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 Luke's Home
Name of provider:	St Luke's Home Cork Company Limited by Guarantee
Address of centre:	Castle Road, Mahon, Cork
Type of inspection:	Unannounced
Date of inspection:	01 June 2022
Centre ID:	OSV-0000290
Fieldwork ID:	MON-0036180

About the designated centre

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

St Luke's Home is a purpose-built facility, in operation on the current site since 1994 and provides residential accommodation for up to 128 residents. Following a series of redevelopments and extensions accommodation is arranged throughout four nominated 'houses' or units. Three of theses units provide accommodation for 30 residents, comprising 18 single, two twin, and two four-bedded bedrooms. The fourth unit is dedicated for residents with dementia or a cognitive impairment, and the design and layout of this unit is in keeping with its dementia-specific purpose. Accommodation on this unit is laid out in a north and south wing, comprising 30 single and four twin rooms and accommodates 38 residents in total. All bedrooms have en-suite facilities including toilet, shower and hand-wash basin and additional communal shower and toilet facilities are also available close to communal areas on each unit. Each of the units have their own dining and living rooms. There are numerous additional communal areas and facilities available in the central area of the centre which includes the main restaurant, a large oratory for religious services and a spacious conservatory/ activity area that was bright with natural lighting. There is an arts and craft room and a separate library. Residents also have access to a hairdressing facility in this area. All communal areas are furnished in a homely style with dressers and soft furnishings and the centre is decorated with pictures, paintings, familiar furniture and soft furnishings throughout.
The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers palliative care, care to long-term residents with general and dementia care needs and has two respite care beds for residents with dementia. The centre provides 24-hour nursing care with a minimum of nine nurses on duty during the day and four nurses at night time. The nurses are supported by the person in charge, nurse managers, care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents. The centre employs the services of a physiotherapist five days per week, occupational therapy, chiropody, dietetics, dentistry, ophthalmology and speech and language therapy is also available in the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	124

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 1 June 2022	09:30hrs to 18:00hrs	Siobhan Bourke	Lead
Thursday 2 June 2022	09:00hrs to 16:15hrs	Siobhan Bourke	Lead
Wednesday 1 June 2022	09:30hrs to 18:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

From the observations of the inspectors and from speaking with residents, it was evident that residents were supported to have a good quality of life in the centre. The inspector met with many of the residents living in the centre and spoke with 12 residents in more detail to gain an insight into their lived experience. Residents told the inspectors that staff were kind and caring and respected their choices. The inspector observed that some improvements were required to ensure residents' safety and experience was promoted at all times. This will be discussed under the relevant regulations.

This was an unannounced inspection to monitor compliance with the regulations. On arrival inspectors were guided through the centre's infection control procedures by the centre's receptionist who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. An opening meeting was held with the person in charge, the chief executive officer and an assistant director of nursing. Following this meeting, the person in charge and assistant director of nursing accompanied the inspectors on a walk around the centre. The inspectors saw that the reception area was bright and welcoming with comfortable seating and a fireplace giving the centre a homely feel. There was a display of mugs, key rings and other keepsakes in reception to recognise the centre's 150 year aniversary. The person in charge told the inspectors that there were plans underway to celebrate the occasion with families and residents in the coming weeks. During the walk around the centre, it was evident to inspectors that there was a relaxed atmosphere throughout as evidenced by residents moving freely through the centre and other residents at various stages of personal care or enjoying breakfast.

St. Luke's Home is a designated centre located on a large mature site in Blackrock, near Cork City, and is registered to accommodate 128 residents. Residents are accommodated on the ground floor in four houses or units namely Wise, Gregg, Exham and Maguire House. Wise, Gregg and Exham House each have accommodation for 30 residents with 18 single rooms, 2 twin rooms and 2 four bedded rooms. Maguire House provides accommodation for residents with dementia and was divided further into Maguire South and North. Maguire House had 30 single rooms and four twin rooms. All residents bedrooms had ensuite shower, toilet and hand wash basin facilities. Inspectors saw that residents' rooms were spacious with plenty room for storage of residents' clothes and personal belongings. Bedrooms were also personalised with family photographs, paintings and residents own possessions. Residents in shared accommodation had their own televisions. In general residents rooms were well maintained, however inspectors saw that the paintwork of some furniture such as dressing tables and lockers, and walls in some residents bedrooms required attention. This is further discussed under regulation 17.

