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 Ursula's Nursing Home
Name of provider:	Ballyhavil Limited
Address of centre:	Golf Links Road, Bettystown, Meath
Type of inspection:	Unannounced
Date of inspection:	26 January 2023
Centre ID:	OSV-0000171
Fieldwork ID:	MON-0037662

About the designated centre

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

The centre provides 24- hour nursing care for up to 24 residents over the age of 18 years, male and female, who require long-term and short-term care or respite. The building has two storeys. Communal facilities and residents' bedroom accommodation consists of 24 single bedrooms, two of which have en-suite facilities. Communal facilities, bathrooms and toilets are available and located within a reasonable distance from bedrooms and communal areas. The centre has a spacious lounge with a variety of seating options and a number of other sitting areas with views outside. A separate dining room is available on the opposite end of the lounge and sitting areas, with 17 bedrooms in between and seven bedrooms on the first floor. There is a passenger lift available to residents. An accessible, safe, and secure outdoor courtyard contains block paving, seating areas and a variety of shop front displays. The philosophy of care is to provide high-quality, personalized, friendly and informed care to residents. The Nursing Home endeavours to foster an ethos of independence and choice where residents can recover and build confidence in their abilities with a high standard of nursing and medical care provided. A commitment to providing privacy, dignity and confidentiality to the residents and their families underpins the centre's mission statement.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19

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
Thursday 26 January 2023	09:45hrs to 17:55hrs	Helena Budzicz	Lead
Thursday 26 January 2023	09:45hrs to 17:55hrs	Geraldine Flannery	Support
Wednesday 1 February 2023	08:30hrs to 17:30hrs	Manuela Cristea	Support
Wednesday 1 February 2023	08:30hrs to 17:30hrs	Frank Barrett	Support

What residents told us and what inspectors observed

Overall, inspectors observed on the first day of the inspection that while a small number of residents enjoyed an active life pursuing their interests independently in the centre, most of the residents did not have opportunities to engage in meaningful social activities.

This inspection had initially been scheduled to take place over one day. However, due to the risks identified in respect of the care and welfare of residents and fire safety, a second inspection day was scheduled. Some improvements were noted on the second day of inspection, especially in respect of residents' access to activities, food and nutrition, premises and infection control.

Throughout the two days of inspection, inspectors spoke with 12 residents, and most of them spoke positively about the care they received from the staff. Residents found the staff to be "helpful and kind", 'terribly nice'. All residents reported being happy with their rooms. However, one resident discussed staffing levels with inspectors and felt there had been a lot of changes in staff personnel. Sometimes 'you only got to know the new staff, and they were gone'. The resident said that they 'knew that staff on duty were so busy with other sicker residents and understood that they had to wait to get attention'. One resident discussed the food and said 'sometimes they would like bigger portions'. They said they 'would like a better variety of vegetables'. They also said, 'the vegetables are mostly frozen', and they 'would like fresh vegetables, especially carrots'. They said that 'sometimes there was a limited choice available at mealtimes, especially at tea time, as they would only have a choice between toast and sandwiches'.

Visitors who spoke with the inspectors were complimentary of the service and felt that there was good communication and were kept up-to-date at all times.

On arrival at the centre on the first day of the inspection, inspectors were met by a member of staff who called the person in charge and were guided to the staff changing area.

Following an opening meeting with the person in charge, inspectors walked through the centre. Residents' accommodation and living space were laid out over two floors, which were served by one lift. Residents' bedrooms were all single rooms, with two having ensuite facilities. Residents were supported to personalise their bedrooms, with items such as photographs, artwork and personal belongings, to help them feel comfortable in the home. At the back of the building, a newly refurbished communal area looked out onto an enclosed garden. Mock shop fronts were painted on the walls surrounding the garden and were a colourful addition to the space. The person in charge said they proved a great talking point for residents and visitors alike since their introduction. However, access to the enclosed garden area was restricted by a keypad. This meant that independent residents did not have unrestricted access to these areas. Additionally, inspectors saw that the

provider was using parts of the building that were not registered as part of the designated centre; for example, rooms in the attic area (used to store records, maintenance area, general storage and placement of boiler) and a designated smoking room for residents.

Inspectors observed that residents did not have adequate access to activities on the first day of the inspection, and there was no activity schedule displayed. Inspectors were informed that the activity staff was on leave on the first day of the inspection, and no other staff member was allocated to provide meaningful activities for residents. This lack of engagement was also observed on the second day of inspection until the dedicated activity staff arrived. The activity staff was found to be knowledgeable and committed, and inspectors observed residents being energised and happy while playing bingo, skittles and games. Residents who could not join in the group activities had one-to-one individual sessions.

