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:	Announced
Date of inspection:	21 November 2023
Centre ID:	OSV-0000290
Fieldwork ID:	MON-0041707

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 these 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. 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. 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 health care professionals provide ongoing health care 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:	126

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
Tuesday 21 November 2023	09:10hrs to 17:40hrs	Siobhan Bourke	Lead
Wednesday 22 November 2023	09:10hrs to 16:45hrs	Siobhan Bourke	Lead
Tuesday 21 November 2023	09:10hrs to 17:40hrs	Caroline Connelly	Support
Wednesday 22 November 2023	09:10hrs to 16:45hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

From the observations of the inspectors, and discussions with residents, staff and visitors, it was evident that St. Luke's Home was a nice place to live where residents' choices were supported and respected. There was a welcoming and homely atmosphere in the centre, on both days of the inspection. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities. The inspectors spoke with thirty residents living in the centre and over ten visitors. Residents told inspectors that staff were excellent, kind and caring. One resident outlined that staff had "residents' interests at heart" while another described how staff were "very careful about us." In general, visitors also gave positive feedback of their experiences in the home. The inspectors 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.

On arrival to the centre, inspectors were greeted by the reception staff and followed the centre's signing in procedures. Signage was in place to inform visitors of the announced inspection should they wish to meet with an inspector. An opening meeting was held with the chief executive officer and the director of nursing. Following this meeting, the director of nursing accompanied the inspectors on a walk around the premises, where inspectors met with many of the residents, staff and visitors. During the walkaround, it was evident that the director of nursing was well known to residents and she was knowledgeable regarding residents' needs.

St. Luke's Home is a designated centre located 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, two twin rooms and two 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. Residents' bedrooms all had ensuite shower, toilet and hand wash basin facilities. Inspectors saw that residents' living in single or twin bedrooms had plenty room for storage of residents' clothes and personal belongings, however the layout of some of the four-bedded rooms remained the same as on previous inspections of the centre, with less space for residents. The inspectors saw that flooring had been replaced in Maguire House. Overall, residents' bedrooms were nicely decorated and personalised with photographs and memorabilia. A number of residents had extra shelving in place for their belongings and spoke highly of the maintenance staff working in the centre, who accommodated their requests to make their rooms more homely. Furniture and many residents' bedrooms had been painted since the previous inspection, however, in a small number of bedrooms, some paintwork required attention as outlined further in this report.

The centre had many communal areas and rooms, that residents were using, during the two days of the inspection. A library, on the main corridor had lots of books, a

computer and was a quiet space for residents' use. The large oratory was also used for residents who wished to sit and pray and for services held in the centre. The main activity room was a spacious bright room and was used for the majority of social activities in the centre including the social club. Near the main reception was a large dining room named the Oyster Restaurant, that many residents used for lunch and the evening meal. In Gregg, Exham and Wise House there were also sitting rooms and a dining room for residents. These rooms were warm and nicely decorated throughout. Maguire house had two dining/day rooms, an activities room, a day room and a snug. Outdoor spaces in the centre were well maintained and residents could access these area from communal spaces in the centre. The centre had two hair salons, one on the main corridor and one in Maguire House. Hairdressers attended the centre three days a week.

Inspectors observed the lunch and evening meal, on the first day of inspection, and the lunch time meal on the second day. Over half the residents living in the centre attended the "Oyster Restaurant" for these meal times. Residents were chatting together during the mealtimes and orders from the options available were taken by the catering staff in the restaurant. Choices for the courses were displayed on menus on each table, which were also nicely presented with condiments and floral arrangements. Residents gave positive feedback on the quality and variety of food provided and how it had improved over the last few months. The inspectors saw that food was presented in an appetising way and texture modified diets were well presented. Residents who required texture modified meals had a choice at each mealtime. The inspectors saw that there were enough staff to provide assistance with eating and drinking to residents who required it. This assistance was provided in a respectful and unhurried fashion. Inspectors observed the dining experience in Maguire house and saw that there was some improvement to the dining experience, with more residents offered the opportunity to have a sociable experience, while seated together in the activities room and the dining room. The dining room tables now had condiments and placemats. However, some residents remained in the day area eating their meals from bedtables or eating their meals in their bedrooms. The management team told inspectors that they were working to improve this experience further.

There were numerous visitors coming and going on the days of inspection and visitors confirmed that there were no restrictions on visiting their relatives in the centre. Visitors were full of praise for staff working in the centre and the care they provided to their loved ones.