There were plenty spacious communal areas and rooms for residents' use through out the centre. The centre had a large bright activity room that was used by the "social club" and could cater for large groups of residents. This room opened out

into the centre's spacious gardens with brightly coloured outdoor seating, raised flower beds and mature plants. A raised vegetable bed was also in place where residents with an interest in gardening could grow some vegetables and herbs. The centre also had a large oratory where religious services could be held in the centre and a well stocked library. The inspectors saw that there were numerous seating areas throughout the centre where residents could sit in private or enjoy some time with their visitors. Gregg house, Wise house and Exham house had two living rooms and a dining room that residents were seen to use through out the days of inspection. Residents were sitting and chatting with other residents and staff in the dining rooms and day rooms. Inspectors saw that Maguire house also had two dining areas, and an activities room. The inspectors saw that the larger dining room, "Maguire's Restaurant" in Maguire house had been recently renovated and was furnished with a homely dresser, new blinds and decorative tablecloths. The corridors opening out to the garden area in Maguire House were decorated with ornate wall murals that had been created by the centre's art therapist along with paintings of old cork scenes. Maguire House had an accessible garden with walkway, that had scented herbs and plants, to provide residents with sensory stimulation. Many of the communal areas had wallpaper feature walls which provided a warm and homely feeling.

Inspectors observed the lunch time experience on both days and the tea time experience on the first day of inspection. A large number of residents who did not require assistance with eating and drinking attended the centre’s Oyster Restaurant for lunch and evening meals. Here food was served from a buffet style kitchen to residents. Inspectors saw that this large bright restaurant had nicely decorated tables with menus displaying the choice available for residents on each table. The inspectors saw that residents were provided with choice for their meals and meals appeared wholesome and nutritious. The inspectors saw that a staff member supervised each mealtime in the restaurant. The inspectors saw that there was a great buzz in the room with residents chatting while enjoying their meals. Residents could also eat in their rooms or in the dining rooms in each of the houses. There were sufficient staff available to provide assistance with residents who required it. The inspectors saw assistance were provided to residents who required it, in a dignified and respectful way.

The inspectors observed that residents appeared well cared for and staff provided care in a respectful and unhurried way. The inspectors saw that residents were dressed in their own styles and a number of residents told the inspectors that staff had helped them with nail painting and make up. Residents were seen going out with relatives for day trips. Residents were highly complementary about the staff and told the inspector they were well looked after and that the staff were very kind and attentive. One resident told the inspector " you couldn't ask for better" and that staff " made it feel like home." Another resident told the inspector that her health and mobility had improved greatly through access to the physiotherapist. The inspectors saw that call bells were answered promptly and staff respected residents choices.

Visitors were seen coming and going throughout both days of the inspection and were welcomed by staff. The centre’s receptionist ensured that visitors were signed

in and completed safety checks in line with national guidance. Visitors were highly complimentary of the care given to their relatives and were happy with the visiting arrangements in place. Visits were mainly in residents' bedrooms or in the communal spaces throughout the centre.

The inspectors saw that there was a varied schedule of activities in the centre seven days a week. All available activities were displayed in each house and residents who spoke with inspectors were knowledgeable of the days activities. Residents told inspectors that there was plenty for them to do during the day and they looked forward to the activities available. The centre had four activity staff and were also supported with activities by regular volunteers. On both mornings of inspection, the inspectors saw the social club was in full swing with a group of residents participating in activities of their liking such as knitting, arts and crafts, crosswords, word searches or newspaper readings. Some residents also attended morning prayers in the oratory. In the afternoon of the first day, a large number of residents attended a lively sing along with two musicians from the group Bluebell. Residents also enjoyed a selection of ice creams from the ice cream trolley that went out to all the houses in the centre. On the second day, a group of residents were heading off on a day trip to Youghal on the centre's bus. On return to the centre, residents who met with the inspector said that they enjoyed it immensely. On the afternoon of the second day of inspection another sing along was held while a large group of residents enjoyed a drink from the centre's bar. One to one activities were provided to residents who did not participate in group activities. A number of residents told the inspectors that they were looking forward to the arrival of the centre's new chaplain who was due to commence at the centre in the coming weeks. The inspectors saw that a member of the pastoral care team visiting residents during the inspection. Residents had access to wifi, television, newspapers and electronic devices in line with their capacity. The centre had two hairdressing salons, one on the main corridor and a quieter one in Maguire House. A number of residents were seen to be going down to the salon on both days of inspection.

