



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

Issued by the Chief Inspector

Name of designated centre:	St. Peter's Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Sea Road, Castlebellingham, Louth
Type of inspection:	Unannounced
Date of inspection:	14 June 2023
Centre ID:	OSV-0000122
Fieldwork ID:	MON-0038289

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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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 14 June 2023	08:45hrs to 16:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

Residents in this centre said they felt safe living in the centre and their visitors agreed.

The inspector observed staff supervising residents while walking throughout the corridors, ensuring their independence was maintained. The inspector observed good staffing levels on the day of inspection. Residents and visitors said that there were enough staff on duty and they appeared to know the residents well. Both parties informed the inspector that they knew the new person in charge and were sorry to have heard she was leaving as they found her very approachable.

There were no restrictions on visitors, which visitors were happy about. They said they signed the visitors book on entry into the centre and explained how they could visit their loved one in the privacy of their bedroom, the sitting room or in the visitors room.

The inspector observed that residents were well groomed. Residents said they received the assistance of staff, if they required it. They told the inspector that a hairdresser came into the centre every Thursday and a number said they loved this service, especially the fact that they did not have to go out to get their hair done.

Residents described the choice of activities available to them as excellent. There were two staff dedicated to the provision of activities, the schedule was available to all residents, who praised the wide range of items of interest to choose from. The inspector observed all residents being included in activities, although some were not actively participating they were content observing others. Residents confirmed they had access to communal daily and weekly newspapers, which some residents were seen reading throughout the inspection.

Residents enjoyed the choice of food available to them and the inspector observed that the lunchtime service was prompt and the food was served hot. Residents could view the food prior to choosing what they wanted. The inspector noted that there were no condiments available to residents on the dining room tables, so residents had to ask for them. In addition, although a choose of drinks and sauces were offered to residents by staff these were not freely available on the dining table.. The inspector discussed with staff in the dining room the need to review this practice to ensure they maintained and promoted residents independence at meal-times.

The inspector observed that the standard of nursing documentation did not reflect a high standard of nursing care. There was an absence of appropriate assessments and care plans for residents within 48 hours of admission. The inspector was informed that the centre was in the process of amalgamating two record systems however, despite this the inspector found that the oversight of nursing documentation practices required strengthening as they had not improved since the

last inspection.

The inspector observed that residents' right to privacy was respected. For example, there were privacy locks on each bedroom, en-suite, communal bathroom and toilet door. In addition, the privacy of both residents in twin bedrooms was maintained with the appropriate screening in place. However, access to some communal areas was restricted as the inspector observed a key code pad on the door of both the dining room and the visitors toilet, this meant that residents and visitors could not independently access these rooms. There was no risk assessment available to reflect the rationale for this practice.

Laundry facilities were available on site. Residents informed the inspector that they sent their laundry for washing and received it back clean and fresh. Clothing was labelled with the resident's name to prevent loss. The inspector viewed the laundry and reviewed the processes in place which appeared to be in accordance with best practice.

The premises was clean and tidy with corridors free from clutter. Some storage of boxes on the floor of the activities room required review to enable the floor of this room to be cleaned.

Fire exits and escape pathways were noted to be clear from obstruction. Some fire doors had had a temporary solution put in place to repair gaps. The inspector saw records of a full assessment of fire doors which had been completed by competent people in this field. The inspector was informed that there was a plan of work to be completed following this assessment.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The level of compliance in this centre has remained overall stable. However, there had been frequent changes to the person in charge which impacted the overall stability of the governance and management arrangements in the designated centre. The Chief Inspector of Social Services had been notified of a second change in this post within one year.

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. The inspector found that some improvements had been made and most of the compliance plans from the previous inspection had been addressed however, the standard of nursing documentation

had not improved and its oversight to date was not effective.

The management team of this nursing home was not stable. The person in charge appointed early in 2023 had resigned. An incoming person in charge had been appointed and was due to commence prior to the end of June 2023.

There was a good open channel of communication between the provider representative and the person in charge. The person in charge had maintained a systematic approach of overseeing the standard and quality of care being provided. This approach gave the management team an oversight of all areas of practice, however, for some areas of practice such as nursing documentation it was ineffective in maintaining a high standard of practice.