The inspectors observed interactions with staff and residents during both days of inspection and saw that staff provided care in a respectful manner. It was evident that staff were aware of residents likes and dislikes in relation to their appearance and how they liked to spend their day. Residents told inspectors that staff were kind to them and attended them in a timely fashion when they called for assistance. Residents described person-centred and compassionate care. Those residents who could not communicate their needs appeared comfortable and content.

As part of this announced inspection process, residents and visitors were provided with questionnaires to complete, to obtain their feedback on the service. In total,

three relatives and twelve residents completed the questionnaires. Overall, residents conveyed that they were happy living in the centre and described staff as nice, friendly, caring and excellent.

The inspectors spoke with many staff members to ascertain their experience of working in the centre. Overall, staff reported that it was a good place to work and that there were enough staff available to meet residents' needs. However, a number of staff working in Maguire House outlined that on occasions, when gaps in the roster couldn't be filled due to staff absences, it was difficult to meet residents needs in a timely manner, especially if these absences occurred during the weekend.

There was a varied and flexible activities schedule over seven days of the week. This was led by a team of activity co-ordinators and supported by volunteers. During the inspection, residents attended the social club where a Christmas cake making session was held and residents appeared to enjoy the smells and chats, regarding this tradition. A group of residents enjoyed arts and crafts and had created some lovely knitted pieces that were displayed in the centre. Many of the residents told the inspectors that there was great fun in the centre and they always had something to do. Musicians were also a great favourite among the residents. The inspectors saw that during the social club, residents could choose which activities to participate in whether it be creating art work, board games, or knitting. On the first day of inspection a group of residents attended the Men's Club in the library and were seen chatting and enjoying tea, coffee and scones together. The schedule of activities was displayed on the main corridor for residents to review and included boccia, yoga, music, arts and crafts. A member of the activity team was assigned to Maguire house, where they provided both one-to-one and group sessions such as Sonas and music and singing with residents. Residents were facilitated to attend days out with family members and bus outings from the centre to local amenities were enjoyed by some of the residents. Residents had access to newspapers, TV and radio.

Residents' views on the running of the centre were sought through regular residents' meetings that were held in the centre. Following these meetings, members of the multidisciplinary team held a follow up meeting to ensure feedback from residents was actioned. A relative representative and resident representative also attended this group. From a review of minutes of these meetings, it was evident that feedback from residents was actioned by the provider. For example, residents raised issues regarding portion sizes and the inspectors saw that pictures outlining the sizes of meals were under development. Residents raised issues regarding not knowing who staff were and in response, staff names were embroidered on uniforms. In addition, a poster detailing the uniform colours of nurses care staff and clinical nurse managers were displayed in each of the units. Residents views of the running of the centre were also sought through residents' surveys.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection, carried out over two days by two inspectors of social services, to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider submitted an application to renew the registration of the centre and the inspection informed decision making in this regard. The inspectors also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in January 2023.

Overall, findings of this inspection were that St. Luke's Home was a well-managed centre, where the residents were supported and facilitated to have a good quality of life. Some areas on this inspection, were identified as requiring improvement such as, staffing, premises and fire precautions. These will be detailed under the relevant regulations.

Inspectors found that the registered provider had a clearly defined management structure in place with identified lines of accountability and responsibility. The centre is owned and managed by St Luke's Home Cork, Company Limited by Guarantee who is the registered provider. 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. The provider held regular board meetings that included reports to update the board on clinical outcomes for residents from the director of nursing. A number of sub-committees such as the quality and risk committee, audit and risk committee were in place to provide assurance to the board regarding the quality and safety of care provided to residents.

The director of nursing was the assigned person in charge for the centre and was responsible for the oversight of clinical care. They were supported in their role by two assistant directors of nursing and clinical nurse managers. Each house had an assigned clinical nurse manager and there was also a clinical nurse manager rostered every night and at weekends to support and oversee staff. The assistant directors of nursing and the director of nursing were also available on call on a rotational basis.

There were effective management systems in this centre, ensuring good quality care was delivered to the residents. The management team held a structured schedule of meetings such as the weekly management team meeting, clinical nurse manager meetings, health and safety meetings where key issues were communicated and

required action taken. A number of multidisciplinary groups and committees were in place to ensure oversight of clinical risks to residents, such as restrictive practice, palliative care, nutritional care, infection prevention and control, and safeguarding. The inspectors reviewed a sample of these minutes and found that quality improvement plans were put in place where required.

The director of nursing, assistant directors of nursing and clinical nurse managers ensured that the centre's schedule of clinical audits was implemented and improvements put in place where issues were identified. Falls, medication practices, quality of interactions audits were a sample of practices audited. There was a continued low incidence of residents acquiring pressure ulcers in the centre.

