the resident in the eight flat (flat number five) accessed shower facilities in the main house. However, the bedroom in one of the flats was used as a storage room for the centre so the resident did not have access to it; their bed was in the living room. While most of the flats were refurbished, two of them required painting and re-decorating; one resident did not have a coffee table and had to use the bed table beside his armchair to hold his books, papers, writing, and cup of tea.

The day room was a large room with vaulted ceiling and windows which gave an

airy and light atmosphere to the room. There was lovely new comfortable leather armchairs and residents commented on the comfort of them. Chairs were spaced to ensure social distancing and this also made the environment safer to mobilise around. Residents were seen to enjoy reading and there were bookshelves with a good selection of books available. The piano was located here and residents said they enjoyed music and singing sessions on Wednesdays where two residents played the accordion and several sang; residents and staff said they really looked forward to these sessions. There was a large smart flat screen television to access netflix and other on-line programmes; an age appropriate concert was playing for residents in the afternoon; and staff chatted with residents about music, concerts, Cheltenham horse racing and local horse trainers for example. A lot of the trees to the front of the centre were trimmed and residents said there were looking forward to planting over the next few weeks when the weather improved.

New water dispensers was installed in the day room as well as other locations around the centre so that residents could independently access water if they wished. There was seating areas along corridors and residents were observed relaxing her and taking phone calls on their mobile phones. Residents could independently access the enclosed courtyards and the external walkways. Residents were observed going out for walks around the centre and one resident was accompanied by a staff member walking around the grounds in line with their daily routine.

The oratory was currently being used for scheduled visiting and had been re-organised to facilitate safe visiting; a large table was installed with a dividing perspex glass partition to enable safe visiting and minimise the risk of viral transmission. The visitors sign-in record was maintained outside the oratory including a 'wellness' questionnaire and laser thermometer check in line with Health Protection Surveillance Programme (HPSC) precautions.

There was building refurbishment in progress at the time of inspection and the inspector acknowledged the significant improvement regarding many aspects of the premises, for example, many of the bathrooms had new flooring, tiling on walls, new porcelain, showers and assistive equipment. Around the rest of the centre, refurbishment included new wooden flooring in the day room, carpet in the oratory, new comfortable leather armchairs in both sitting rooms; several of the rooms were painted and re-decorated.

In the morning, the inspector observed coming to the dining room for breakfast at their leisure, being offered choice and served in a relaxed atmosphere. The inspector saw residents freely walking around the centre meeting up with friends, chatting and discussing local news and events. Residents spoke of the on-line exercise classes on the TV in the day room to keep them moving and supple. Mass was streamed live from the local church in Lismore earlier in the morning and residents were happy to see that. Even though it was a cold day, several residents were observed out walking around the centre throughout the day and one staff member accompanied a resident as part of their daily routine. The inspector saw that residents were well dressed and residents confirmed that staff assisted residents to keep up their appearance. Residents meetings were facilitated and some of the residents spoken with said they didn't sit in on them as they preferred

to chat with the staff privately when needed.

Two sittings for dinner were introduced to ensure social distancing. Residents were offered choice at mealtime. Each resident was given their own pepper and salt-cellar condiments following sanitisation of the holders. Lunch time was a lively social event with discussion between residents.

Residents spoken with were complimentary about the staff. They said they were very grateful to the staff who worked so hard to keep the centre COVID-19 free. The inspector saw positive interactions between residents and staff. Residents told the inspector that the Level 5 visitor restrictions were difficult for them but understood the risks associated with visiting and they were grateful to the staff who cared for them. They were delighted that scheduled visits had recommenced. One family member was seen coming into the centre to visit their father and both resident and family were so excited and delighted that they could come into the centre to visit again.

Some board members attended the centre for the inspection feedback in the evening of the inspection; residents were familiar with the board members who actively engaged with them.

The centre was visibly clean. There were new wall-mounted hand sanitisers and new dani centres throughout the centre for ease of access to PPE. Staff were observed to use PPE appropriately and hand hygiene was done in line with best practice guidelines.

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 the quality and safety of the service being delivered.

Capacity and capability

St Carthage's House was a residential care setting registered to accommodate low to medium dependency residents, who did not require full-time nursing care. Overall, this was a good service which promoted residents' independence and autonomy. The centre was adequately resourced and generally in compliance with regulatory requirements.

St Carthage's House was owned and managed by a voluntary organisation with charitable status through a voluntary board of directors. The registered provider representative (RPR) was one of the board members. The RPR and board members attended the centre very regularly to provide support to the person in charge, staff and residents.