There was good directional signage throughout the centre to guide staff, residents and visitors. Inspectors observed that alcohol hand gel was available at point of care within each room.There was easy access to PPE for staff and staff were observed to be using PPE correctly. Clinical hand wash basins were available within four bedded rooms for staff use. However, there were a limited number of clinical hand wash sinks dedicated for staff use on corridors in the houses in the centre. Findings in this regard are further discussed under the individual Regulation 27.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Inspectors found that effective management systems were in place in the centre, ensuring good quality and safe care was provided to residents. The management team were proactive in response to issues as they arose and the centre has a very good compliance history with the regulations. The registered provider had ensured that the designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.

The centre is owned and managed by St Luke's Home Cork, Company Limited by Guarantee who is the registered provider. There is a clearly defined management structure in place with identified lines of accountability and responsibility. The centre is governed by a board of directors and the chief executive officer is accountable to the chairperson of the board. The director of nursing is the designated person in charge of the centre and reported to the chief executive officer. The centre has an executive management team whose membership included, the chief executive officer, the director of nursing, finance manager and human resources manager, head of services manager and director of education. The executive management committee was responsible for the oversight of the day to day operation of the centre and met every three weeks. A review of minutes of the committee's meetings indicated that key operational and clinical issues were discussed and actioned. The inspector noted that plans were in development to increase storage in the centre and to review the shared accommodation in the centre. The provider held regular board meetings that included up to date reports from the director of nursing and the chief executive officer. A number of sub committees such as the quality and safety committee, audit and risk committee were in place to provide assurance to the board regarding the quality and safety of care provided to residents. Operational management meetings such as the management team weekly meeting, clinical nurse managers quarterly meetings and health and safety meetings were also in place in the centre. The weekly management team also had a "regulation of the fortnight" action arising from these meetings where actions required to ensure compliance with the regulations were monitored.

The director of nursing was an appropriately qualified person in charge responsible for the direction of care. She was supported in her role by two assistant directors of nursing, a team of grade one and two clinical nurse managers. Management support was available to support and supervise nursing and care staff in the centre 24 hours a day, seven days a week as clinical nurse managers were rostered at night and weekends. Staff rosters were examined and there were adequate staff to meet the assessed needs of residents having regard to the size and layout of the centre. Recruitment was ongoing to replace two nursing staff vacancies in the centre and newly recruited staff were supported by the human resources manager with induction.

Management in the centre ensured that staff were provided with both face to face and online training appropriate to their role. Staff had received on-site education and training in infection prevention and control practices. In response to the COVID-19 pandemic, additional training was provided on infection prevention and control related topics, such as hand hygiene and donning and doffing personal protective equipment (PPE).

There were robust governance structures in place to monitor the quality and safety of care provided to residents. For example, the centre had a number of committee's, a nutrition committee, a palliative care group, restrictive practice group and a multidisciplinary team falls group to oversee and drive improvement to key clinical risks for residents. From a review of the risk register, it was evident to inspectors that clinical risks and environmental risks to residents were monitored closely in the centre. There was a clear process in place for reporting and reviewing clinical incidents. Incidents were reviewed by the multidisciplinary team and learning from incidents to drive improvement was evident.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. It was evident to inspectors that audit tools were comprehensive and quality improvement plans were developed in response to audit findings. Examples of audits seen by inspectors included quality of interaction schedule audits, medication management, compliance with care planning documentation, nutritional assessments and medication management. Regular environmental hygiene audits were carried out by the contract cleaning supervisor and the centre's infection prevention and control link nurse.

Inspectors found that that there were clear lines of accountability and responsibility in relation to governance and management arrangements for the prevention and control of healthcare-associated infection. The infection prevention and control programme was overseen by an infection prevention and control committee. The provider had nominated a nurse manager, with the required training and protected hours allocated, to the role of infection prevention and control link practitioner. However the provider did not have formalised access to an infection prevention and control specialist. The centre had taken part in previous national antimicrobial point prevalence surveys. However, the overall antimicrobial stewardship programme needed to be further developed and supported in order to progress. Improvements were also required in infection prevention and control admission assessments. Findings in this regard are further discussed under the individual Regulation 27.

The centres outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. Four outbreaks of COVID-19 had been reported since the onset of the pandemic. Reviews of the management of COVID-19 outbreaks to include lessons learned to ensure preparedness for any further outbreak had been completed.

The provider had a number of effective assurance processes in place in relation to the standard of hygiene in the centre. These included cleaning specifications and checklists, colour coding to reduce the chance of cross infection, infection control guidance, and audits of equipment and environmental cleanliness. These included the use of colour coded mops and cleaning cloths to reduce the chance of cross infection. However dust control methods were not in line with best practice as outlined under regulation 27.