The provider had implemented a pilot project for six months in 2023, where a nurse was employed in a quality improvement role to review aspects of practice. Improvements to care plans were devised, recognition of a required increase in staffing for the dementia unit and other aspects of practice were implemented.

There was ongoing recruitment in the centre to maintain staffing levels. From a review of rosters, inspectors found that where staffing shortages occurred due to unplanned leave, where possible, agency staff were sought or the centre's own staff were redeployed. However, while the number and skill mix of staff was adequate in Exham, Greg and Wise House, staffing levels in Maguire House required review due to the high levels of dependency of residents living there. The management team had recognised this need and had plans in place to increase the number of care staff and recruit a clinical nurse manager grade one to support the team in this unit. This is outlined under Regulation 15; staffing.

Staff had access to a comprehensive training programme that was delivered through both face-to-face and online training. A human resources manager monitored the uptake of mandatory training and staff were facilitated to attend training appropriate to their role. Staff demonstrated an appropriate awareness of their training and their roles and responsibilities with regard to safeguarding residents from abuse, infection prevention and control and fire safety. There was good supervision of staff in place and a clinical nurse manager was rostered to support and supervise staff on night duty and at weekends.

From a review of the incident log maintained at the centre, incidents were notified to the Chief Inspector in line with legislation. The inspectors saw that input from the members of the multidisciplinary team was provided in the review of incidents. The person in charge, as the centre's complaints officer investigated and responded to the complaints raised by residents and their relatives in the centre. These complaints were recorded and managed in line with the centre's policy and procedure.

Registration Regulation 4: Application for registration or renewal of registration

The provider submitted an application for renewal of registration to the office of the Chief Inspector in accordance with the registration regulations. Application fees were paid and the prescribed documentation was submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was full time in post in the centre since 2020. They had the necessary experience and qualifications as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and residents' care needs.

Judgment: Compliant

Regulation 15: Staffing

Given that over 78% of residents in Maguire House had maximum or high dependency levels, the number of staff in the dementia specific unit was not adequate to meet the assessed needs of residents. The registered provider assured the inspectors that plans were in progress to increase the staffing levels in this unit.

Judgment: Substantially compliant

Regulation 16: Training and staff development

From a review of training records, and from speaking with staff, 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. A training matrix was maintained to monitor staff attendance at training provided. 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. Enhanced training in end-of-life care was also available for nursing and healthcare staff. The inspectors saw that staff were appropriately supervised during the days of the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained in the centre and it contained the information required in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The inspectors found that records were stored securely. Records as set out in Schedules 3 and 4 of the regulations and relevant to the regulations examined on this inspection were well maintained in the centre and were made available for inspection.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found the centre was adequately resourced to ensure residents living in the centre were provided with a high quality and safe service. There was a clearly defined management structure in place and staff were aware of their individual roles and responsibilities. The management team and staff demonstrated a commitment to quality improvement through a system of ongoing monitoring of the services provided to residents. The provider ensured that an annual review of the quality and safety of care provided to residents in 2022 was completed.

Judgment: Compliant

Regulation 24: Contract for the provision of services

An inspector viewed a number of contracts of care which contained details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose and floor plans were amended on inspection to include the first floor of the centre to reflect the totality of the designated centre and to meet the requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

From a review of incident reports maintained in the centre, incidents had been reported in writing to the Chief Inspector where required under the regulations within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was displayed in the centre. Residents who spoke with inspectors were aware how to make a complaint. The inspectors reviewed a sample of complaints and found that the outcome was recorded and whether the complainant was satisfied with the outcome. The person in charge made some minor amendments to the complaints' policy, on the day of inspection, reflecting the recent changes in legislation regarding complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were available in the centre. Systems were in place to review and update policies including a policy review committee which met regularly. New policies were ratified by the board of management. A review of the policies indicated they were reviewed regularly and at a minimum of every three years.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

Notifications of periods when the person in charge was absent were submitted, with details of the arrangements in place for the management of the centre, during that absence.

Judgment: Compliant

Quality and safety

The inspectors found that residents living in St. Luke's Home were enabled to have a good quality of life, where their rights and choices were promoted and respected. Residents who spoke with inspectors reported that they felt safe living in the centre. Some action was required in relation to premises and fire precautions as outlined under the relevant regulations.