Inspectors observed the lunch time dining experience in the dining area on the first day of the inspection. Whilst there was adequate staff to support and assist residents with their meals and refreshments, staff were observed to stand over residents with little or no interaction. This did not lend itself to a sociable and relaxed ambience for residents. Tables were not seen to be set appropriately with condiments and cutlery to support independence and ensure a good dining experience. Additionally, inspectors observed that some residents with dysphagia (swallowing difficulties) and high-dependency needs who required assistance with eating and drinking were not appropriately supervised at meal times and that staff practices did not ensure a high-quality, safe mealtime experience. For example, the food was served cold and in a form that was not reflecting residents' prescribed 'modified' diet. Residents were observed not to sit upright, which increased the risk of aspiration and choking.

Inspectors observed that residents did not have access to a safe supply of fresh drinking water at all times on the first day of the inspection. An unused water dispenser was located in the corner of the dining room. No water was visible on the tables in the dining room. While not all rooms were inspected, inspectors found that fresh water was not available in most of the resident bedrooms visited.

Inspectors acknowledged that by the second day of inspection, significant improvements had been made in the quality and quantity of food provided to residents and access to water. Each resident had access to bottled water, and there were plenty of jugs with water and soft drinks available at all times in communal areas. Food was observed to be piping hot and served in an appetising manner in sufficient quantities, including for the residents on 'modified diets'.

Alcohol-based hand gel dispensers were readily available throughout the corridors. However, inspectors noticed inappropriate wearing of face masks by staff, and other staff were seen with long varnished nails or wearing rings with stone and wrist watches, which did not support effective hand hygiene and could lead to cross contamination. Additionally, inspectors were not assured that equipment was decontaminated and well-maintained to minimise the risk of transmitting healthcare-associated infection. For example; some doors, light switches and furniture were

observed to be unclean and stained. This is discussed further under Regulation 27: Infection Control.

While the provider had systems in place for monitoring fire safety in the centre and was progressively working on fire improvements, inspectors were not assured that the existing fire safety arrangements at the time of inspection adequately protected residents from the risk of fire in the centre or their safe and effective evacuation in the event of a fire. For example, there were inappropriately stored items which were obstructing evacuation routes as inspectors observed a hoist charging at the bottom of the stairs to the staff area.There were a number of areas of risk identified, and an urgent action plan was issued to ensure compliance with fire precautions, as detailed under Regulation 28: Fire precautions.

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

Capacity and capability

Overall, the registered provider demonstrated poor adherence to the regulations and a significant decline in regulatory compliance from previous inspections. This was a two-day, unannounced risk inspection carried out by inspectors of social services to monitor compliance with the Heath Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The registered provider had a good regulatory compliance history. However, on this inspection, inspectors found that depleted governance structures, inadequate resources and a lack of service oversight had led to a deterioration in the service provided. There was also insufficient monitoring and supervision of staff practices, all of which posed significant care and welfare risks to the residents living at the centre.

The serious nature of these findings necessitated a second inspection day focused on the care and welfare of the residents and fire precautions.

Inspectors identified that action and improvements were required in a number of regulations. The registered provider was issued two urgent action plan requests. The first, issued on day one, was to address deficits in food and nutrition and staff training and development. Inspectors acknowledged that the provider was committed to work towards improved regulatory compliance and that by the second day of inspection, improvements were noted. Nevertheless, the second urgent action plan request was issued to the provider following the second day, specifically in respect of fire safety, training and staffing to ensure that appropriate critical steps were taken by the provider to provide adequate resources and mitigate identified

fire safety risks.

Ballyhavil Limited is the registered provider for St Ursula's. There was a governance and management team in place in the centre, which consisted of the representative of the provider, the person in charge, and the group's nominated Person Participating in Management. The person in charge worked full-time in the centre and was supported by a team of staff, which included nursing staff, health care assistants, activities staff, and domestic and maintenance staff. However, due to staff shortages, inspectors saw that the person in charge was not always supernumerary and was working as a staff nurse on a number of days, which meant that she could not provide the appropriate staff supervision, leadership and guidance required for effective service oversight.

Additionally, given the spread layout of the centre over two floors, the inspectors were not assured that the staffing levels for night time duty were sufficient to ensure the safety of the residents in the designated centre in the event of a fire. The provider was responsive to the fire risk identified and provided assurances that three staff members were allocated to work on night duty following the inspection.

Record-keeping was not of an appropriate standard, and the documentation on staff rostering was not all readily available on the first day of the inspection. On the second day of inspection, inspectors were still not assured that the staffing roster was true and accurate, as people that were present on the day of inspection were not included on the staff roster. The person in charge gave assurance that this was a record error and oversight; however, more robust oversight of record keeping was required. Documentation on staff records was not all readily available. In the sample of staff files reviewed, some documentation was not available. This is addressed under Regulation 21: Records.