The centre had a comprehensive infection prevention and control guideline which covered aspects of standard precautions including hand hygiene, waste

management, sharps safety, environmental and equipment hygiene.

The annual review for 2021 of the quality and safety of care delivered to the residents in 2021 had been prepared in consultation with residents and was made available to inspectors. This review was comprehensive and included findings from feedback from residents as well as detailing the quality of care provided to residents during the year.

Regulation 14: Persons in charge

The person in charge had the required experience and qualifications for the role. The person in charge was knowledgeable of residents' individual needs and residents who spoke with inspectors were aware of who was in charge of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were adequate numbers and skill mix of staff to meet the needs of residents living in the centre on the days of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

There was a comprehensive programme of both face to face and online training available to ensure all staff had relevant and up to date training to enable them to perform their respective roles. The centre's human resources manager monitored staff uptake of training. A three day face to face mandatory training programme was available for staff and was held regularly in the centre. This training programme included care skills, dementia and responsive behaviour, infection prevention and control, safeguarding, fire training, manual handling, end of life care, policy awareness and self-care. The inspectors noted that a number of care staff were enrolled in end of life care and five health care assistants had completed Infection prevention and control FETAC training. Six staff members had completed hand hygiene assessors training. Housekeeping staff had completed additional training in cleaning practices and processes. From a review of training records, it was evident to inspectors that staff working in the centre were up to date with mandatory training or scheduled to attend mandatory training in the weeks following the inspection.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that there was a clearly defined management structure in place that identified lines of responsibility and accountability and staff were aware of same. The centre had sufficient resources to ensure effective delivery of care in accordance with the statement of purpose. There were good management systems in place to ensure the service was safe, appropriate and effectively monitored. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2021 was completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

From a review of a sample of residents' records, it was evident to inspectors that residents had a signed contract of care which detailed the fees to be charged, fees for any additional services that the resident may require and the room to be occupied by the resident.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Office of the Chief Inspector in accordance with the requirements of legislation in a timely manner. From a review of accident and incident records, it was evident to inspectors that there was input from the multidisciplinary team following incidents to identify any areas for improvement and to ensure any safeguarding incidents were identified.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents who spoke with inspectors were aware how to raise a concern or make a complaint at the centre. The centre's complaint's procedure was displayed in the

centre and included a nominated complaints officer. An inspector viewed a sample of complaints and saw that complaints were recorded and managed in line with the centre's policy.

Judgment: Compliant

Quality and safety

Inspectors found that caring and supportive staff ensured that residents rights were promoted and respected in this centre. Residents' health and social care needs were being met through good access to health care services and opportunities for social engagement. There was evidence of good consultation with residents and residents were represented on committees such as the nutritional committee to ascertain their views and experience of the services provided. Some actions were required in relation to premises, infection prevention and control and fire precautions. These are outlined under the relevant regulations.

The inspectors were assured that residents' medical and health care needs were being met. Two general practitioners attended the centre four days a week and more frequently if required. From a review of care records and speaking with staff and residents, access to health and social care professional was available to residents who required it. The centre employed a full time social worker who participated with nursing staff in assessment of residents before admission to the centre and worked as an advocate for residents. The social worker was also the designated safeguarding officer for the centre. A physiotherapist was also employed in the the centre and provided assessments and treatments to residents as required. It was evident to inspectors that the physiotherapist was very actively involved in falls prevention and assessment in the centre and was a member of the falls group. Access to speech and language therapists, dietitians, occupational therapists was also evident.

Nursing assessments and care plans were seen to be person centred and detailed to guide residents' care. Validated assessment tools were used by nursing staff and were updated at regular intervals and when residents' conditions changed. There was a low incidence of pressure ulcers in the centre and wound care management was seen to be evidence based.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Inspectors observed that residents were provided with a choice of nutritious meals at mealtimes.

The provider had measures in place to ensure residents were safeguarded from abuse with appropriate protections in place. The reporting system in place was

clear, and ensured any disclosures or suspicions were escalated and investigated without delay. Clinical incidents were reviewed by members of the multidisciplinary team including the designated safeguarding officer as a further protection for residents. Where residents were predisposed to significant episodes of responsive behaviours, they were responded to in an appropriate manner by staff, and care plans were comprehensive and person centred. Restraint was being effectively monitored by the management team and reductions in the use of bedrails was evident.

