



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

## Issued by the Chief Inspector

Name of designated centre:	St Phelim's Nursing Home
Name of provider:	Flanagan's Nursing Home Limited
Address of centre:	Dromahair, Leitrim
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0000395
Fieldwork ID:	MON-0036464

## About the designated centre

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

St Phelim's Nursing Home is a purpose-built centre which opened in 1996. The centre is located in a rural area approximately 1km outside the town of Dromahair in County Leitrim. It is currently registered for 76 residents. Most of the residents have lived in the surrounding area prior to their admission to the centre. The centre provides care and support for female and male adult residents mainly from 65 years of age. Respite and convalescent care may be provided to both under and over 65 years. Day care services are also provided to residents from the local community. The building has two floors with all residents accommodated on the ground floor. Bedroom accommodation comprises a mix of single, double and multiple occupancy rooms, in four units: Lough Gill, Railway View, Railway Court and Inisfree. A secure courtyard garden is available. Nursing and care staff are available 24 hours per day and the management team are all based in the centre to oversee care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	68
--	----

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 21 September 2022	09:30hrs to 17:45hrs	Michael Dunne	Lead
Wednesday 21 September 2022	09:30hrs to 17:45hrs	Marguerite Kelly	Support

## What residents told us and what inspectors observed

Residents living in this centre were supported to enjoy a good quality of life. There was evidence to show that residents were offered choice in key aspects of their care. This included discussions on what activities residents would like to be provided, the choice of food available for residents and on how residents would like care support to be provided to them. There were robust communication systems in place to ensure that residents were kept informed regarding key events in the centre. There was good use of notice boards to update residents on the availability of activities, access to advocacy and on how to register a complaint. In addition resident meeting records confirmed that residents were communicated with on a regular basis.

This was an unannounced inspection carried out to review compliance with the regulations and to follow up on actions the registered provider had agreed to take in order to achieve compliance with the regulations from the previous inspection in June 2021. Upon arrival the inspectors were guided through the centre's infection prevention and control procedure which included symptom checking, monitor of temperature and the use of personal protective equipment (PPE).

After an initial introduction, inspectors walked the centre with the registered provider. The centre was well maintained, clean and free from malodours. There were contractors/builders in the centre who were upgrading a communal room, however there were other communal rooms available for residents to use on the day. There were planned group activities available for residents to attend, with some residents observed to be pursuing individual activities in their own rooms. Inspectors observed a music session which residents were seen to enjoy. Many residents engaged in a sing-a long while others were supported to dance by members of the staff team.

Resident bedrooms were decorated to a high standard and were personalised by residents with their own memento's and individual items. Resident's confirmed that their rooms were cleaned on a regular basis and that they had no concerns regarding the management of their laundry. Residents also confirmed that they felt safe and that they could raise a concern with any staff member working in the centre.

Resident's were seen mobilising either independently or with staff support. Inspector's observed residents going about their own daily routines and were found to have had unrestricted access to all communal areas of the designated centre. Residents who were in need of direct staff support were provided with timely assistance. Inspector's also noted that resident call bells were answered without delay.

All residents observed on the day were found to be wearing suitable clothing and footwear that was clean and well-fitting. Equipment used to provide care and

support to residents was clean and serviced according to manufacturer's guidelines.

The following sections of this report outline the inspection findings in relation to the governance and management in the designated centre and on how this supports the quality and safety of the service provided.

## Capacity and capability

This was a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. There were effective management systems in place which provided oversight to maintain these standards. The management team were proactive in response to issues identified through audits with a focus on continual improvement.

This was an unannounced inspection carried out to review compliance with the regulations and to follow up on actions the registered provider had agreed to implement in order to achieve compliance with the regulations arising from the inspection carried out in June 2021.

The designated centre is operated by Flanagan's Nursing Home Limited who are the registered provider. There is a clearly defined management structure in place with the person in charge supported in their management role by a director of the company who was actively involved in the running of the centre. The person in charge is also supported in their role by two clinical nurse managers and a team of nurses and healthcare assistants. There is also a team of catering, housekeeping, maintenance, administration and activity staff to support the delivery of care to the residents.

The registered provider had systems in place to monitor the quality and safety of the service delivered to residents. They included a planned schedule of audits which included an infection prevention and control and environmental audit, which were discussed at both management and at staff meetings. Inspectors found that clinical and operational records were well-maintained and easy to follow.

The designated centred encountered an outbreak of COVID-19 that impacted residents and staff members. This outbreak was declared over in March 2022 . The registered provider carried out a formal review of the management of this outbreak, to identify lessons learnt and areas for improvement going forward. The outbreak management plan was easy to read and had clear arrangements in place to follow in the event of a further outbreak of COVID-19 infection. The registered provider ensured that current Health Service Executive (HSE) and Health Protection Surveillance Centre (HPSC) Infection Control guidance was in place and that this guidance informed the providers own infection prevention and control policies. There were well -established networks in place for access to the HSE infection prevention and control specialist team for outbreak support.