Inspectors reviewed the existing training records and found that not all staff had their training records up-to-date according to their roles and responsibilities. This is discussed in detail under Regulation 16: Training and staff development. Inspectors observed on a number of occasions that staff knowledge and supervision in clinical practices were not of the required standard; for example, in the management of nutrition, hydration and management of dysphagia as evidenced under Regulation 18: Food and nutrition.

Documentation on staff records was not all readily available. In the sample of staff files reviewed, some documentation was not available. This is addressed under Regulation 21: Records.

The directory of residents included the relevant details of all residents. While contracts of care were in place for each resident and had been appropriately signed, inspectors found that action was required to ensure they detailed the requirements set out in the regulations in relation to additional charges for services provided for residents in the centre. This is further discussed under Regulation 24: Contract for the Provision of Services below in this report.

A review of the accident and incident log found that not all notifications and restrictive practices used in the centre had been notified to the office of the Chief

Inspector as evidenced under Regulation 31: Notifications of incidents.

Regulation 15: Staffing

The staffing roster available to the inspectors did not ensure that the number and skill-mix of staff were appropriate, having regard to the needs of the residents and the size and layout of the designated centre. For example:

- There were insufficient allocated staffing levels for the night duty, taking into account a contingency plan in the event of any unforeseen circumstance concerning the fire safety of the residents in the event of an emergency. An urgent action plan was issued to the provider, and following the inspection, a third staff had been added to the night staffing complement to mitigate the fire safety risks identified.
- There was insufficient cleaning staff for the size and layout of the designated centre as appropriate and enhanced cleaning was not in place, as evidenced under Regulation 27: Infection control. Planned and unplanned absences in the cleaning department were not effectively covered.
- There was insufficient nursing staff to ensure that planned, and unplanned absences were appropriately covered and that the person in charge remained in a supernumerary capacity. There was inadequate supervision of residents in the communal areas, while healthcare staff were busy providing assistance with personal care in the morning.
- Activities staff were working on a part-time basis, which meant that there were days when no activities were being provided to the residents.

Judgment: Not compliant

Regulation 16: Training and staff development

Inspectors found significant gaps in staff training records, specifically in respect of manual handling training, infection control, fire training and safeguarding adults at risk. For example, a review of records for fire safety training identified that only 10 of the 27 staff rostered for duty during the week before and the week of inspection had up-to-date fire safety training. None of the staff rostered for night duty had up-to-date fire safety training on record, which increased the risk that staff would not be aware of appropriate fire precautions and evacuation procedures during night duty.

Additionally, staff practices and knowledge were not in line with best-evidenced practice and guidance on the management of nutrition, hydration and dysphagia (swallowing difficulties) for residents, as evidenced under Regulation 18: Food and nutrition.

Staff were not appropriately supervised to ensure that they carried out their work to the required standards. This was evidenced by;

- Inadequate cleaning procedures and completion of cleaning schedules, including the management of COVID-19 outbreak.
- Staff practices observed demonstrated a lack of adherence to good infection prevention and control principles.
- Staff practice in respect of the support of residents with eating difficulties was not in line with residents' care plans.

Judgment: Not compliant

Regulation 19: Directory of residents

The paper based directory of residents included the required information outlined in part three of Schedule 3.

Judgment: Compliant

Regulation 21: Records

Inspectors were not assured that required records were appropriately and safely maintained and accessible at all times. On the first day of inspection, the inspectors experienced a significant delay in getting access to some of the records requested from the person in charge at the start and subsequently throughout the inspection. A number of records were not available for review on the day of the inspection, as set out in Schedules 2 and 4. For example:

- Records of staff meetings and activity schedules were missing.
- The roster reviewed on the second day of inspection did not reflect the people available on the ground. For example, the laundry staff was not on the roster.
- A review of a sample of five staff files found that recruitment practices were predominantly not in line with requirements. This included the absence of employment references or employment references not verified in the three records reviewed.

Judgment: Not compliant

Regulation 23: Governance and management

The provider had failed to ensure that:

There were sufficient resources to ensure the service operated in line with its statement of purpose, as evidenced by:

- Records showed that the person in charge had to perform nursing shifts regularly due to staffing shortages. As a result, the inspectors observed that the oversight of the care and service provided in the centre was ineffective.