Visits were encouraged and practical precautions were in place to manage any associated risks. There were no visiting restrictions in place and national guidance on visiting was being followed. Resident's care plans identified the residents nominated support person.

The risk management policy included the regulatory, specified risks and a risk register was in place. There was a fire safety policy in place and all staff were up to date with fire safety training. Fire fighting equipment was in place through out the centre and the inspectors saw that it was serviced regularly and records were made available to the inspectors. Certificates for annual and quarterly servicing of fire alarms and lighting was available. Staff spoken with were knowledgeable regarding actions to be taken in the event of a fire. The inspector saw that while daily checks of fire doors and exits were recorded, there were gaps in records in relation to the weekly fire safety checks such as fire alarm sounding checks. The inspector saw that records were maintained of regular fire evacuation procedures, however recent records of simulated evacuation of the largest compartments in the centre were not available. This was required to be assured that compartment evacuation could be completed in a timely and safe manner by all staff. The provider submitted records following the inspection which provided assurance of same. These findings are outlined under regulation 28.

Inspectors identified some examples of good practice in the prevention and control of infection. inspectors found that the centre was very clean. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a resident. A range of safety engineered needles were available. Nebuliser chambers were replaced after each use. Ample supplies of personal protective equipment (PPE) were available. Appropriate use of PPE was observed. The National Transfer Document and Health Profile for Residential Care Facilities was incorporated into the electronic document management system. This document contained details of health-care associated infections to support sharing of and access to information within and between services. Some actions required in relation to infection control are outlined under regulation 27.

The inspectors saw that, in general, the premises were well maintained and promoted residents independence and well being. There were plenty communal and private spaces for residents use and access to beautiful outdoor spaces. Storage in the centre was identified as an issue by the management team and plans were underway to increase storage in the centre. The management team did a daily walkaround the centre to ensure that equipment was appropriately stored. The inspectors saw that some action was required in relation to flooring and

maintenance of paintwork in some of the units. This is discussed under regulation 17.

Residents' rights were protected and promoted. Individuals' choices and preferences were seen to be respected. Resident meetings were held every two months which ensured that residents were engaged in the running of the centre. The management team had instigated a multidisciplinary response team meeting to ensure that actions arising from these meetings were addressed. For example, residents had identified that meal times in the restaurant were becoming earlier than the scheduled times. In response to this, mealtimes were being monitored by management team to ensure meals were not served early.

Residents were consulted with about their individual care needs and were supported by the centres designated advocate and had access to independent advocacy if they wished. A varied schedule of activities were provided in the centre every day and residents could choose to participate in these activities if they so wished. Residents and families were surveyed to ascertain their views on the running of the centre. The centre had been selected to take part in the National Nursing Home Experience Survey and over 60 residents had participated in the survey by the time of the inspection. The management team in the centre told the inspector that plans were in progress to reinstate the family support meetings that were held in the centre before the COVID-19 pandemic. These meetings were facilitated by the centre's social worker where relatives of residents in each house could meet to support each other.

Regulation 11: Visits

Visits were encouraged and practical precautions were in place to manage any associated risks. There was no limit on the total number people who can visit a resident. Social and recreational outings had recommenced. However inspectors were informed that visits continued to be scheduled in advance with the facility to manage footfall within shared bedrooms.

Judgment: Compliant

Regulation 12: Personal possessions

The inspectors saw that residents' rooms were personalised with photographs and their personal possessions and had adequate storage for clothing.The person in charge ensured that residents retained control over their own clothes and that clothes were laundered and returned to residents in a timely manner. A new system had been introduced to add an initial to the labeling system for residents with similar

surnames to ensure residents laundry was returned.

Judgment: Compliant

Regulation 17: Premises

Although the premises was seen to be appropriate to the number and needs of the residents living in the centre and was generally maintained to a high standard the following areas required action.

- Paintwork of some furniture such as lockers and dressing tables in residents rooms were worn and chipped
- Flooring in a number of bathrooms and some bedrooms was worn.
- Inspectors observed that clinical hand wash basins had been installed for resident use within some shared rooms and ensuite bathrooms. Personal hygiene is carried out in a reservoir of water, therefore a bowl with plug is recommended in non-clinical wash-hand basins used by residents.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The inspectors saw that residents had a choice of meals at lunch time and could choose where to eat their meals. On both days of inspection the Oyster Restaurant was full at lunch time and provided residents with a social dining experience. The inspectors saw that residents had nutritional plans in place and that residents weights and nutritional status were assessed regularly. Residents were offered a choice at mealtimes and meals served appeared to be wholesome and nutritious. The inspectors saw there were adequate staff on duty to provide assistance to residents who required it.

