Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Peter's Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Sea Road, Castlebellingham, Louth
Type of inspection:	Unannounced
Date of inspection:	05 May 2021
Centre ID:	OSV-0000122
Fieldwork ID:	MON-0032429

About the designated centre

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

St Peter's is a purpose built nursing home which was extended in recent years. It offers care to 69 residents, male and female over the age of 18 years. The centre provides long-term residential care, convalescent and respite care. They care for those with a diagnosis of dementia and an acquired brain injury. They cater for those of low, medium, high and maximum dependency. Their purpose is to provide care on an individualised, fair and in an equal way while involving the resident and their families. The centre has 63 single and three twin en-suite bedrooms. Included in this is a 20 bedded dementia care unit. The centre is situated within five minute's walk of the village of Castlebellingham where residents' can access a variety of amenities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 5 May 2021	09:00hrs to 15:45hrs	Sheila McKevitt	Lead

What residents told us and what inspectors observed

Those residents who spoke with the inspector said that the designated centre was a safe place to live and that they liked their home. The inspector found that the residents were well looked after and that their needs were being met.

Visiting had resumed in the designated centre with the lifting of restrictions.The inspector observed visitors coming into the centre. A member of staff was allocated to welcome visitors and risk assess them for signs and symptoms of COVID-19. The process in place reflected the updated visitors policy and the latest HPSC (Health Protection Surveillance Centre) guidance and minimised any potential risk of re-introducing COVID-19 into the centre. All the residents spoken with expressed delight at being able to see their family again, particularly their grand children and great grand children.

Residents were observed mobilising independently from their private bedroom to and from the communal areas. The corridors were wide and unobstructed with hand rails on either side. They facilitated residents to mobilise safely throughout their home.

The centre appeared clean. The housekeeping staff on duty had the equipment, training and facilities available to them to do their job well. The processes they followed assured the inspector of safe infection control practices. Hand sanitizers and personal protective equipment were available to ensure that staff could maintain appropriate infection prevention and control practices. However there were no clinical wash hand basins easily accessible to staff.

Residents said the staff were kind, caring and always available to meet their needs. The inspector observed staff answering call bells and attending to residents health and social care needs. The person in charge knew the residents, the inspector observed him greeting residents by their first name and having a chat with them. It was evident that the person in charge was accessible to the residents and that they felt comfortable talking with him if they had any concerns or complaints.

The two activity coordinators were responsible for organising a schedule of activities to meet the needs of residents. Feedback from the residents was good, they said they enjoyed the activities on offer and took part when they wanted to. The inspector observed residents being asked if they wanted to go for a walk and observed two residents with their coats on being accompanied outside.

Two residents told the inspector how much they missed the trips out on the bus ad were looking forward to the resumption of days out when restrictions were lifted. On the afternoon of the inspection the activities coordinator was chairing a residents meeting where a plan for trips out during the summer months was going to be discussed with residents. Residents told the inspector that prior to the COVID-19

pandemic they enjoyed regular trips out during the warmer weather.

The inspector observed some kind, caring and empathetic communication between staff and residents. Staff knew the residents well and were familiar with the residents' needs and the preferred daily routines. Residents told the inspector that they were able to get up and go to bed a whatever time they preferred. There were set times for all meals but these were flexible if a resident chose to eat at another time.

One resident had died during the night. Staff were seen and heard informing and empathising with the residents who lived in neighbouring rooms and were friends with the deceased resident. The inspector observed the staff forming a guard of honour when the deceased resident left from the front door of the designated centre.

In conclusion this was a well managed centre in which residents were able to enjoy a good quality of life in the care of staff who knew them well. The next two sections of this report will set out the findings of the inspection and discuss the levels of compliance found under each regulation.

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Capacity and capability

This was a well-governed centre. Leadership was strong and there were good governance and management arrangements in place. The effective oversight of the service helped to maintain the centre's high level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The management team had addressed the non-compliances identified on the last inspection.

