



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

## Issued by the Chief Inspector

Name of designated centre:	St. Anthony's Nursing Home
Name of provider:	Kilduff Care Co. Limited
Address of centre:	Kilduff Castle, Pallasgreen, Limerick
Type of inspection:	Unannounced
Date of inspection:	02 November 2023
Centre ID:	OSV-0000428
Fieldwork ID:	MON-0040107

## About the designated centre

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

St. Anthony's Nursing Home is a 60-bedded nursing home situated in Pallasgreen, Co. Limerick. The centre is family owned and operated and was first established in 1969. The centre has undergone a number of renovations and extensions in the intervening period. It is a two storey premises with residents accommodated on both floors in twelve twin bedrooms and thirty six single bedrooms. All bedrooms are en suite with shower, toilet and wash hand basin. St. Anthony's provides a 24-hour nursing care with the support of a team of healthcare assistants. The centre is registered to provide care to both male and female adults over the age of 18 years of age with varying conditions, abilities and disabilities. The centre provides long-term, respite and convalescence care.

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

Number of residents on the date of inspection:

60

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 2 November 2023	19:00hrs to 23:00hrs	Rachel Seoighthe	Lead
Friday 3 November 2023	09:00hrs to 18:00hrs	Rachel Seoighthe	Lead
Thursday 2 November 2023	19:00hrs to 23:00hrs	Sarah Quilter-Lee	Support
Friday 3 November 2023	09:00hrs to 18:00hrs	Sarah Quilter-Lee	Support

## What residents told us and what inspectors observed

Overall feedback from residents was that St Anthony's Nursing Home was a nice place to live, and that staff were kind and attentive to their needs. Residents were observed to be content and relaxed in the company of staff. Resident feedback was positive and inspectors heard comments such as "the staff are very good". Several residents told inspectors that they were "happy with care", felt "safe" and that they "enjoyed the craic" in the centre.

This was an unannounced inspection which was carried out over two days, with the first day of the inspection carried out between 7pm and 11pm. Inspectors were met by the clinical nurse manager upon arrival to the centre. The person in charge and the assistant director of nursing returned to the designated centre when they were informed that the inspection was in progress. They facilitated the remainder of the inspection.

Following an introductory meeting, inspectors walked through the centre, giving them an opportunity to meet with residents and observed their lived experience in the centre. On the evening of the first day of the inspection, some residents were seen relaxing in the communal sitting rooms, others were enjoying a cup of tea or glass of wine, as they watched a television programme. Residents appeared comfortable and they informed inspectors that they were content. Inspectors also spoke with residents who were resting in their bedrooms, reading and watching television. Several residents told inspectors that they like to stay up late and they were supported to do so by staff.

St Anthony's Nursing Home was a family run centre, located in the village of Pallasgreen in Co Limerick. The designated centre was a two-storey facility, registered to provide long term and respite care for a maximum of 61 male and female adults, with a range of dependencies and needs. There were 58 residents living in the centre on the day of the inspection and two residents were in hospital. Resident bedroom accommodation was provided in single and twin bedrooms over two floors, accessible by stairs and passenger lift.

Inspectors spent time walking through the centre, where they observed the residents bedroom and living accommodation. Inspectors noted that many resident bedrooms were personalised with items of significance such as photographs, ornaments and soft furnishings. Residents had access to televisions and call bells in their bedrooms. Inspectors noted that bedrooms were generally clean and well laid out. Communal rooms were noted to be clean, bright and tastefully decorated. The communal sitting room on the ground floor was a hive of activity throughout the inspection. Inspectors noted that this room was divided into a number of distinct seating areas with television points. There was sufficient furnishings for resident comfort and decor included feature walls, and items of interest such as a traditional stove and a dresser with crockery which replicated the style of a traditional kitchen.

Several residents were observed spending time in the parlour room which was a quieter space, located off the main reception. Inspectors noted that residents received visitors to this room and several residents spent time reading and relaxing here.

There were outdoor communal spaces such as an enclosed garden which contained artificial grass with a water feature and pitch and putt area. Additional outdoor seating was provided adjacent the entrance of the centre, which offered views of the local castle. Residents were supported to access an outdoor sensory garden and chicken coup. Inspectors noted that works were in progress to construct a foot-path outside the centre, enabling residents to mobilise safely to the local village. There was a minibus service provided, to support residents who wished to attend appointments and access local amenities.