Judgment: Compliant

Regulation 26: Risk management

The provider had a risk management policy in place that met the requirements of the regulation. There was a system in place for investigation and learning from serious events and a plan in place to respond to major emergencies.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant.

A review of governance arrangements was required to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- Surveillance of antibiotic use, infections and colonisation was not routinely undertaken and used to inform practice. This meant that the provider did not monitor antimicrobial use and changes in infectious agents and trends in development of antimicrobial resistance.
- Admission assessments reviewed did not include a comprehensive infection prevention and control history or risk assessment.

The environment was not managed in a way that minimised the risk of transmitting a health-care-associated infection. This was evidenced by;

- Three bedpans on a storage rack within a dirty utility room were visibly unclean. Ineffective decontamination increased the risk of cross infection.
- There were a limited number of clinical hand wash sinks dedicated for staff use on corridors. One housekeeping room and one dirty utility room inspected did not have a wash hand basin for staff use.
- Used linen trolleys and a specimen fridge were stored within a clinical room. Clinical waste was disposed of within clinical rooms. This increased the risk of environmental contamination and cross infection.
- Dry mopping was not routinely done to collect dust and debris from the floors of resident rooms to prepare them for wet mopping.
- A jacuzzi bath was not routinely decontaminated when it was not in use. Cleaning and disinfection of jets should be scheduled and the schedule adhered to regardless of whether the bath is in regular use. Failure to routinely decontaminate infrequently used baths can result in contamination of jets.
- Tubs of 70% alcohol wipes were inappropriately used in some areas for cleaning small items of equipment and frequently touched sites such as computer keyboards.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Findings in relation to fire safety management included:

Gaps in records in regard to weekly checking of the centres fire alarm were noted, therefore the provider may not identify a fault in the system in a timely manner.

Although regular fire drills had taken place since the previous inspection, records of a fire drill had not taken place simulating the evacuating of residents from the largest fire compartment, in a timely manner with the staff resources available at night time. This was undertaken following the inspection and provided to the inspectors.The provider was requested to complete these simulations with all staff until such time as they were assured that all staff were competent in evacuation procedures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, it was evident that residents had a completed comprehensive assessment and care plan documented within the electronic nursing documentation system. Care plans were found to contain the detail required to guide care, in a person-centred manner. Residents care plans were updated regularly as required by legislation and thereafter to reflect residents' changing needs.

Judgment: Compliant

Regulation 6: Health care

The inspectors were assured that residents medical and health care needs were being met. This was confirmed by residents who said that the medical care was good and regular reviews in residents medical notes. Residents were provided with access to allied health and social care professionals in line with their needs. The centre employed a full time physiotherapist who assessed and treated residents as required. Referrals were made to other allied health and social care professionals such as occupational therapy, dietetics, speech and language therapy as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. Comprehensive care plans were in place for residents who experienced the behaviour and psychological symptoms of dementia (BPSD).

There was low use of bedrails and other physical restraints in the centre and there was evidence of alternatives to restraint such as low-low beds, observation, sensor alarms in use in accordance with best practice guidelines.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. All allegations of abuse were reported to the chief inspector and investigated as required.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that residents' rights and choices were respected and promoted in the centre. Residents were supported to engage in activities that aligned with their interests and capabilities. A team of activity staff along with volunteers ensured that residents had access to a stimulating and varied activities programme every day. Residents were consulted with in the running of the centre. For example, a resident was represented on the nutritional committee and a resident represented residents on the residents multidisciplinary response management meeting to ensure actions from the residents meetings were followed up. The inspectors saw that residents were supported to access clergy and ministers of their own faith in the centre. Residents had access to media and aids such as radio, televisions, telephone and wireless internet access were also readily available.

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 14: Persons in charge	Compliant
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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Luke's Home OSV-0000290

Inspection ID: MON-0036180

Date of inspection: 02/06/2022

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A program of works is in progress in order to complete all necessary recommended improvements.	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: All issues noted on the inspection will be addressed and St Luke's Home will continue to improve our own infection control resource.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire safety management issues relating to gaps in records of weekly checking of the fire alarm are noted. This issue has been resolved. Simulation training of all staff in the evacuation of Residents from the largest compartment will be carried out. Quality improvement will continue in this area.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/03/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/03/2023
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	05/07/2022

Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/12/2022