Management systems were not in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- Oversight of the training was not adequate, and staff had not completed the training required by the provider's own policies and regulations, for example safeguarding and fire safety training in 2022.
- There were inadequate systems in place to ensure residents' meal times were managed appropriately. There was a lack of knowledge and recognition of risk among staff and management personnel in the centre as outlined under Regulation 18: Food and nutrition and evidenced by inadequate supervision and nutritional support of vulnerable residents in the communal rooms.
- Staff handover and communication of residents' needs were not effective, as inspectors observed that the night shift did not pass on relevant information about changes in residents' condition to the day shift. This posed a safety risk.
- The management systems to monitor the quality and safety of care in the centre were poor and ineffective. For example, only three audits were completed in 2022. There was no audit schedule in place. There was no follow-up on the recommendations from audits after three months as per the instructions on the centre's audit and local policy.
- Management systems in place did not ensure that the cleaning procedures in the centre were completed to recommended standards to protect residents from the risk of infection. There were no infection control and prevention or environmental walkarounds audits completed despite the fact that the centre experienced COVID-19 outbreaks, with the most recent one in January 2023.

Numerous risks identified on inspection and, as detailed in the report, had not been identified, risk assessed, and, if required, placed on the risk register. Additionally, some risks identified during the previous inspection in 2021, such as unsecured oxygen cylinders in the stairwell and mobility equipment stored in front of the fire exit door, were not included in the risk register, and inspectors found that these risks were not mitigated as evidenced under Regulation 28: Fire precaution.

While the annual review of the quality and safety for 2021 was completed, there was no evidence that this review was prepared in consultation with residents and their families. Additionally, the review was not made available to residents.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

The inspector reviewed contracts of care for all residents in the centre and found that the service charge and additional charge for out-of-call doctors' services were not accurate and did not reflect residents' entitlement to cover this charge through the General Medical Services (GMS) scheme. Furthermore, the occupancy of the bedrooms was not clearly outlined.

There was no evidence of effective consultation and revision of contracts in respect of additional charges imposed on the residents. This was a breach of the centre's own contract as well as residents' rights.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had not submitted the following notifications as required under Regulation 31:

- The three-day notifications required informing the Chief Inspector of a serious injury to a resident that required immediate medical, and hospital treatment that occurred in January 2023.
- While the three-monthly notification of all the restraints that were used in the designated centre was submitted, it did not include full use of restraints in the centre, such as sensor mats use, key-pads on the doors and cigarettes and lighters being held for residents.
- Six-monthly nil return notifications were not submitted where no relevant notifications were required in 2022.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A copy of the complaints procedure was on display in the reception area and outlined the complaints process. The complaints policy was up to date. There were no open complaints on file. A comment box was located in reception. None of the residents or visitors spoken with reported any concerns to the inspectors or the provider.

Judgment: Compliant

Regulation 4: Written policies and procedures

Inspectors were not assured that the centre's policies and procedures were adopted and implemented across all disciplines. For some policy areas, inspectors found gaps in staff members' knowledge as some staff practices were not in line with the centre's policies; for example, in respect of infection prevention and control policy, management of food and nutrition or fire evacuation practices, as evidenced by the findings, under relevant regulations in this report.

The emergency policy required a review as there were inadequate arrangements in place in respect of the power failure. While inspectors were informed that the generator was on the premises, it was not connected to the centre, which potentially would negatively affect heating for residents.

Judgment: Not compliant

Quality and safety

The daily health and social care needs of residents were not delivered to satisfactory standards, as evidenced by the findings on the first day of the inspection. While some improvements were noted by the second day of inspection, significant focus and further enhanced oversight were required to ensure that the services provided were consistently safe and appropriate for all residents' identified needs and to ensure the safety of residents in the centre.

A review of the resident's care documentation found that while all residents had a comprehensive assessment of their care needs, not all care plans were reviewed and updated as the residents' conditions changed. Some care plans reviewed contained outdated information and, therefore, did not provide effective and relevant guidance on the care to be delivered to each resident. These findings will be detailed further under Regulation 5: Individual assessment and care plan.

Inspectors found that the documentary evidence available regarding the daily records reviewed showed that only a few residents had been afforded showers since December 2022. Improved documentation was found by the second day of inspection, with more detailed records of activities and personal care provided to the residents. Nevertheless, inspectors found that significant improvements were required to ensure high-quality care delivery and that residents' health and social care needs were met, as evidenced under Regulation 18: Food and nutrition, Regulation 6: Health care and that residents' rights were supported at all times as discussed under Regulation 9: Residents' rights.

The premises were designed and laid out to meet the individual and collective needs

of the residents. There was a variety of communal and private areas observed in use by residents on the day of inspection. Inspectors observed an ongoing programme of maintenance works that resulted in a number of communal areas being renovated and which provided a pleasant environment for residents. Although some storage facilities were available, they were not sufficient for residents' assistive equipment. These and other findings are outlined under Regulation 17: Premises.