The registered provider had applied to re-register St Carthage's House as per the requirements of the Health Act 2007 (Registration of Designated Centres for Older

People) Regulations 2015. The application form and associated registration documents were submitted and the application fee was paid.

There was a clearly defined management structure with identified lines of accountability and responsibility for the service. The person in charge was full-time in post and was supported on-site by nurses, staff and administration. The person in charge and the management team displayed a commitment to continuous improvement in quality person-centred care through regular reviews of all aspects of the service and resident care utilising key performance indicators, staff appraisals and provision of staff training.

The person in charge was the designated lead for COVID-19 response team in the centre. The inspector recognised that these were challenging times for residents, their families and for staff. She acknowledged the work and ongoing commitment by the service to ensure the safety and well-being of residents, staff and visitors regarding COVID-19 pandemic precautions and the related stresses. Additional precautions were put in place to ensure infection prevention and control protocols, and to date, the service remained COVID-free. COVID-19 signage was displayed throughout the centre advising of infection prevention and control (IP&C) precautions. Residents were monitored for any change on their condition and staff had their temperature checked daily. Additional risks relating to COVID-19 were identified and the risk register was updated to reflect these. Residents and staff had completed their COVID-19 vaccination programme and were very happy with that.

Staffing levels were adequate to the size and layout of the centre and the assessed needs of residents. The duty roster reviewed showed that staff were delegated to the activity programme responsibilities on a daily basis. A sample of staff files were examined and vetting disclosure in accordance with the National Vetting Bureau (Children And Vulnerable Persons) Act 2012 were in place for all staff. Staff appraisals for 2020 were completed by the person in charge. While there was a staff induction programme seen, this did not appear to be comprehensively completed in the induction form reviewed, to be assured that new staff were appropriately inducted and orientated to the centre and the ethos of the centre. Staff training records showed that staff had completed training in COVID-related items such as hand hygiene, donning and doffing PPE, as well as manual handling and fire safety. While 12 staff were outstanding in safeguarding training, this was scheduled prior to the inspection for April.

The accident, incident and near miss log was examined and while most incidents were notified as appropriate to the office of the chief Inspector, one serious incident requiring NF03 was not submitted.

Some feedback was recorded in line with regulatory requirements relating to complaints but others were not, even though they were followed up. For example, some residents reported that the centre was sometimes cold. This feedback was taken on board and a new heating system was being installed at the time of inspection with four new boiler pumps in the boiler house; the electrics were being connected up during the inspection.

A schedule of audit for 2021 was in place and audits were completed by the person in charge. Some of these audits included audit of practice such as donning and doffing PPE, hand hygiene and other infection prevention and control practices. As part of the audit on safeguarding and protection, staff were interviewed to determine their knowledge and understanding of safeguarding, to ensure that information gleaned from on-line courses was understood and implemented appropriately in practice.

Current insurance certificate was available and insurance was provided in line with the regulations. Directory of residents was maintained in line with regulatory requirements and this was an improvement on the previous inspection.

Improvements were noted on this inspection regarding the premises as many areas were re-furbished to a high standard. Following from the findings of last inspection, staff files, contracts of care and medication records were now compliant. Issues identified then relating to infection control were remedied.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had submitted the appropriate documentation and information to make a successful application to renew the registration of St Carthage's House. Appropriate re-registration fee was paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had been in charge of the centre for a number of years. The person in charge was a qualified nurse and was full-time in post. She facilitated the inspection in an open manner and demonstrated adequate knowledge regarding her role and responsibility.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix was appropriate to the size and lay out of the centre and the assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

While there was a staff induction programme seen, this was not comprehensively completed in the induction form seen, to be assured that new staff were appropriately inducted and orientated to the centre and the ethos of the centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was maintained in line with regulatory requirements.

Judgment: Compliant

Regulation 21: Records

Most residents attended their GP in the GP's surgery where their medical notes were. Consequently, medical notes maintained in the centre were not comprehensive, in line with the requirements set out in Schedule 3 of the regulations. This would possible impact resident care should they require out-of-hours medical attention and the on-call doctor would not have access to a comprehensive medical history review.

Judgment: Not compliant

Regulation 22: Insurance

A current insurance certificate was evidenced and was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

While audits were undertaken and key performance indicators were collected and analysed, better management systems were necessary to ensure the service was consistent and effectively monitored to ensure compliance with the regulations.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose was being updated at the time of inspection to include the following:

- deputising arrangements for the person in charge
- information highlighting adherence to current HPSC guidance and the impact on Schedule 5 policies
- information relating to the national screening programme and GMS services
- additional fees that may be charged
- laundry and boiler house included in the floor plans
- rooms and facilities provided to correlate with floor plans.