Records viewed by inspectors confirmed that the person in charge had developed and maintained a diverse schedule of training which was made available to the staff team. These records confirmed that staff had access to mandatory training which included training on fire safety, safeguarding of residents and manual handling. Other training that was available for staff included end of life, dementia, privacy and dignity training. The provider had arranged for training on falls prevention to be held in October 2022.

Training courses were a mixture of online and in person training with an external resource. The person in charge who was also the infection prevention and control lead for this centre provided training on hand hygiene and donning and doffing ( putting on and taking off) of PPE.

A review of the centre's rosters confirmed that there were sufficient numbers of staff available to meet the assessed needs of residents both during the day and at night. The registered provider had maintained staff numbers in line with the centre's statement of purpose. There was a full complement of staff in the centre on the day of the inspection.

The registered provider maintained a log of complaints received from residents and from family members. A review of these records indicated that the provider was handling complaints in line with their complaints policy and procedure. The provider was keen to learn from complaints received in order to improve the quality of the service delivered to the residents with complaints reviewed regularly at management meetings.

### Regulation 15: Staffing

There were sufficient numbers of staff available with the required skill mix to meet the assessed needs of the residents in the designated centre. A review of the rosters confirmed that staff numbers were consistent with those set out in the centre's statement of purpose.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records reviewed by the inspector evidenced that all staff had up to date mandatory training with regard to, safeguarding of vulnerable people, the management of responsive behaviours, fire safety and moving and handling practices. Staff had also completed training relevant to infection prevention and

control.

Judgment: Compliant

### Regulation 21: Records

There was evidence that records were well-maintained and were updated on a regular basis. All records requested were made available for inspectors to review. A focus on records relating to schedule 2 of the regulations found that staff had the required documentation in place prior to commencing employment in the designated centre.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector's found that the registered provider had made significant improvements since the last inspection to ensure that the designated centre had sufficient staff resources to provided safe care to the residents living in the designated centre.

A review of the oversight arrangements in place found that they were well-organised and sufficient to monitor the quality of the service.

A quality of life satisfaction survey had been carried out and inspectors were informed that the findings from this survey would be incorporated into the annual review of the quality and safety of care.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which described the facilities and services available in the designated centre. This document which had been updated on 19 September 2022, contained all the required information as set out under Schedule 1 one the regulations.

Judgment: Compliant



## Regulation 34: Complaints procedure

There was an accessible complaints policy and procedure in place to facilitate residents and or their family members lodge a formal complaint should they wish to do so. The policy clearly described the steps to be taken in order to register a formal complaint. This policy also identified details of the complaints officer, timescales for a complaint to be investigated and details on the appeal process should the complainant be unhappy with the investigation conclusion.

A review of the complaint's log indicated that the provider had managed the complaints received, in line with the centre's complaints policy.

Judgment: Compliant

## Quality and safety

Residents were supported and encouraged to have a good quality of life which was respectful of their choices and wishes. Inspectors found that care was delivered to a high standard which met residents assessed health and social care needs. A number of actions had been carried out by the provider to improve compliance with the regulations with improvements found in staffing, care planning, training and development, record keeping, risk management, resident rights and in premises.

The environment was clean and decorated in a homely manner. Housekeeping staff were knowledgeable around the risks of infection and observations confirmed that cleaning equipment was well maintained and fit for purpose. There were good processes in place directing staff how to clean effectively and how to maintain their cleaning equipment. The household team spoken with had a system of colour-coding in place, with appropriate separation of clean and unclean items during cleaning processes. There was a system for deep cleaning bedrooms on a rotational basis. There was regular monitoring of cleaning and cleaning audits to ensure processes were fit for purpose.

There were hand-wash sinks designated for staff available in the centre which were accessible to bedrooms. Some were compliant with HBN 00-10 part C sanitary assemblies however, a number were not. Staff did have access to wall mounted alcohol gel dispensers.

Residents spoken with informed the inspector that they were aware of COVID-19 restrictions but were happy that life is returning to a more normal state where their visitors could support them in a more meaningful way. The provider also reviewed their infection prevention and control strategy as part of their annual review of their quality and safety. In addition residents were provided with information on the risks of infection in the designated centre. Residents had good access to healthcare

services based on their assessed needs and choices.

The laundry infrastructure and equipment supported the functional separation of the clean and dirty phases of the laundering process. There was good understanding of the processes and infection control requirements from the staff working in this area.

There were sufficient supplies of (PPE) located throughout the centre and the inspector observed masks and gloves were being used appropriately by staff during the inspection.

Staff spoken with, were aware of residents who were prescribed antibiotics, and the provider was using their own transfer form when transferring their residents to hospital. This form included details on the resident's infection status.

Arrangements for residents to access timely health care support were well-organised. Regular visits from GP practitioner's and allied health care professionals met residents current healthcare needs. There were arrangements in place to support residents with their social care needs which included a schedule of activities provided seven days a week. There was good use of communication/information boards to keep residents informed of key events in the centre. Access to external advocacy was promoted and advertised in the centre.