The registered provider had made personal protective equipment (PPE) available; however, staff were observed not to adhere to good infection prevention and control practices throughout the inspection; for example, staff did not wear their face mask in line with best-evidenced practices to prevent cross-contamination from staff to residents. Furthermore, there was no continual and effective system in place to oversee and monitor infection prevention and control in the centre to ensure systematic quality assurance and improvements.

During both days of this inspection, the centre was experiencing an outbreak of COVID-19. On the first day of inspection, the person in charge confirmed that most of the residents had recovered and there was only one resident requiring self-isolation. By the second day of inspection, all residents had recovered, but the outbreak had not been declared over by public health. The findings of this inspection show that the management of this outbreak was not in line with best practices as per public health guidelines. Appropriate and enhanced cleaning was not in place, and residents were not consistently monitored for signs and symptoms. This is set out under Regulation 27: Infection control.

The records provided on the day of inspection showed that the Emergency lighting and the Fire detection and alarm system were maintained and serviced. The provider had taken measures to provide appropriate fire fighting equipment in most cases, however there were some gaps as further detailed under regulation 28. The provider had completed a fire safety assessment in September 2022. Inspectors noted that a work plan was progressing to install an upgraded fire alarm and detection system and that an extensive plan of works was being considered, which would include effective compartmentalisation, fire-rated construction, fire detection, and fire escape routes.

Notwithstanding the provider's efforts to ensure fire safety in the designated centre, the inspectors found that the registered provider had not taken all adequate precautions against the risk of fire; for example, inappropriate storage of oxygen cylinders or combustible materials was a repeated finding on both days of inspection.

There were inappropriate containment arrangements; for example, in the newer part of the building, where a main compartment door was missing on the ground floor near the elevator. In addition, there was a lack of safety control measures on the gas supply to the kitchen cookers.

Arrangements in place at the centre for detecting fires were recently upgraded; however, inspectors found that not all areas had a suitable fire detector present. Due to the lack of containment in the attic space, containment between the fire

compartments on the ground-floor rooms was also compromised. Inspectors found missing fire seals on some fire doors, damaged smoke seals, and non-fire-rated ironmongery fitted to others. A number of bedroom fire doors did not have appropriate self-closing devices, and some were not operational. Fire containment was also impacted in the main building in the kitchen area due to two missing fire doors on the secondary escape route from the kitchen. These issues increased the risk of the spread of fire.

Regulation 17: Premises

There were areas in the interior of the building that were not kept in a good state of repair. This was evidenced by;

- Inspectors observed holes in the walls around the pipes, exposed pipes and wiring and ceilings and cracks in the ceiling.
- Some of the radiators, bins and base for the bath hoist were rusty.
- Mould was noted in a number of areas, including staff toilets, the laundry, and a communal shower. This was addressed by day two of the inspection.
- Paintwork on walls, including laundry, the conservatory, or the ceiling in room 15 and on some doors was chipped and damaged. There was unsafe flooring (missing or damaged) seen in a number of places, including in some residents' bedrooms around the base of sinks and in the conservatory.
- There was a lack of suitable storage available. Commodes were stored in shower rooms, specialist chairs were stored along a corridor, and an excessive amount of flammable items were inappropriately stored in the attic area.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

The arrangements for food and nutrition were not appropriate, especially on the first day of inspection, as evidenced by the following:

- On the first day of inspection, not all residents had access to fresh drinking water. This included highly dependent residents who could not access food and fluids independently and were observed unassisted for long periods of time.
- On the first day of inspection, the inspectors observed that residents were not being offered a choice at mealtimes.
- Residents were not provided with adequate quantities of food as inspectors observed that most foods were served on small plates or mixed together in small dessert bowls. This was addressed by the second day of inspection.

- Residents' mealtime experience was not appropriate or dignified at all times. Inspectors observed that food was being served cold to some residents or combined together. No attempts were made by staff to reheat the food when prompted. While staff were available to assist residents, the interaction was minimal.

Inspectors were not assured that the dietary needs of residents were effectively and accurately met. For example:

- Inspectors found discrepancies between residents' care plans and the consistency of meals and fluids provided to the residents. Staff were not aware of residents' latest assessment which posed a risk that residents were not provided with the correct consistencies.
- Residents' nutritional care plans did not reflect the appropriate diet and fluid consistency as per the latest SALT (Speech and Language Therapy) assessments. Inspectors saw instances where staff changed the consistency of food and fluid provided to dysphagia residents without seeking consultation from a healthcare professional. For example, in one instance, a review from a health care professional had not been sought for a resident with dysphagia condition since September 2020, even though their needs changed and the food consistency served to this resident was not in line with arrangements in the resident's care plan.