This inspection was carried out to monitor compliance with the regulations and to review the centre's preparedness for an outbreak of COVID-19. The Chief inspector had been notified of an outbreak of COVID-19 in January 2021 which effected 18 staff and 20 residents, Sadly four residents who had contracted the virus had died during the outbreak.

The registered provider is Costern Unimited Company. The management structure was clear. The management team was made up of the provider representative, who is also a director of the company, the operations manager, the person in charge and an assistant director of nursing. They knew their roles and responsibilities and the lines of authority and accountability were clearly outlined and reflected in the statement of purpose. The management team met every two weeks to discuss all areas of governance and took appropriate actions where necessary.

The centre was well resourced. The staffing numbers and skill mix on the day of this

inspection were adequate to meet the needs of the residents. The supervision of staff was good and staff demonstrated safe working practices. Staff had appraisals completed on an annual basis and they all had mandatory training in place. As a result staff were competent in their roles and took responsibility for their work.

The premises was well maintained both inside and outside. Residents had access to the grounds and courtyards and were encouraged to walk outside and to to get some fresh air. The centre was was clean, tidy and furnished throughout in a homely manner. The premises was well laid out to meet the needs of residents.

Staff files reviewed contained all the required documents outlined in Schedule 2 of the regulations. As a result the inspector was assured that residents were safeguarded by a robust recruitment policy which was implemented in practice and ensured that all new starters were appropriately vetted.

Regulation 15: Staffing

The staffing numbers and skill mix were good. They enabled staff to meet the assessed needs of the 59 residents in a holistic manner. Staff were attentive towards residents and were available to supervise residents in communal areas.

There was two or more qualified nursing staff on at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Staff nurses had completed training in medication management, certifying the death of a resident and end-of-life care.

There was good supervision of staff. The inspector saw from the sample of staff files reviewed that the staff had annual staff appraisals completed with the management team.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place. The management team had a comprehensive knowledge of the regulatory requirements and had the skills to carry out their work. They were known to staff, residents and relatives.

The management team had oversight of the quality care being delivered to residents. They had a system in place for auditing practices and there was clear evidence of learning and improvements being made in response to audit reports and feedback from residents.

An annual review had been completed for 2020, it included consultation with residents and a quality improvement plan for 2021.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident or their next-of-kin. The fees charged to the resident were clearer. The room occupied by the resident and how many other occupants if any were reflected in those contracts reviewed.

Judgment: Compliant

Regulation 4: Written policies and procedures

The schedule 5 policies were available for review. Inspectors found that all the Schedule 5 policies had been updated to include the guidance from the Health Protection Surveillance Centre (HSPC) (Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities). All policies had been updated in the past three years in line with the regulations, however, the end of life policy required further review to ensure it was in line with best practice guidance.

Judgment: Substantially compliant

Quality and safety

Overall residents received a good quality of service and a good standard of care. However, improvements were required in the standard of nursing assessment completed on residents on admission and in the process of referring residents to

allied health care team members.

Residents said they saw their general practitioner (GP) on a regular basis and the inspector observed evidence of this when reviewing residents' files. The inspector noted one resident who's GP had requested would be referred to a tissue viability nurse specialist to assess a wound, had not been referred. In addition, the inspector noted that residents did not have a comprehensive assessment completed on admission. Although specific risk assessments were completed these did not provide a holistic assessment of the resident including their self-care abilities and their preferences for care and support. This area of practice required review to ensure that each resident had a comprehensive assessment completed on admission and reviewed every four months. In addition there were some gaps in the recording of residents twice daily temperature recordings particularly over the past week. This meant that a resident presenting with a raised temperature would not be identified promptly and assessed for COVID-19 in a timely manner.

The residents had a full medical review completed each quarter. Residents told the inspector that, this had a positive impact on their health and wellbeing, as they knew their health status was being monitored closely.