Judgment: Compliant

Regulation 31: Notification of incidents

While most notifications were submitted to the Chief Inspector in line with regulatory requirements, information relating to allegations of financial abuse were not notified to the Chief Inspector. Some notifications were not submitted in a timely manner in line with the requirements of the regulations.

Judgment: Not compliant

Regulation 34: Complaints procedure

Some concerns were recorded in line with regulatory requirements but others were not, even though they were followed up.

Judgment: Substantially compliant

Quality and safety

The inspector observed that the care and support given to residents was respectful, relaxed and unhurried; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner. Care practices were socially oriented and facilitated residents' choice.

A sample of care plan documentation was reviewed. There were comprehensive daily narrative records maintained detailing care, interventions and treatments. Assessments were evidenced-based risk assessments which were undertaken every four months at a minimum. A four-monthly review of the care documented in the daily narrative was seen and this showed a holistic review of the resident and their care needs. However, care plans, to support residents and direct staff in person-centred care were not routinely in place as required in the regulations. Staff spoken with had good insight into residents specific care needs including relating to behaviours and measures to support residents, however, this information was in the daily narrative rather than in plans of care. Lack of care plans was discussed with the person in charge along with the rationale and regulatory requirement for care plans; the inspector requested that all residents have care plans to direct and support their care grounded on their current assessments of care needs.

Consent was signed by residents for items such as photography, flu and COVID-19 vaccines. Residents were facilitated to remain with their own GP following admission to the centre. Most residents attended their GP in the GP's surgery. Consequently, medical notes maintained in the centre were not comprehensive. This would possible impact resident care should they require out-of-hours medical attention and the on-call doctor would not have access to a comprehensive medical history review. There was good oversight of residents medication management and responses to changes in prescribed medications. When necessary, referrals to psychiatry of old age and other specialists were facilitated to enable better outcomes for residents. Referral forms for optician reviews were sent and as soon as the COVID-19 restrictions were eased, the optician could visit the centre. Medication records and GP referral letters were submitted when a resident was transferred to the acute care services along with a nurse transfer letter. However, as there were very limited care plans in place for residents detailing their current care needs, it could not be assured that robust information was available when a resident was transferred to ensure that the resident would receive appropriate individualised care in accordance with their assessed needs and preferences.

Nonetheless, the person in charge had identified the limitations of the current care document system and had procured a new I.T. system. Training on the new care document system was scheduled for April for staff. The new system included the facility for attending GPs to remotely access residents' files with their own log-in code. This would enable comprehensive medical records to be maintained for residents. In addition, care planning would be based on the activities of daily living, enabling a comprehensive overview to direct and support individualised care.

Personal emergency evacuation plans were in place for residents showing the assistance required should the need arise. Care documentation included information following discussion with residents, and when relevant, their next-of-kin regarding interventions such as transfer to the acute care should the resident become unwell, or discharge to a 24-hours nursing service should residents' condition become more dependant. This consultation was done in conjunction with the GP.

Controlled drug records were securely maintained. Records were maintained in line with professional guidelines. Medication administration records were maintained on-line and the person in charge demonstrated the implementation of the record management system during the inspection.

Residents who spoke with the inspector confirmed that they were comfortable despite the limitations posed by the current HPSC guidance. The centre normally operated an open visiting policy but due to the COVID-19 pandemic visiting was restricted in line with current HPSC guidelines. Visits were booked in advance and residents were delighted with these visiting arrangements. The oratory was currently being used for scheduled visiting and had been re-organised to facilitate safe visiting; a large table was installed with a dividing perspex partition to enable safe visiting and minimise the risk of viral transmission. The visitors sign-in record was maintained outside the oratory including a 'wellness' questionnaire and laser thermometer check in line with Health Protection Surveillance Programme (HPSC) precautions. The service was committed to ensuring residents and their families remained in contact by means of Skype, WhatsApp, email and other video and telephone calls as appropriate.

In relation to COVID-19, information was available in accordance with the Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units. There was evidence of consultation with public health regarding COVID-19 guidance and current HPSC literature was available to support the service. There was active monitoring of residents for signs and symptoms of COVID-19 as evidenced in residents care documentation.