An urgent action plan was issued to the provider in respect of mealtimes and dysphagia needs, and inspectors acknowledged that corrective action had been taken as observed on the second day of inspection.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider did not ensure that procedures consistent with the National Standards for Infection Prevention and Control in Community Services (2018) published by HIQA were implemented by staff. This was evidenced by:

The environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was shown by:

- The cleaning processes in the centre were not in line with best practices, both for the overall environment and equipment. Inspectors observed visibly unclean sinks, shower drainage, commodes and shower chairs. Dust and dirt were observed on the floor and behind the washing machines. Additionally, the curtains in the shower corners were visibly unclean, and there was no cleaning schedule in place.
- The systems for identifying and storing clean equipment, such as hoists, chairs and commodes, required review to ensure that staff were aware when

items of equipment had been decontaminated.

- Sluice rooms and household rooms were visibly unclean. The racking equipment and the bin in the sluice room were rusty. There was no clinical bin present, and the worktop and floor were visibly unclean. Cleaning equipment, such as mop heads, was stored at the back of the door in the dirty utility room.
- The management of chemical solutions was not appropriate; inspectors observed disinfectant bottles without preparation dates and two wet floor signs stored on the low sink in the household cleaners' room. A personal jacket was hanging on the door.
- The seals around some sinks were worn or missing providing a medium for bacteria to grow.
- There was inappropriate storage of supplies; for example, a commode bowl was inappropriately stored in the hand-washing sink in the laundry. Additionally, inappropriate storage was seen within a number of store rooms. Inspectors observed that boxes and other packages were stored on the ground, which prevented effective cleaning of these areas. This posed a risk of cross infection.

The provider had not ensured that all precautions for effective infection control were part of the routine delivery of care to protect people from preventable healthcare-associated infections. This was shown by:

- Continence wear and hygienic products were observed to be communally stored loosely or in open packets, which posed a risk of cross-infection from one resident to another. Similarly, the communal storage of hoist slings required review to prevent cross-contamination.
- Poor practices were observed with regard to the use of personal protective equipment (PPE). For example, staff were seen wearing surgical face masks under the nose or two different masks on their faces, and there was an inappropriate use of gloves at mealtimes or when transferring residents in wheelchairs.
- Nebuliser compressor machines were unclean and not maintained as per the manufacturer's instructions. Inspectors observed an oxygen concentrator with stagnant water left in the humifider.

Inspectors acknowledged that some improvement in respect of the cleanliness of the centre had taken place by the second day of inspection; however, significant effort was further required to achieve regulatory compliance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding the provider's measures taken to address the findings of their fire safety risk assessment, the findings of this inspection are that the registered

provider had not taken adequate precautions and had failed to ensure that residents were protected from the risk of fire.

The registered provider did not provide adequate means of escape. For example:

- There was only one means of escape available from the first-floor area, which was through an unprotected stairway. This required review as it posed a risk to staff who may be on the first floor in the event of a fire on the escape route.
- There was a lack of signage to direct residents to the external assembly point.
- There was no key in the touch fire point beside the fire door on the ground floor on the first day of the inspection.

The registered provider did not have adequate arrangements against the risk of fire and did not provide suitable fire fighting equipment; for example:

- There was inappropriate storage and excessive amounts of combustible materials stored in the attic area and on escape routes.
- Electrical wiring was observed loose on the attic area floor, and electrical equipment was in a wooden cabinet in the nurses' office on the first floor. There were electrical distribution boards without fire protection in the kitchen, the corridor at the main stairs, and the laundry room. Light fitting in the staff changing room had exposed wiring visible on the day of inspection.
- There were two oxygen cylinders and an oxygen concentrator stored in the staff area stairwell. In addition a charging hoist was also inappropriately stored in this area.
- Fire extinguishers were missing in some areas around the centre. For example, there was no fire extinguisher assigned in the laundry, residents and staff smoking area, and dining/ sitting room.

The registered provider did not make adequate arrangements for containing fires; for example:

- Inspectors could not be assured of the containment measures in place in the main building, the attic area or the first-floor staff areas. The fire containment in the dry laundry area was not adequate, as the ceiling was collapsing, and the insulation was visible. The fire door in the 'dirty' laundry area was blocked by a large bucket of washing powder.
- Fire doors were missing in the kitchen area and main compartment doors near the elevator.
- While the provider had started to install self-closing devices to bedroom doors, this work had not been completed, and a number of rooms did not have automatic closures on release, such as rooms 2, 3 and 16. In addition, there was no door closer to the main living room door.
- There were significant safety risks in respect of a smoking room which was partitioned from a communal area. This room did not appear to be constructed with fire-resistant material. An immediate action plan was issued to provider in respect of removing the flammable material such as curtains

and assurances were received following the inspection that the smoking area had been decommissioned. Furthermore, the door to the residents' smoking room was not a fire door.
- The fire blanket in the residents' smoking room was damaged.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

While care plans were reviewed regularly, recommendations from health and social care professionals were not always incorporated into care plans to reflect each resident's current needs. For example, a dysphagia care plan had not been updated, and therefore there was a risk that staff was not guided in safe care delivery for residents at risk of aspiration.