The centre was well-resourced. The staffing levels on the statement of purpose were reflected on the staff roster and the inspector saw the needs of residents were being met. The catering, laundry and housekeeping services were also well staffed. There were no staff vacancies.

Staff had access to equipment, which was appropriately serviced, this enabled staff to meet the needs of the residents living in the centre.

The training needs of staff were being met. They all had the required mandatory training completed and all staff training records were well-maintained. A clear, concise and up-to-date training matrix was available for review.

Records reviewed, such as the directory of residents, certificate of insurance, statement of purpose, the residents' guide, schedule 5 policies, contracts of care and staff files were fully compliant with the legislative requirements.

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the 61 residents taking into account the size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. All registered nurses had completed training in medication management.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the relevant information as detailed in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks including loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was not fully assured that the service was adequately monitored:

- the standard of nursing documentation required improvement to provide an overall picture of a resident's health and wellbeing such that any clinician could quickly identify indicators of deterioration and implement preventative measures. The registered provider had failed to implement the compliance plan from the last inspection report in respect of Regulation 5; Individual assessment and care plans.
- the audit process required improvement to ensure practices improved as a result of repeated audits being completed.
- the rights of residents were not always upheld as detailed under Regulation 9; Residents rights.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care and saw that they outlined the residents' room number, occupancy of the room, fees and any

additional fees to be charged. They were signed by the resident or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service and facilities provided in the centre. It had been updated within the last year.

Judgment: Compliant

Regulation 31: Notification of incidents

Mandatory notifications were appropriately submitted to the Chief Inspector in line with Schedule 4 of the regulations.

Judgment: Compliant

Regulation 32: Notification of absence

The provider was aware of the requirement to give notice in writing of the proposed absence of the person in charge from the designated centre for a period of more than 28 days

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available for review, they had all been updated within the last three years and the inspector noted that a large volume of these were due for review in latter part of 2023.

Judgment: Compliant

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

There had been no notice of the absence of the person in charge from the designated centre since the last inspection. However, the provider was aware of the regulatory requirement inform to the Chief Inspector of Social Services of details of the procedures and arrangements that had been put in place for the management of the designated centre during the absence of the person in charge

Judgment: Compliant

Quality and safety

The inspector was assured that residents received good, quality, safe care. Residents told the inspector that they were happy living there. The inspector found that although improvements had been made across most regulatory requirements further improvements were required to ensure residents were comprehensively assessed on admission and had care plans in place which were personalised and detailed, and reflected the care needs identified.

Staff received safeguarding training in relation to the detection and prevention of and responses to abuse. Residents told the inspector they felt safe living in the centre and if they had any concerns they would speak with staff.

The use of restraint was monitored within the restraint register. Residents had individual risk assessments and care plans in place to reflect the restraint in use, however, the care plans of those displaying responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) did not include the required level of detail to enable staff to provide an optimum level of care to the resident.

There were no visiting restrictions in the nursing home and on the day of inspection visitors were observed meeting with residents. Residents and visitors had access to a private visitors' sitting room. Residents had adequate lockable storage in their bedrooms for their personal belongings. Laundry was done within the nursing home and residents had no complaints about this service.

Residents' spiritual and religious needs were respected. Residents who were approaching end of life received all the appropriate care. A detailed end-of-life care plan was in place for each resident who were involved in the care plan and supported by family or their appointed next of kin. Suitable facilities were available to residents' families when residents were receiving end of life care.

Residents had access to a schedule of activities which incorporated the needs of those with dementia. Residents had access to a choice of food, however, the

mealtime service did not promote their independence, as outlined under regulation nine; Residents' rights.

Some improvements to the premises had been made. Overall, the premises was found to be clean and well maintained, however, some wear and tear was seen on interior walls, and wood work. The inspector saw that a refurbishment plan was being worked through.

Infection prevention and control practices were good. The issues identified on the last inspection report of 1st of June 2022 had been implemented and the inspector was informed that refurbishment plans included the installation of accessible clinical wash hand sinks for staff.

Regulation 11: Visits

Visits were unrestricted, and aligned with the centres visiting policy. The inspector observed visitors walking around the centre with their loved ones or visiting them in their bedrooms.