Infection control measures had been enhanced in the designated centre. A cleaning schedule had been revised, with additional cleaning regimes implemented in line with HPSC guidance. There were cleaning staff on duty during the inspection and the centre was observed to be clean. Waste facilities were available, including pedal operated clinical waste bins, clinical waste bags and ties. Alginate bags were used to segregate soiled laundry before they were sent to be laundered. All staff working in the designated centre had completed infection prevent and control, hand hygiene and PPE usage training relevant to their role. There were adequate supplies of anti-bacterial soap, paper towels and alcohol based hand gels. Good infection prevention and control measures and practices were observed. For example, good hand hygiene practices and use of PPE. There were separate washing and drying laundry facilities for the kitchen use. The laundry for residents' clothes was upgraded since the last inspection and had a one-way work-flow system in operation in line with best practice guidelines; this prevented cross-over of dirty and clean laundry. However, this laundry did not have a separate hand-wash sink as detailed in the

National Standards. There was a new sluice room with separate sluicing sink and hand-wash sink, however, the taps in the hand-wash sink required hands-free tap mechanism to enable adherence to best practice. Staff shower and toilet facilities were being upgraded at the time of inspection to ensure they were fit for purpose.

Significant upgrading of the premises had occurred since the last inspection. Refurbishments and upgrading included replacement of the roof; a new heating system was being installed during the inspection; new flooring in many of the rooms, new furniture, curtains and lighting. Many of the shower and toilet facilities were upgraded. Nonetheless, there were inadequate shower facilities in Court A as there was just one shower available for 16 residents. Six of the eight flats had been refurbished; the remaining two required re-painting, decorating and additional furniture such as a coffee table to make the accommodation homely and functional.

Minutes of residents' meeting examined showed that most residents attended these meetings, and while previous minutes had details of the discussions, the more recent minutes did not have that detail and did not demonstrate that issues were followed up or reverted to, in subsequent meetings. This would show that issues were taken on board and hopefully addressed to the satisfaction of residents.

Fire safety records reviewed showed that appropriate fire certification was in place for alarm tests, emergency lighting and equipment. Daily fire safety checks included means of escape and dryer filter checks. While some records had information regarding the duration of the drill and staff responses, other records showed that more detail was necessary here to provide assurances that all staff could respond appropriately and in a timely manner if the need arose.

The risk register was examined. There were two risk templates available in the health and safety manual, one for risks associated with individual residents, and the second for clinical, non-clinical and environmental risks. However, while all risks were documented they were all recorded on the template for risks associated with residents. The risk register template seen in the health and safety manual was not in use. Separating out risks associated with individual residents from other risks would make it much easier to capture and identify risks, along with the associated controls and assigned responsibilities.

Residents finances were comprehensively and appropriately maintained. The service was pension agent for three residents and records demonstrated a robust accounts system to safeguard residents' finances.

In general, the inspector observed that the care and support given to residents was respectful, relaxed and unhurried; and staff were kind, and were familiar with residents preferences and choices and facilitated these in a friendly gentle manner.

Regulation 11: Visits

Visiting was facilitated in line with current HPSC guidance. Information pertaining

COVID-19 visiting restrictions and precautions was displayed at the entrance to the centre. The oratory was currently being used for scheduled visiting and had been re-organised to facilitate safe visiting. The visitors sign-in record was maintained outside the oratory including a 'wellness' questionnaire and laser thermometer check in line with Health Protection Surveillance Programme (HPSC) precautions.

The service was committed to ensuring residents and their families remained in contact by means of Skype, WhatsApp, email and other video and telephone calls as appropriate.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had double wardrobes and bedside locker in their bedrooms, some had additional chest of drawers which they had brought in from home.

There were laundry facilities on site if residents wished to have their clothes laundered.

Judgment: Compliant

Regulation 17: Premises

There were inadequate shower facilities in Court A as there was just one shower available for 16 residents.

Six of the eight flats had been refurbished and the remaining two were due for upgrading to ensure they were fit for their intended purpose and that residents had access to all the rooms within their accommodation.

Judgment: Not compliant

Regulation 18: Food and nutrition

Mealtimes were observed and meals were pleasantly presented. The dining room was prepared in advance of residents coming for their meals and looked well and appealing. Tables were configured to ensure social distancing while facilitating social interaction.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was prepared on inspection with the requirements set out in the regulations and displayed in the centre for residents to peruse.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

As there were very limited care plans in place for residents detailing their current care needs, it could not be assured that robust information was available when a resident was transferred to ensure that the resident would receive appropriate individualised care in accordance with their assessed needs and preferences.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk register was examined. There were two risk templates available in the health and safety manual, one for risks associated with individual residents, and the second for clinical, non-clinical and environmental risks. However, while all risks were documented they were all recorded on the template for risks associated with residents. The risk register template seen in the health and safety manual was not being used to record clinical, non-clinical and environmental risks. Separating out risks associated with individual residents from other risks would make it much easier to capture and identify risks, along with the associated controls and assigned responsibilities.