Residents were provided with a good standard of evidence based nursing care and had good access to health care services. Residents had access to regular review by general practitioners who attended the centre four days a week. From a review of a sample of residents' records, it was evident that residents had regular medical reviews. Residents had access to health and social care professionals as needed. A full time physiotherapist and social worker were employed in the centre. Residents also had access to other health and social care professional such as speech and language therapy, dietitian and occupational therapy. Where medical or other health care professionals recommended specific interventions, nursing and care staff implemented these, as evidenced from residents' records. Staff ensured that care practices for residents receiving end-of-life care were provided, in a way that met their individual needs and wishes.

Nursing care documentation was maintained to a high standard and the inspectors saw that validated assessments tools were used to support the development of person centred care plans. A quality improvement initiative was in progress to roll out a holistic care plan for residents with an implementation date of the end of

December 2023. This was reported by nursing staff and management to be working well.

The inspectors saw that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way. Care plans for residents who experience responsive behaviour were detailed and person-centred. There was evidence of a multidisciplinary approach, where residents presented with responsive behaviours, to ensure the best possible outcome for residents. Where restrictive practices such as bedrails were in use, they were supported by appropriate risk assessments and alternatives to bedrails such as low-low beds and crash mats were in use.

Residents, who were assessed as having increased nutritional risks, were referred to a dietitian and or to a speech and language therapist in a timely manner and there was evidence that where recommendations were made, these were implemented. The inspectors saw that there was an adequate number of staff on duty to provide assistance to residents who required it at meal times. The inspectors observed that there was some improvements to the dining experience for residents living in the dementia specific unit, since the last inspection, however further action was required as outlined under Regulation 18; food and nutrition.

Staff working in the centre were provided with training in safeguarding of vulnerable adults and staff who spoke with inspectors were knowledgeable in this regard. Allegations or incidents of abuse were reported and investigated in line with the centre's safeguarding policy. The provider acted as a pension agent for a number of residents. The inspectors found that there were effective systems in place for the management and protection of residents' finances.

Risk management systems were underpinned by the centre's risk management policy which detailed the systems to monitor and respond to risks, that may impact on the safety and welfare of residents. A risk register was maintained and regularly reviewed and included potential risks to residents' safety.

The provider ensured that there were systems in place to ensure fire safety management for the centre. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency. Certification was available in relation to servicing of fire safety equipment. The inspectors were not assured that records were consistently recorded regarding daily checks of fire exits. Furthermore, simulations of evacuations of the largest compartments in the centre were not carried out to provide assurance that staff could safely evacuate residents in the event of a fire. This is outlined under Regulation 28; Fire Precautions.

Regulation 10: Communication difficulties

The inspectors saw that residents who required assistance with their communication needs were supported by staff and their requirements were reflected in care plans

reviewed. The inspectors observed that staff communicated effectively with residents.

Judgment: Compliant

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. There were numerous visitors coming and going to visit residents during the two days of the inspection. Residents, who spoke with inspectors, confirmed that visiting to the centre was unrestricted.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that there were systems in place to ensure that residents' clothes were laundered on site and returned to residents in a timely fashion. Residents had adequate storage for their personal belongings and the inspectors saw lockable storage in residents' bedrooms.

Judgment: Compliant

Regulation 13: End of life

Arrangements were in place to provide residents with appropriate care, and comfort, during their end-of-life. Care plans reviewed demonstrated that staff consulted residents and, where appropriate, their relatives to gather information with regard to residents' needs and wishes to support the provision of person-centred, compassionate, end of life care.

Judgment: Compliant

Regulation 17: Premises

Inspectors saw that, in general, the premises was seen to be appropriate to the number and needs of the residents living in the centre and in accordance with the statement of purpose. However, the following areas required action.

- As identified on previous inspections the layout of some of the four bedded rooms required review to ensure the privacy and dignity of residents living in these rooms. The inspectors saw that plans were in progress to address this issue.
- While there was an ongoing programme of renovations throughout the centre, the paintwork of furniture and walls in some residents' rooms required attention.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Some improvements to the dining experience for residents living in the dementia unit was evident as more residents were using the dining room and the quiet room, was also used as a dining room at lunch time, where residents could eat their meal together around a table. The management team acknowledged that while work was ongoing, further action was required to improve the dining experience for residents living in the dementia specific house.

Judgment: Substantially compliant

Regulation 20: Information for residents

The information guide for residents was updated on the day of inspection to include details regarding the complaints' investigation and review process.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors saw that the national transfer document was in use in the centre to provide information to receiving hospitals when residents required transfer for acute episodes of care.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included all of the required elements to meet the regulation. There was a system in place to investigate serious incidents and and emergency plan in place for the centre.