Inspectors observed that the evaluation part of the care plan had historical records from 2019, leading staff to potential errors in care delivery.

Judgment: Substantially compliant

Regulation 8: Protection

The provider acted as a pension agent for some residents, and appropriate financial arrangements were in place to safeguard residents' finances. In addition, petty cash was safely maintained and available to residents when needed.

A vetting disclosure in accordance with National Vetting Bureau (Children and Vulnerable Persons) Act 2012 was in place in all staff files reviewed.

Judgment: Compliant

Regulation 9: Residents' rights

While inspectors acknowledged some improvements by the second day of inspection, the findings on the first day of inspection were that residents' rights to exercise their choice and to participate in activities according to their interests and capacities were impacted by the following;

- Most of the residents were observed to be in their bedrooms in the morning, sitting or lying in bed, and only three residents were observed in the sitting area. There were no stimulating activities taking place on the first day of the

inspection. Inspectors also found that some residents with higher levels of social and cognitive needs were not adequately supported to participate in meaningful social activities to meet their interests and capacities.
- The daily meal menu and activity schedules were not presented in an accessible format for all residents.
- The dining experience required review to ensure that residents were afforded choices.
- Inspectors were not assured that residents were consulted about and participated in the organisation of the centre as the last residents' meeting was completed in September 2022, and no other method of consultation was sought and documented.
- Information for advocacy services was not clearly displayed in the centre. As a result, inspectors were not assured that all residents who may need advocacy would know how to access the service. This was addressed on the second day.
- There were no signs around the centre informing visitors, staff and residents about CCTV monitoring cameras to ensure that all residents were provided with information regarding the use of CCTV in the centre.

Inspectors observed a number of institutionalised practices in the centre, especially on the first day of inspection, for example:

- There was very little interaction between the residents and staff, and when this took place, it was mainly for personal hygiene activities. Inspectors observed instances when residents were not informed about the tasks the staff would be performing; for example, staff transferring a resident from a chair without asking permission first.
- Inspectors observed that while there was staff available to assist residents at meal times, they wore gloves, stood upright beside the residents rather than at eye level, did not engage in any interaction, and left residents with clothes protectors when meals were finished.

Judgment: Not 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	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Ursula's Nursing Home OSV-0000171

Inspection ID: MON-0037662

Date of inspection: 01/02/2023

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	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: • A third staff member is now rostered for night duty. • Additional cleaning staff have been recruited. • An additional nurse/CNM has been recruited pending Garda vetting and reference checks. We currently have four relief staff nurses. Supervision in communal areas in the morning has been addressed. • Recruitment of additional activities staff is ongoing.	
Regulation 16: Training and staff development	Not Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: • All staff have now received training in Fire safety. There has also been training in Manual handling & patient lifting. Further training is booked for CPR & additional Manual handling in May. Infection prevention and control and safeguarding is ongoing. • All relevant staff have completed training on dysphagia, nutrition & hydration. • Increased supervision by the PIC has ensured that cleaning procedures & completion of cleaning schedules are completed to the required standards.	

Regulation 21: Records	Not Compliant

Outline how you are going to come into compliance with Regulation 21: Records:
• Activity schedules are displayed on the notice board & minutes of staff meetings are recorded & on file.
• The roster is now always maintained in a contemporaneous manner.
• Staff files have been audited & all required documents are present.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
• Additional nursing staff & relief nurses are now available.
• All staff now have up-to-date fire training & safeguarding training is ongoing.
• Mealtimes are overseen by the nurse on duty in the communal room. Staff have completed training on dysphagia, nutrition & hydration.
• Communication during staff handovers is now more informative. The communication diary is essential & used during handovers to ensure all relevant information is shared between staff.
• An audit plan is in place with regular audits conducted with action plans & follow up. Infection prevention & control audits & environmental walkarounds are completed weekly.
• Oxygen cylinders have been removed from the building. All fire exits doors are checked daily for any obstruction. The risk register is being updated.
• The annual report for 2022 is now available to all residents & additional consultation with families will be conducted.