Safety grab rails were fitted throughout the centre, to encourage residents safe mobility and independence.

Overall, inspectors found that the centre was spacious and clean, however action was required in relation to the cleanliness of utility rooms and some en-suite facilities. Furthermore, there were areas of the premises that were not maintained in a satisfactory state of repair. For example, there were areas where floor coverings were damaged and there was visible damage to some walls and ceiling surfaces.

Information for residents was displayed throughout the centre and inspectors viewed posters about on-site and local activities, as well as community services that were available. The schedule of activities included bowling, themed quizzes, music and regular outings. Corridor walls displayed photographs of events and community activities attended by residents, such as the Rose of St Anthony and a day trip to Killaloe. Residents were seen enjoying an exercise activity and a movie was projected onto a large screen in the communal sitting room on the afternoon of the inspection. One resident told inspectors about their weekly trip into the village, for bingo and a meal. They told inspectors they really enjoyed this activity, as they had grown up in the locality and it was familiar to them.

Friends and families were facilitated to visit residents, and inspectors observed visitors being welcomed to the centre during the inspection.

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

## Capacity and capability

This was an unannounced risk inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. Inspectors reviewed the actions taken

to address the findings of the previous inspection in November 2022. Notwithstanding the positive feedback received from residents, this inspection found that management systems had deteriorated since the last inspection. Oversight of management documentation such as the residents contracts of care, policies, and management of complaints was not fully effective.

Kilduff Care Centre Ltd was the registered provider for the service. The provider representative was the person in charge of the designated centre. The person in charge was supported by an assistant director of nursing who deputised in their absence. A team of clinical nurse managers, registered nurses, health care assistants, activities, house-keeping, catering , administrative and maintenance staff made up the staffing compliment.

Similar to findings of two previous inspections, inspectors found that action was required to address the skill mix of staff on night duty. There was one nurse and four care assistants rostered for duty from 10pm until 8am. Inspectors were not satisfied that this arrangement provided adequate clinical supervision and support to residents, particularly in the event of an adverse incident in the centre. Although inspectors were assured that recruitment was in progress to increase staffing resources, there were no clear time-lines for when vacancies would be filled. Further action was also required in areas such as written policies and procedures, contracts for the provision of care, complaints management and governance and management, to ensure the quality and safety of resident care.

There was good oversight of staff training, and records showed that all staff had received appropriate training. Records demonstrated that a system of annual performance appraisals was in place. Inspectors observed that the housekeeping team were completing the final day of an intensive three-day cleaning training programme at the time of this inspection. Further action was required to ensure that supervision of house-keeping staff was robust, to ensure that learning was implemented in practice so that a high standard of infection control can be maintained in the centre.

The provider had management systems in place to monitor and evaluate the quality and safety of the service provided to residents. There were regular management team meetings in order to review key clinical and operational aspects of the service. Records of these meetings were maintained and detailed the agenda items discussed such as recruitment, staff training and restrictive practices. There was a range of environmental and clinical audits completed, in areas such as medication management and end of life care. A review of a sample of completed audits found that although most effectively identified areas for improvement, quality improvement action plans were not consistently recorded. For example, several deep cleaning audits completed identified gaps in the standard of cleaning in resident bedrooms, however, there was no evidence of a quality improvement plan to address these deficits.

The provider maintained a suite of written policies and procedures, as set out in Schedule 5 of the regulations. However, inspectors found that not all policies had been reviewed and updated, at intervals not exceeding three years. Furthermore, a

review of the management of complaints in the centre found that, although there was a complaints procedure in place, it had not been reviewed, updated and implemented in accordance with best practice and the changes to Regulation 34. This is discussed under Regulation 34; Complaints Procedures.

Inspectors reviewed a sample of staff personnel files and found that they contained all the requirements, as set out in Schedule 2 of the regulations. An Garda Síochána (police) vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were available in the designated centre for each member of staff.

A review of a sample of contracts of care found that while the provider ensured that each resident had a contract of care in place, the services included in the weekly social charge were not detailed in the contract. This is detailed under Regulation 24; Contracts for the provision of services.