Judgment: Compliant

Regulation 13: End of life

Residents received a good standard of end of life care. They had access to the local palliative care team. Residents had access to religious and social services to meet their needs when progressing to the end of their life.

There was evidence that the resident and the residents' families were involved in their end of life care plan, a sample of which were reviewed on this inspection.

Judgment: Compliant

Regulation 17: Premises

The inspector observed the following issues that required improvement as per Schedule 6 requirements;

Aspects of premises were not sufficiently maintained internally, and required upgrading. For example;

- The flooring in room 44 was taped and was awaiting replacement.

- Some corridor walls, bedroom walls, wooden skirting and door frames were scuffed and required maintenance, however the person in charge stated that these works were planned.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Water and a glass was available in each room visited by the inspector. There was a choice of food in the dining room and residents informed the inspector that they could get food or a drink whenever they wanted.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was available and included a summary of services and facilities available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that processes to mitigate the risks associated with the spread of infection and to limit the impact of potential outbreaks were overall in place.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector was not assured that all fire doors met the required standard, however, a full assessment of fire doors had been completed and the inspector was informed that an action plan from this assessment would be implemented in the near future.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

- A sample of residents' assessments and care plans were reviewed. Each resident did not have a comprehensive assessment completed and for those that did they were incomplete. Although some residents had risk assessments completed to reflect their needs others did not. The care plans in place for residents were not always reflecting the needs identified on assessment. Therefore for some residents there were no care plans in place to reflect each of their individual needs.
- The records reviewed showed that some residents did not have assessments and care plans completed within 48 hours of admission.

This issue had been identified on the previous inspection in June 2022. The compliance response plan submitted to the Chief Inspector had not been implemented in full.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to their general practitioner (GP) and members of the interdisciplinary team.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspector was not assured that staff had the required knowledge to manage responsive behaviours when displayed by some residents. This was based on a review of a sample of these residents' care plans which found that they did not always reflect the triggers or de-escalation techniques that worked for the resident in question.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The inspector was not assured that residents rights were being maximised, for example:

- Residents could not freely access condiments or drinks at the table they were dining at.
- Residents could not independently access the dining room, which was locked with a key pad code.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	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 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0038289

Date of inspection: 14/06/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The registered provider implemented a new comprehensive assessment within the service since the last inspection. There was also migration on the database system which now directs the mandatory assessments for staff. Further education and training of staff will be implemented to all nurses in Assessment in the Care of Older Persons and Care Planning for the Older Person.</p> <p>The auditing system was reviewed and a detailed audit was implemented to ensure oversight and supervision in relation to nursing documentation with the person in charge. Staff were trained in the rights of the older person and audit of restrictive practices was carried out within the service.</p> <p>The dining room experience is audited monthly and areas for improvement will be noted and actioned.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Flooring replaced in room 44.</p> <p>Doors audit undertaken and works will be undertaken to upgrade where required.</p> <p>Paintworks undertaken in main dining space and bedrooms. Corridor walls will be repainted.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire doors audited and works agreed with external company to complete doors that require upgrades. This work is expected to take a number of months based on the works that is required to be completed.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: There is an assessment and care planning policy at trinitycare. Since the previous inspection staff received external training on assessment and care planning. The Directors of nursing from the group implemented a comprehensive risk assessment for use. All registered nurses will be supported with further training in assessment and care plan. The person in charge will systematically audit nursing documentation on a monthly schedule and action any findings.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Trinitycare has implemented a comprehensive policy which staff are trained to manage behaviours that challenge. All staff frontline staff are trained in managing behaviours that challenge by an external provider. A full audit and review of residents behaviour care plans will be undertaken by the person in charge to ensure all known triggers and e-escalation techniques guide practice within the service.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A restrictive practice audit will be completed by the person in charge to review practices at the Centre and findings will be actioned. The maglocks were removed from dining area door and condiments are available to residents on tables. A review of the dining room experience will be completed monthly and findings will be actioned.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	30/09/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/08/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Substantially Compliant	Yellow	31/03/2024

	suitable building services, and suitable bedding and furnishings.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	31/07/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/07/2023
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/08/2023
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably	Substantially Compliant	Yellow	31/07/2023

	practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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