There was a weekly schedule of activities developed by both activity coordinators following consultation with the residents. The activities kept the residents busy throughout the day. The wide variety of activities included in the schedule ensured that all residents had some form of activity available to them that they enjoyed and could participate in.

Residents received visitors by appointment and the visiting arrangements in place were safe. The re-introduction of visitors had a positive impact on both residents and staff, they lifted the atmosphere in the centre.

Infection control practices were in keeping with best practice. A COVID-contingency plan had been updated in April 2021. It had been implemented in practice during the recent COVID-19 outbreak in January 2021 and helped to ensure that the outbreak been contained in one unit. There were ongoing audits completed in relation to hand washing and environmental cleaning which helped to ensure that standards in housekeeping and infection control practices were in line with the current guidance.

Regulation 11: Visits

Visiting had commenced in line with HSPC on COVID-19 Guidance on visits to Long Team Residential Care Facilities (LTRCs). The management team had developed and implemented a procedure which maximised the residents and their relatives safety and minimised the risk of bringing COVID-19 into the centre.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place which reflected the requirements of the regulations. For example specific risks as outlined in the regulation such as aggression and abuse, and associated measures and actions to control these risks were included. The risk policy also outlined procedures for the management and reporting of non-serious and serious incidents at the centre.

The provider maintained a risk register which included COVID-19 as a risk. It had been updated in April 2021.

Judgment: Compliant

Regulation 27: Infection control

Procedures consistent with the standards for the prevention and control of health care-associated infections published by HIQA were implemented by staff. However there were not sufficient clinical wash hand basins available to staff outside of the residents' bedrooms

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were displayed prominently throughout the designated centre. The external fire exit doors were clearly sign posted. Exits were free from obstruction. Fire doors were tested on a weekly basis. Records showed that fire-fighting equipment had been serviced within the required time-frame. The fire alarm and emergency lighting were serviced on a quarterly basis by an external company.

Staff who spoke with the inspector confirmed they received mandatory fire training on an annual basis and training records reviewed confirmed this. A clear and detail record of each fire drill practiced with staff were available for review. These records had improved since the last inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident had an assessment of their needs completed on admission. However the assessment was not holistic an did not provide sufficient information to develop a person centred plan of care for residents on admission. In addition the inspector reviewed one assessment where the continence assessment had not been completed and as a result there was no clear record of what were the resident's needs in relation to continence.

Each resident had a care plan in place and these were reviewed every four months.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had regular access to their general practitioner (GP) and to specialist health and social care agencies. However the inspector found that one resident had not been referred promptly to a tissue viability nurse as requested by their GP. As a result the resident had waited more than 10 days to see the specialist nurse after the GP referred them. The process for referral required review to ensure residents were referred for specialist review and treatment without delay.

Judgment: Substantially compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including the robust recruitment of staff, ongoing training and effective supervision of staff. A review of a sample of staff files assured the inspector that staff had An Garda Siochana (police) vetting disclosures in place prior to commencing employment.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for St. Peter's Nursing Home OSV-0000122

Inspection ID: MON-0032429

Date of inspection: 05/05/2021

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: St Peters ensures that all schedule 5 policies are in place and reviewed at least every 3 years. All relevant policies are updated to include the guidance from the Health Protection Surveillance Centre (HSPC) and the HSE in relation to COVID 19. St Peters will review their TC 20 End of Life policy to ensure it was in line with best practice guidance. This will be completed following the Groups Director of Nursing Meeting on 23/06/21 where all policy updates are reviewed and agreed.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: There is a comprehensive Infection Control policy in St Peters Nursing Home, with the addition of a COVID -19 Policy since the Pandemic in February 2020. All staff are required on induction and on an ongoing basis to review all policies and procedures in relation to Infection Control and to sign that they have read and understood them. Current policies are updated regularly in line with best practice as per HSE and HPSC guidelines. There is a Preparedness plan in place to guide staff and specific COVID 19 policies to manage an outbreak within the home. All staff have been trained in Donning and Doffing PPE, Hand Hygiene, Breaking the Chain of Infection. All our staff use processes to ensure safe infection control practices. Hand sanitizers and personal protective equipment are available to ensure that staff could maintain appropriate infection prevention and control practices. Hand hygiene audits are carried on a regular basis as part of the Homes Clinical Governance. As per Guidelines on Infection	