The annual review of the quality and safety of care in 2022 was completed in conjunction with residents and their relatives.

### Regulation 15: Staffing

Records demonstrated that there was one registered nurse rostered for duty between 10pm and 8am. They were responsible for the supervision of a team of health care assistants, as well as the provision of nursing care for up to 61 residents. Inspectors were not assured that the number and skill mix of staff was appropriate, having regard to the assessed needs of the residents, and the size and layout of the centre. This is a repeated finding.

Judgment: Not compliant

### Regulation 16: Training and staff development

Mandatory training required by the regulations was in place. The training matrix reviewed identified that staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, infection prevention and control.

Judgment: Compliant



## Regulation 22: Insurance

There was a contract of insurance in place to protect against injury to the residents.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had failed to take appropriate actions to ensure that their compliance plan from the previous inspection had been implemented in full. In particular, the allocation of one nurse to provide supervision and direct care for 61 residents ,did not ensure effective clinical supervision. This is a repeated finding.

The management systems in place to monitor and improve the quality of the service required action, to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example,

- Cleaning and infection prevention and control practices were not completed to the required standards, as evidenced by inadequate cleaning of resident equipment and a number of resident en-suite bathrooms and utility rooms.
- Deep cleaning audits completed identified deficits in cleaning standards, however action plans were not developed to address the areas needing improvements.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

There were contracts of care in place for all residents, which detailed an additional weekly social charge. However, the contract of care for residents did not clearly indicate the what activities and services were included in the weekly social charge fee.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

The complaints policy and procedure was not in line with the requirements of

regulation 34 .For example;

- Complaint records reviewed did not include a written response to the complainants advising if a complaint was upheld, and the reasons for that decision.

Judgment: Substantially compliant

#### Regulation 4: Written policies and procedures

Not all policies had been updated at intervals not exceeding three years. Furthermore, a policy on Health and safety, including food safety, of residents, staff and visitors, was not available on the day of inspection.

Judgment: Substantially compliant

#### Quality and safety

Inspectors found that residents living in the designated centre received good quality care and support. The interactions between the residents and staff were kind, person-centred and respectful throughout the inspection. Residents were satisfied with the care they received. While the provider had taken some action to address issues identified on the last inspection with regard to the premises, and infection prevention and control, further actions taken were required to bring the centre into full compliance with those regulations. Action was also required to bring individual assessment and care planning, and fire precautions, into compliance with the regulations.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A number of validated nursing tools were used to assess residents' care needs. Overall, care plans were noted to be detailed and person-centred. However, inspectors found that residents assessments and wound care planning documentation was not always updated when changes in their condition occurred. This posed a risk that pertinent information regarding residents' care needs was not communicated between staff. This is discussed further under Regulation 5; Individual assessment and care planning.

Inspectors found that staff ensured residents' health and nursing care needs were met to a good standard. Residents' health care needs were met through regular

assessment and review by their general practitioner (GP). The inspectors reviewed a sample of residents' records and found that residents received unrestricted access to their GP. Residents were also referred to health and social care professionals such as dietitian services, occupational therapy, physiotherapy and speech and language therapy, as needed.

A review of fire precautions evidenced that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. However, further actions were required by the register provider to ensure that appropriate systems of fire and smoke detection and containment were in place. This is discussed further under Regulation 28.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm. Resident's accommodation was individually personalised. However, inspectors observed that some areas of the premises were not a satisfactory state of repair. For example, a number of ceilings, wall and floor surfaces were damaged, surfaces were damaged. Furthermore, some items of resident equipment were in need of repair.

Infection prevention and control measures were in place and monitored by the person in charge. There was evidence of good practices in relation to infection control, for example the provision of individual hoist slings to reduce the risk of cross infection. Alcohol hand gel dispensers were available for use on the corridors and staff were seen to use good hand hygiene techniques. However, inspectors noted that sluice rooms were visibly unclean and there was inappropriate storage of resident supplies and equipment in the sluice rooms.

There was an up-to-date safe guarding policy which provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their responsibility to report any concerns regarding the protection of residents. The provider acted as a pension agent for one resident and there were appropriate arrangements in place.