Judgment: Compliant

Regulation 27: Infection control

There was good oversight of infection prevention and control practices in the centre. A clinical nurse manager, who had qualifications in infection prevention and control, was the nominated lead for infection control for the centre. Staff completed both face-to-face and online training on infection prevention and control practices. The inspectors saw that regular audits of the environment and equipment in use in the centre were completed, with high levels of compliance found. Assessments of staff's compliance with hand hygiene practices were also undertaken. There were adequate staffing resources in the centre to ensure residents' rooms were cleaned everyday and regular deep cleaning of rooms completed. The person in charge ensured that where residents had a history of infections, these were reflected in their care plans. Residents were facilitated to receive their seasonal vaccinations in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The following issues in relation to fire safety management required action.

The inspectors noted that records of daily fire checks were not consistently recorded, therefore the provider may not identify a risk in a timely manner.

While fire drills and simulation of evacuations were completed regularly in the centre, there was no evidence that these were completed of the largest compartments in the centre, cognisant of night time staffing levels in the centre. This is necessary so that the provider can be assured that residents can be safely evacuated from the centre in the event of fire. The provider assured the inspectors that this would be undertaken following the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place in the centre relating to the ordering, prescribing, storing and administration of medicines. An inspector saw that this policy had been updated to reflect a local practice change to inform and guide nursing staff. An inspector reviewed processes and practice around the administration of medicines. Nurses on duty were knowledgeable regarding residents' medication requirements and safe medicine administration practices. Medications were stored in line with professional guidelines. Medicines that required administration in an altered format were appropriately prescribed.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Assessments of residents' health, personal and social care needs were recorded on an electronic system and care plans were developed from these assessments, using validated assessment tools. The inspectors reviewed a sample of care plans and found that these were person centred and sufficiently detailed to direct residents' care. Residents' care plans were updated regularly as required by legislation or more frequently with residents' changing needs.

Judgment: Compliant

Regulation 6: Health care

Residents living in the centre were provided with appropriate medical and health care including a high standard of evidence based nursing care. Residents were regularly reviewed by two general practitioners (GP) who attended the centre four days a week. Out of hours medical cover was provided by Southdoc when required. A full time physiotherapist and social worker were employed by the provider to support residents needs. Inspectors reviewed a sample of residents' files and saw that residents had timely access to a dietitian, speech and language therapist and occupational therapist as required. There was a low incidence of residents acquiring pressure ulcers in the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge ensured that staff had up-to-date knowledge, training and skills to care for residents with responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspectors reviewed a sample of care plans and saw that person-centred care plans, outlining where evident, triggers and appropriate interventions, to support residents with responsive behaviour. The use of bed rails was monitored by the management team and alternatives to bed rails such as low low beds and crash mats were in use where appropriate. There was evidence of risk assessments when bed rails were in use.

Judgment: Compliant

Regulation 8: Protection

Staff were provided with safeguarding training in both online and face-to-face training formats. Staff who spoke with inspectors were knowledgeable regarding the importance of protection and safeguarding of vulnerable adults. Allegations or incidents of abuse were investigated by the person in charge in line with the centre's policy. The registered provider was a pension agent for a number of residents. Inspectors found that there were robust systems in place for the management and protection of residents' finances and in the invoicing for care and extras such as hairdressing.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that residents' rights and choices were promoted and supported in the centre. There was a schedule of varied and interesting activities available to residents over seven days a week. Residents who spoke with inspectors were aware of the schedule and could choose to attend ones they liked. The dementia specific unit had activity staff assigned to support residents living there with one-one and group activities. Residents' views on the running of the centre were sought through residents meetings and surveys. The management team held a meeting after the residents meeting to ensure feedback from residents was actioned. Resident had access to independent advocacy services.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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-0041707

Date of inspection: 21/11/2023

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

This document is divided into two sections:

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

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

A finding of:

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

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The identified staffing quality improvement plan has commenced, and we aim to implement same by the date provided.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Capital Expenditure Plans are available and operational plans continue. Maintenance programme is ongoing.	
Regulation 18: Food and nutrition	Substantially Compliant
Outline how you are going to come into compliance with Regulation 18: Food and nutrition: Improving the dining experience of our residents remains under review, always focusing on the social and person-centered experience.	

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 in relation to gaps in records have been resolved and are under continuous review. Quality Improvement continues in relation to evacuations, drills and simulations in the largest compartment area with minimal staffing levels i.e., night time staffing levels.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/01/2024
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	31/03/2026
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food	Substantially Compliant	Yellow	30/07/2024

	and drink which are properly and safely prepared, cooked and served.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	16/01/2024
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	16/01/2024