Judgment: Substantially compliant

Regulation 27: Infection control

Some hand-wash sinks (treatment room and sluice room) required upgrading to ensure taps were hands-free mechanism in line with National Standards.

A separate hand-wash sink was required in the laundry.

Surfaces on some vanity units were worn or absent so effectively cleaning could not assured.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While some records had information regarding the duration of the drill and staff responses, other records showed that more detail was necessary here to provide assurances that all staff could respond appropriately and in a timely manner if the need arose.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Controlled drug records and drug administration records were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While risk based assessments were completed in line with regulatory requirement and there was comprehensive narrative in residents' daily notes regarding their care and changing needs, care plans, as described in the regulations were not in place for residents to direct person-centred care and support.

Judgment: Not compliant

Regulation 6: Health care

Residents visited their GP in the GP's surgery. Residents had timely access to specialised medical and allied health care to support their care needs.

Judgment: Compliant

Regulation 8: Protection

The service was pension agent for three residents and records demonstrated a robust accounts system to safeguard residents' finances.

Staff training regarding safeguarding was up-to-date for most staff, and the remaining staff had training scheduled for April.

Judgment: Compliant

Regulation 9: Residents' rights

Minutes of residents' meeting examined showed that most residents attended these meetings, and while previous minutes had details of the discussions, the more recent minutes did not have that detail and did not demonstrate that issues were followed up or reverted to, in subsequent meetings. This would show that issues were taken on board and hopefully addressed to the satisfaction of residents.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Carthage's House OSV-0000687

Inspection ID: MON-0031314

Date of inspection: 23/03/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Induction training is in place for all employees. However, the induction form that was looked at was of a new lady who had started on work experience and only stayed 4 days due to the COVID 19 pandemic. Hence induction training did not happen.</p>	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>All Doctors have been requested to write up each resident's medical notes. The new app we have organized will be in place by May 2021. Please find attached a copy of the Care Plan information that will be part of our new APP</p>	
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>Meetings were held via Zoom up to January 2021 due to Covid 19. However, due to bereavement of 2 members of the Board families during Feb & Mar meetings were not</p>	

held. Now that everyone is vaccinated meetings will resume in May.	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All notifications of incidents are currently recorded on the HIQA Portal.</p> <p>The incident in question was sent via the HIQA Portal System on the 8.06.20. All information regarding this was documented and a copy saved. However we did not inform HIQA on the outcome that both parties were in agreement not to press charges and case was dropped.</p> <p>Notification Number -0295680.</p> <p>Regarding Notification Number 0328870. This was submitted 12 days after the incident we will ensure that HIQA are notified within 3 working days going forward. This was an oversight by PIC</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>All complaints received are documented in accordance with regulation 34. Everything from now on will be documented even if small.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Court A. We are in the process of closing current Bathroom in room 19 and making it a shower/bathroom with access from corridor. Photograph included to show work is in progress.</p> <p>A new wash hand basin has been added to the Laundry Room and correct taps fitted. Please see attached photograph</p>	

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>We currently send a Nurse Transfer Letter (which is photocopied and documented in resident correspondence file). We also send a current copy of medication, Dr's Letter (except when a 999 call when no Dr's letter is sent). Relatives are informed immediately.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>Second Template risk management outside of a residents risk management is now in place.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A New hand basin has been installed in Laundry room. Photograph included</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>6 monthly evacuation training will commence with Galtee Fire Prevention team. He will get back to us with dates for same.</p>	

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>At present a separate Care Plan page has been added to the existing one and will be reviewed every four months. We are however installing a new computerized app for the care plans and hope to have this in place by the beginning of May 2021. Training commencing 20th April 2021 for staff. Please see attached an outline of what will be included in apps</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 the future minutes will be recorded even when the residents have nothing to say.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	20/04/2021
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	20/04/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/05/2021
Regulation 23(c)	The registered provider shall ensure that management	Not Compliant	Orange	20/04/2021

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	20/04/2021
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	20/04/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	20/04/2021

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	20/04/2021
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	20/04/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a	Substantially Compliant	Yellow	20/04/2021

	record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters 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.	Substantially Compliant	Yellow	20/04/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	20/04/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted	Substantially Compliant	Yellow	20/04/2021

	about and participate in the organisation of the designated centre concerned.			
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