Restrictive practices were implemented and monitored in accordance with national restraint policy guidelines. A restrictive practice guide was developed by the management team for resident information. Residents who experienced responsive behaviours (how residents living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) received care and support from staff that was individual, kind and non-restrictive.

Residents' rights were promoted in the centre and residents told the inspectors that they had choice on how they spent their day. Residents had access to local television, radio and newspapers. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Resident meetings were held regularly and resident satisfaction surveys were carried out. Advocacy services were available and information was displayed to enable residents to access services. Residents were supported to attend activities and

integration with the local community was facilitated. Residents' wishes in relation to their preferred religious practices were recorded and respected. Catholic mass was celebrated weekly in the centre.

Visiting was observed to be unrestricted and residents could receive visitors in either their private accommodation or a designated visitor area if they wished.

### Regulation 11: Visits

Visits by residents' families were encouraged and practical precautions were in place to manage any associated risks. Residents access to their visitors was encouraged and was not restricted. There was adequate private space for residents to meet their visitors.

Judgment: Compliant

### Regulation 17: Premises

A review of the premises found that some areas did not fully comply with the requirement of Schedule 6 of the regulations. For example;

- Floor covering in several residents' bedrooms was damaged.
- There was damage to a sink in a resident communal bathroom.
- Some items of resident equipment were damaged such as a bed bumper and headboard.
- There were holes in the ceiling and wall surfaces in some corridors and some resident bedrooms.
- There was visible damage to a ceiling surfaces in a resident communal bathroom.

Judgment: Substantially compliant

### Regulation 27: Infection control

Action was required to ensure that infection prevention and control procedures were consistent with the National Standards for Infection Prevention and Control (IPC) in community settings published by HIQA. This was evidenced by;

- Resident mobility equipment was stored with continence support equipment in one sluice room and this posed a risk of cross infection. Furthermore, sink and shelving surfaces in the sluice room were visibly unclean.

- Inspectors observed that the detergent in the bedpan washer in one sluice room was empty which impacted on the efficacy of decontamination.
- The surface of grab rails in several residents' bathrooms and communal were rusted and therefore could not be effectively cleaned.
- Cleaning trolleys and house-keeping supplies were stored in the laundry room, this arrangement increased the risk of environmental cross contamination. In addition, the clean and dirty areas of the laundry were not clearly defined.
- Some items of resident equipment were visibly unclean, such as the surface of a hoist.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Fire precautions in place to protect residents and others from the risk of fire were inadequate. For example;

- There was damage to the edge of a fire door the parlour room and in the reception area. This posed a risk to containment of smoke and fire in the event of an emergency.
- A storage room located on the first floor of the centre did not contain a fire detector.
- Oxygen cylinders were stored inappropriately.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

A review of residents care plans found that plans were not always reviewed and updated where necessary. For example,

- Nursing records detailed that two resident wounds had healed, however skin assessments and wound care plans were not updated to reflect this change.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their general

practitioner (GP). Residents also had access to a range of health and social care professionals such as dietitian, physiotherapy, pharmacy and tissue viability nurse.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and appropriately managed to ensure residents were safeguarded.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the centre. There were equal opportunities for residents to participate in activities in accordance with their interests and capabilities. Residents had access to television, newspapers, community resources and events and expressed their satisfaction with the activities on offer. The provider had implemented systems to ensure that the voice of the resident was listened to by organising and documenting monthly resident meetings. Residents had access to independent advocacy services.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St. Anthony's Nursing Home OSV-0000428