Regulation 24: Contract for the provision of services	Not Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
• New contracts of care are being developed.
• All residents/family members have agreed to the additional charge & addendums have been signed. Letters & emails had been sent in October 2022.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
• Notifications to the Chief inspector will be sent within the allocated timeframe.

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
• There will be a Policies & Procedures educational session held monthly to confirm that all staff are aware of the contents.

• The works to connect the generator will be completed by 31st May 2023.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
• All the exposed fire cabling is now connected to our new L1 fire system. All holes created from first fixing of our fire alarm system have now been sealed. And crack in ceiling has been fixed.
• Painting has commenced on areas identified. The conservatory is due to be refurbished this year. Flooring will be addressed.
• Alternative storage space has been identified & all flammable items removed from attic area.

Regulation 18: Food and nutrition	Not Compliant

Outline how you are going to come into compliance with Regulation 18: Food and

nutrition:
• Fresh drinking water is always available to all residents & dependent residents are assisted when required.
• All menus are currently being recreated. There are always two choices on the menu.
• Increased supervision during mealtimes has provided improvements in the mealtime experience for residents. Staff training has improved staff understanding & knowledge.
• The dietary needs of residents are located in the kitchen & healthcare assistant folder. This is updated every week or sooner if residents' dietary requirements change. Care plans are under review to ensure accuracy.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
• Additional cleaning staff have been recruited & cleaning schedules in place.
• Stickers are placed on decontaminated equipment so staff are aware.
• All cleaning/disinfectant solutions are dated when prepared.
• New racking & bin for sluice room have been ordered. There are clinical bins in both sluice rooms. Clean mop heads have been removed from the back of the door.
• Seals around sinks complete.
• All continence & hygienic products are stored appropriately & hoist slings are allocated to individual residents & stored in their room.
• All staff have received additional training on PPE.
• All nebulisers are cleaned after each individual use.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
• Work is ongoing to create a protected stairwell.
• The external signage has been ordered to direct residents to the fire assembly point.
• Maglock have been fitted to the door.
• Fire prevention work is ongoing in the attic area & stairwell.
• Work on wiring in the attic has commenced.
• Electrical equipment has been removed from the cabinet in the PIC's office. Upgrade of the distribution boards has been discussed with electrical contractor. Light fitting in staff room has been changed.
• Oxygen cylinders have been removed.
• Additional fire extinguishers have been ordered.
• The ceiling in dry laundry has been addressed. Washing powder has been removed

from obstructing fire door in dirty laundry.
• Containment measures in the main building attic area has commenced.
• Fire safety upgrade is ongoing.
• Automatic door closers upgrade is ongoing.
• The residents smoking room has been decommissioned.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• All care plans are currently being reviewed ensuring that information is up-to-date and historical information removed.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
• Residents were recovering from Covid & some required rest in their rooms.
• All daily menus & activity schedule are accessible to all residents
• There are two choices on each daily menu.
• Resident council meetings have been scheduled for the rest of the year.
• Additional CCTV signage is now displayed.
• Additional staff training about interaction with residents is ongoing.

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.	Not Compliant	Orange	30/06/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	30/06/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	11/04/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	31/08/2023

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(1)(a)	The person in charge shall ensure that each resident has access to a safe supply of fresh drinking water at all times.	Not Compliant	Orange	11/04/2023
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	11/04/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Not Compliant	Orange	11/04/2023
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the	Not Compliant	Orange	11/04/2023

	resident concerned.			
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Not Compliant	Orange	11/04/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	30/06/2023
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.	Not Compliant	Orange	11/04/2023
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	30/06/2023
Regulation 23(f)	The registered provider shall ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the	Not Compliant	Orange	11/04/2023

	Chief Inspector.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Not Compliant	Orange	30/05/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	11/04/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/10/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/05/2023
Regulation	The registered	Not Compliant		11/04/2023

28(1)(d)	provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.		Orange	
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/10/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	11/04/2023
Regulation 31(3)	The person in charge shall provide a written report to the Chief	Substantially Compliant	Yellow	11/04/2023

	Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.			
Regulation 31(4)	Where no report is required under paragraphs (1) or (3), the registered provider concerned shall report that to the Chief Inspector at the end of each 6 month period.	Substantially Compliant	Yellow	11/04/2023
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	31/05/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	30/06/2023
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in	Not Compliant	Orange	31/05/2023

	accordance with their interests and capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	11/04/2023
Regulation 9(3)(c)(i)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to information about current affairs and local matters.	Not Compliant	Orange	11/04/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Not Compliant	Orange	30/04/2023
Regulation 9(3)(f)	A registered provider shall, in so far as is reasonably practical, ensure that a resident has access to independent advocacy services.	Not Compliant	Orange	11/04/2023