Care plans reviewed on this inspection confirmed that they were based on detailed pre assessments of residents needs which led to care plans being more focused and assessment led. In addition care plans were seen to be person centred with residents care preferences being incorporated into these plans. All care plans reviewed were found to be updated within the required time-frame or as and when resident's needs changed.

The premises were well-maintained and suitable for resident use. Residents enjoyed unrestricted access within the centre and had access to fresh air in a secure garden area. There was appropriate furniture and seating available for residents to be able to enjoy this space. There was a selection of communal and private areas for residents to use. At the time of the inspection the provider was in the process of upgrading flooring in the sitting room area of the centre.

The provider had made a number of improvements to multi occupancy rooms since the last inspection which included the installation of a sky light to ensure that there was sufficient lighting in order for residents to be able to enjoy their lived environment. In addition the provider re organised the layout of a room to ensure that residents had access to window light when screens were in place to provide privacy to other residents sharing that room. Despite these improvements a review of three multi occupancy rooms was still required to ensure that all residents sharing these rooms had access to a comfortable chair and personal storage located within their own allocated private space in order to maintain residents' comfort, privacy and dignity.

There were robust arrangements in place to ensure residents finances were protected. A review of financial records confirmed that where the registered provider acted as a pension agent for residents, that records were well-maintained and

subject to regular monitoring. The provider confirmed that statement of accounts and reconciliation documentation were available for residents and or family members.

Residents rooms were well appointed with adequate storage made available for residents to store their belongings and personal items, although some storage available for resident use was located outside of their own private space. There were effective arrangements in place to launder and return resident's clothing items in a timely manner.

### Regulation 12: Personal possessions

There were arrangements in place for residents clothes to be laundered. Discussions held with laundry staff indicated that residents clothes were normally returned within a 24hr period. The majority of resident rooms were well laid out, with adequate storage space provided in order for residents to be able to access their clothes and personal items.

Judgment: Compliant

### Regulation 17: Premises

The current layout of three multi occupancy bedrooms required review to ensure that they met the assessed needs of the residents occupying those rooms. While these rooms provided adequate floor space to meet the requirements of the regulations their current layout did not provide residents with sufficient space around their bed to be able to access their personal storage and have a comfortable bedside chair.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a risk management policy and procedure in place to assist the management team monitor and control risks in the designated centre. This policy made reference to the five specific risks as outlined under regulation 26. There was good oversight of risks in the designated centre which included a review of the risk register at management meetings.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider ensured that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority were implemented by staff. Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of personal protective equipment (PPE). Regular resident and staff meetings ensured that all were familiar and aware of the ongoing changes to guidance from public health and the HSE.

Regular audits of infection prevention and control, environment and hand hygiene found good levels of compliance; the inspector also noted that staff were seen to perform hand hygiene and wear PPE at appropriate times while caring for residents.

The centre was clean and well-maintained. Effective cleaning processes were in place to support and maintain high levels of cleanliness. The centre's transfer form included details on infection prevention and control information for when residents were transferred to hospital. Antibiotic surveillance, water safety risk assessment documentation was in place and well maintained by the provider. When required the provider developed and maintained infection prevention and control care plans for residents.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had taken adequate precautions against the risk of fire in order to protect residents in the event of a fire emergency. A number of records relating to fire safety were found to be well-maintained, these records included, maintenance of the fire alarm system, certificates of servicing, records also confirmed quarterly checks on emergency lighting and on fire extinguishers.

There were policies and procedures in place to guide staff regarding actions to take in the event of a fire. Training records confirmed that staff were up-to-date with their fire training requirements.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Residents' health and social care needs were assessed on admission and personalised care plans were developed in response to any identified needs. Care plan reviews took place every four months or when residents' needs changed. A variety of evidence-based clinical tools were used to assess needs including mobility, nutrition and skin integrity.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse, including the implementation of appropriate training for staff. The centre acted as a pension agent for 12 residents. A review of these records found that the provider had robust arrangements in place to ensure residents finances were protected.

Judgment: Compliant

### Regulation 9: Residents' rights

There were arrangements in place for residents to pursue their interests on an individual basis or to participate in group activities. Residents' right to privacy and dignity were respected. Staff and resident interactions that were observed by inspectors were found to be supportive and positive. The provider had maintained good levels of communication with residents ensuring that they were kept up-to-date regarding key events in the home. Resident meetings were informative and covered topics such as resident care, food and catering, resident activities and infection prevention and control issues. In addition to the structured resident meetings the provider kept residents informed either verbally or through regular written communication.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Phelim's Nursing Home OSV-0000395

Inspection ID: MON-0036464

Date of inspection: 21/09/2022

## 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 review will be completed of all shared rooms to identify their suitability for re-configuration to allow occupants an area of 7.4M2 of floor space for each resident, which includes a bed, a chair and personal storage. The review will be complete by 30.11.2022. All of the bedrooms meet the current regulations size requirements, however with a view to the future, planning permission has been granted to construct additional single ensuite bedrooms. This plan is subject to finance and will ultimately reduce our multi occupancy rooms.	



## 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	31/12/2022