Inspection ID: MON-0040107

Date of inspection: 03/11/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Three Fulltime Permanent nurse positions were interviewed for from September 2022. Two nurses are to meet the additional staffing requirements on the night nurse roster. The third nurse position is to ensure that annual leave and sick leave periods will be managed correctly. Additionally, it will offer management the opportunity to rotate staff on to day duty for clinical supervision, attend training and experience a variety of tasks.</p> <p>Nurse 1 has been recruited following her application while based in Ireland via a recruitment agency. This nurse has a NMBI PIN and will start on orientation shortly once Garda Vetting and other HR requirements have been returned and are satisfactory. the person in charge is unable to offer a date as this process is not controlled by me but we are hopeful that this nurse will start with us in January 2024.</p> <p>Nurse 2 has been recruited and has completed her RCSI exams December 3rd and 10th 2023. Nurse 2 has retaken some parts of RCSI exam on January 7th 2024. If RCSI repeat is successful, then Nurse 2 will apply for her NMBI PIN. Nurse 2 will commence orientation and night duty as soon as possible. PIC is unable to offer a date as this process is not controlled by me.</p> <p>Nurse 3 had delays in passing her English exams. Thanfully she has now passed this and has applied for RCSI exams on the 11th and 12th of May 2024. A request for a sooner date has been made and will be offered to Nurse 2 if RCSI receive a cancellation.</p> <p>To be able to offer staff safe and comfortable accommodation going forward, the person in charge has identified a local property will be made available to staff on fulltime permanent contracts. It is in the village of Pallasgreen and accessible by footpath safely This information shows our continued work to achieve the additional staff nurses.</p> <p>Additionally, following discussions with inspectors, we have reviewed our higher nursing staff hours on our day roster. These staffing levels have always allowed us to have good clinical observation, good MDT communication, robust care plans and forward planning</p>	

to support our night colleagues up to 10 pm each night. It allows for the on-call manager to come in on duty if the night nurse needed support or if increased care needs were identified earlier in the day. This on call arrangement was seen by inspectors during their recent inspection, when both the DON and ADON were at the nursing home within minutes of the nurse notifying them.

The person in charge plans to meet with current nursing colleagues again on 09th January '24 to further explore the option of some current day staff moving to the night roster. to further explore the option of some current day staff moving to the night roster.

- 20.00 – 22.00 two nurses on duty. All regular night medication is administered during this time. This also allows for a nurse supervision of resident as they are assisted to bed by HCA team
- 20.00 - 22.00 six HCA on duty. This supports resident choice and the resident led care plan. Residents have a choice of time for care.
- 22.00 – 07.45 Nursing Team: 1 nurse on duty. Supported by nurse manager on call and out of hours doctor service.
- 22.00 – 07.00 HCA X 4
- 07.00 - 08.00 X 6. 2 day staff start work at 7 am.
- HCA night staff on duty to 08.30.
- Skill mix is discussed daily at handovers. Senior staff work with less experienced staff members. St. Anthony's has a culture of good communication and team approach.
- A focus on staff retention improves continuity of care and reduces the risk of incidents due to poor skill mix.
- Night nurses are part of the St. Anthony's team for many years and have extensive experience in how to manage adverse events here and in other similar health care settings.
- From 22.00 onwards, the nurse on duty is leading their team of HCA'S, providing supervision, support, coaching and checking compliance with our policies and procedures.
- DON, ADON and CNM3 all live locally and are available through an agreed 'on call basis'.
- St. Anthony's offer regular fire drills to ensure prompt response to any incident that may occur.
- St. Anthony's have a proven record of increasing staff levels when additional funding was available to nursing homes during the covid pandemic.