Prevention and Control (IPC) Community and Disability Services HSE South 2012 "Alcohol Hand Rub (AHR) should be available at the point of care in all healthcare settings either through dispensers which can be attached to the bed, wall, medicine trolleys or equipment and/or in small bottles carried by staff." St Peters have wall mounted dispensers outside of all rooms and staff also carry small bottles to ensure they have it at point of contact. In addition, pre COVID 19 St Peters to ensure good infection control practices installed wall mounted liquid soap dispensers in all residents ensuites along with paper towel dispensers, lever taps and bins to ensure that staff have access to facilities at point of care as recommended in the HSE policy above. Outside of the residents room, St Peters have specific hand washing sinks in both pharmacy's and Clinical rooms, they are also available in both sluice rooms and cleaning/chemical stores as well as in all staff toilets and changing facilities all of which are located in close proximity and easy walking distance to the residents bedrooms. Having conducted a review of the handwashing facilities in these areas, there are three sets of taps that need to be replaced to come into compliance with infection control best practice. These taps will be replaced on or before the 30/6/21.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

St Peters Nursing Home ensures that each resident is provided with care in a person-centered manner that is safe, effective and appropriate to their individual needs. All residents have a suite of assessments and care plans provided following admission to the nursing home and are updated 4 monthly or more frequently as required. A review will take place to ensure that these assessments are holistic and comprehensive. A comprehensive assessment will be discussed and developed at the Groups Director of Nursing Meeting on 23/06/21. Once approved this will be added to the list of assessments to be carried out for all residents and updated every four months or sooner if required. The ADON will also continuously audit a percentage of the Care plans and assessments on a monthly basis to ensure that they completed and updated according based on the changing needs of the resident.

One to one care plan training is facilitated by the ADON, all nurses receive this training upon commencing employment. The training covers from admission to end of life. Assessments and incident forms are discussed in detail together with how to write a person-centered care plan. A record of this training is kept. Following this inspection, the ADON will complete refresher training for all nurses in relation to assessment and care planning to ensure that the nurses are competent in completing and reviewing all residents assessments and care plans. This will be completed by 31/7/21

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
All of St Peters residents are regularly assessed by their General Practitioner and by Specialist Allied Healthcare Professionals as required. During the inspection, the inspector found that one resident had not been referred promptly to a tissue viability nurse as requested by their GP. Following the inspection, the DON found evidence that the resident had in fact been referred by the Home two days prior to the review by the doctor. Evidence of this referral was sent to the inspector on the 13/05/21 as proof that the referral was indeed sent in a timely manner. However, the systems needed improving. In this regard following this inspection report, the GP rounds and subsequent referrals have been reviewed by the DON with the following changes made. The CNM or most senior nurse on duty facilitates all GP rounds and is responsible for noting any changes and actions required. A separate folder has been set up for GP changes. This is brought into staff hand over and discussed daily. The GP round sheet has been revised to include: GP recommendation, Actions required and completion date. Each action is signed off by the staff nurse when complete and will be recorded in the daily notes. The DON/ ADON review weekly and will sign the sheet when all actions are completed. The new system was introduced to Staff Nurses at a meeting held 25/5/21. There is also a specific folder for all referrals sent. Copies of emails are kept providing evidence that the referral has been sent. This will also be recorded in the residents daily notes.

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/06/2021
Regulation 5(2)	The person in	Substantially	Yellow	31/07/2021

	charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Compliant		
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	25/05/2021