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• All ensuites are cleaned daily and Deep clean as part of this schedule. Some residents have higher toileting needs and ensuites are used regularly throughout the day. A review of the cleaning schedules will be under taken...</li> <li>• The Person in Charge and management team are actively engaging with our colleagues on a daily basis and constructive feedback is given at time of audits and at housekeeping meetings. The PIC will now allocate additional office administration time will to document the conversations as an Action Plan as per HIQA's advice.</li> </ul>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>An information document is circulated to our residents and their nominated support persons on admission setting out the activities and services as has been our process for many years.</p> <p>This will now be included as part of the contract instead of additional information accompanying the contract.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints are kept to a minimal amount through our robust care planning, open communication with service users and their nominated support persons, good staffing levels and retention. The PIC will now allocate additional office administration time will provide a written response to the complainant advising if a complaint was upheld, and the reasons for that decision.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>We engage with Three external consultants to support us with Policies and Procedures relating to resident care, Medication Management, Environment, Fire regulations, HASSP compliance. This has been our practice for the past 10 years. We have engaged with these colleagues to discuss the concerns raised by HIQA and edits have been carried out.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• Flooring is part of our ongoing repairs and maintenance programme. Our flooring contractor was with us most recently on 16.09.23 and 24.10.23. One issue with repeated damage associated with Ultra Low Beds rubbing off and damaging the coving is being reviewed for this issue. The use of Ultra Low Beds to provide a safe environment and reduce the use of restrictive practices such as bed rails, takes priority for us. All ensuites throughout the nursing home are fitted with Frobo Flooring System Hydro Safety Flooring, Kitchen and sluice room areas are fitted with Frobo Flooring System Poly Safe, bedroom and communal rooms are fitted with Frobo Flooring System Marmolium. The contractor will return again in the coming weeks to attend to a number of small issues. If a safety issue was to be identified, the contractor would attend immediately.</li> <li>• The Parlor bathroom sink was identified by an inspector as being loose when pressure is applied. The sink to wall fittings is now tightened.</li> <li>• We have a Heat Recovery Mechanical Ventilation system along our corridors and separate units in each ensuite. Some maintenance was carried out on these units recently and repair to ceiling was awaiting a local contractor to return at the time of inspection. It has become difficult to agree definite timelines with members of the building trade in the current labor environment. All walls and ceilings will be audited for integrity.</li> <li>• An upstairs ensuite shower gully had leaked recently. The ensuite flooring was removed, a new McAlpine shower gully fitted and ensuite flooring replaced. Water staining on the ceiling required a coat of paint on the next painter's list of tasks. This ceiling does not require structural repairs.</li> </ul>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Housekeeping team have renewed their Clean Pass qualification November 1,2,3 of 2023.</p> <ul style="list-style-type: none"> <li>• A bed leaver was decontaminated after being soiled. It was not returned to the bedroom after a drying period.</li> <li>• The detergent for the sluice room bedpan washers will be topped up daily</li> <li>• 3 grab rails have been identified that had some paint damage and has been replaced.</li> <li>• Additional signage will be placed in the laundry to show the anti-clockwise flow of process.</li> <li>• Cleaners trolley will be stored in another location.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>• The trim to the edge of the Parlor fire door was present but loose at wheelchair / trolley height. The maintenance man fitted a screw on the day of the inspection as the nails installed by the manufacturer had pulled. This is probably due to impact and the fact that this room is very popular for visits, activities and visiting groups for entertainment. We also have an external auditor that visits quarterly to inspect all fire safety equipment including fire doors. An inventory of fire doors was available on the day of inspection Additionally, each Tuesday at 5pm we set off a red break glass fire point to test the fire alarm system. This activates the automatic fire door releases that are fitted to all doors and all doors are inspected for closing correctly. We will continue to observe for any unintentional damage to door as part of our weekly checks.</li> <li>• Our Fire Safety consultant and previous inspectors had not identified a need to place a fire detector in this storage area. Based on this inspector's feedback, a smoke detector will be fitted and the building contractor and painting contractor will be liaised with to carry out any remedial works promptly.</li> <li>• The HSE have withdrawn the supply of oxygen cylinders to nursing homes and we do not have any oxygen cylinders on site since October 2023. We do not have any residents currently prescribed continuous oxygen therapy. We use oxygen concentrators for fire safety reasons. The external oxygen lockup does have an empty BBQ gas cylinder stored in it. The fire safety consultant will be asked to assess the location of this.</li> </ul>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Wound care and skin integrity is a vital part of our care here at St. Anthony's. The responsibility for this transcends to many teams with our Chefs producing high protein fresh meals and snacks as part of an overall balanced diet. Our Health Care Assistant team offering quality personal care, pressure area care, good mobility and meeting toileting needs. Our nursing team are trained in wound management and supported by an external Dietitian and Tissue Viability Nurse. One CNM within our team is nominated as the Wound Care lead to review and liaise with the multidisciplinary team. As a result of this feedback for the inspectors we will review time allocated to this task and ensure it is protected time off the floor from general day to day distractions.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/09/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/01/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	31/01/2024

	provided is safe, appropriate, consistent and effectively monitored.			
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.	Substantially Compliant	Yellow	31/01/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/01/2024
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.	Substantially Compliant	Yellow	31/01/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape,	Substantially Compliant	Yellow	31/01/2024



	including emergency lighting.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/01/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that decision, any improvements recommended and details of the review process.	Substantially Compliant	Yellow	31/03/2024
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/01/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review	Substantially Compliant	Yellow	31/01/2024

	and update them in accordance with best practice.			
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.	Substantially Compliant	Yellow	31/01/2024
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	31/01/2024