



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

Issued by the Chief Inspector

Name of designated centre:	St Anne's Private Nursing Home
Name of provider:	Kathleen Smyth
Address of centre:	Sonnagh, Charlestown, Mayo
Type of inspection:	Unannounced
Date of inspection:	15 December 2021
Centre ID:	OSV-0000387
Fieldwork ID:	MON-0034836

About the designated centre

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

St Anne's Private Nursing Home is a two storey premises located in a rural area close to Charlestown in County Mayo. Accommodation is provided on the ground floor in 10 single bedrooms and nine twin bedrooms, each with an en suite toilet and wash-hand basin. The centre provides residential, respite and convalescent nursing care to 28 residents from the surrounding catchment area. St Anne's Nursing home's objective is to provide a high standard of care in accordance with evidence based best practice; to provide a living environment that as far as possible replicates residents' previous life-style; to ensure that residents live in a comfortable, clean and safe environment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	22
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 15 December 2021	10:00hrs to 19:00hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day. The inspector spoke with a number of residents and spent some time in the communal areas in the centre to see what life was like for residents. Overall, residents felt that this was a nice place to live and the inspector found that the residents received a good standard of care and support that met their assessed needs. One resident told the inspector that "I have everything I want here", while others spoke about feeling safe and happy. Residents appeared well dressed and groomed as they passed time in their bedrooms, the large day room or other communal rooms. Residents spoke positively about the staff and how they care for them, with one resident saying that "there's nothing they won't do for you". Some residents spoken with were saddened that the restrictions in place meant that they were unable to spend much time with their loved ones. However, they understood that the measures in place were developed to ensure their safety. They were also aware that they could communicate with their family and friends through other means such as phone calls and other social media.

The inspector also spent time observing residents with dementia and their engagement with staff. While none of the residents met with were able to tell the inspector their views on the quality and safety of the service, the inspector observed that the residents appeared content and relaxed in their environment.

It was clear that residents knew who the persons in charge were, and that they were visible throughout the centre on a daily basis. Residents who spoke with inspectors said that they would speak to staff if they had any concerns or complaints. They felt confident that if they were to raise any issues, staff would address these promptly and effectively.

While the inspector did not have the opportunity to meet with any relatives or other visitors on the day of the inspection, the persons in charge confirmed that visiting was being facilitated in a planned and safe manner to mitigate any infection control risks.

When the inspector arrived at the centre they were guided through infection prevention and control measures required to enter the designated centre. This included a sign-in process, checking for signs and symptoms of COVID-19, carrying out hand hygiene and ensuring face masks were being worn. Following a short opening meeting, a person in charge accompanied the inspector on a tour of the premises. Many residents were observed to be up and about in various communal areas, while others remained in bed as per their preferences. The residents seen by the inspector appeared to be comfortable and content.

The design and layout of the premises met the needs of the residents. The centre was a two storey building but all of the residents' accommodation was laid out on the ground floor. There were nine twin bedrooms and 10 single bedrooms in the centre, each of which contained an en suite toilet and hand wash basin. One of

these bedrooms also contained a shower, while a second bedroom contained a bath and a shower. The residents in the remaining bedrooms had access to three communal shower rooms and a bathroom.

While there was no dedicated staff member for activities, residents were observed engaging in group activities during the day. While there were some period where activities were not occurring, residents did not seem to be waiting for entertainment or interaction. Residents who spoke with the inspector felt that they had enough to do during the day, with some who chose not to partake in the activities describing their own interests and hobbies,

The inspector saw that residents' bedrooms were personalised with family photographs, ornaments, small pieces of furniture and other memorabilia. Residents spoke positively about their bedroom accommodation, saying it was comfortable and that they were "able to make it their own". There was adequate storage space in residents' bedrooms for their clothes and personal belongings.

Staff who spoke with the inspector were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and activities. The inspector observed staff taking time to communicate with residents as they completed various tasks.

Residents' religious and cultural needs were promoted. A local priest attended the centre on a regular basis to say mass, and a spacious oratory was located in the centre. Residents were observed praying here during the inspection.

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 the quality and safety of the service being delivered.

Capacity and capability

The inspector found that the governance and management arrangements in place were effective and ensured that residents received person centred care and support. The services were delivered by a well-organised team of staff. However, this inspection identified that a number of further improvements were required in some areas as detailed below.

The centre is owned and operated by sole trader Kathleen Smyth. They are not involved in the operation of any other designated centre. They are supported by a full time quality manager, as well as two persons in charge. Two registered nurses shared the person in charge role, together they fulfilled the role on a full time basis. Both of these people now meet the requirements of the regulations, with one of the staff members completing a diploma in nursing leadership and care management following the previous inspection. The management team meet monthly to discuss a standing agenda of health and safety, accidents and incidents, staffing,

maintenance, clinical governance and complaints. Actions arising from these items are recorded, as well as any corrective action taken.

The management team collected 'quality of care' data on a weekly basis, which included information on falls, pressure sores, pain management, complaints, the use of restraint and any psychotropic medicines. There was evidence that this data was reviewed and trended regularly to identify any areas of learning or improvement in relation to the care of residents. A monthly schedule of audits was also in place, which were completed on aspects of the service such as residents' rights, fire safety, activities, staffing, COVID-19, infection prevention and control, the environment and clinical care. Action plans were developed in response to any non-compliances identified. The audits for December 2021 had been completed in line with the schedule, which included records, safeguarding and palliative care and end of life care.

The annual review of the quality and safety of the service delivered to residents in 2020 was completed in consultation with residents.

There was a varied training programme in place to ensure staff were appropriately skilled. All mandatory training was up-to-date, which included fire safety, safeguarding of vulnerable adults, moving and handling practices and online infection prevention and control training. Staff had also completed training, suitable to their roles, in dementia care, medication management, end of life care, cardiopulmonary resuscitation (CPR), restrictive practice and a human rights-based approach to care.

Regulation 14: Persons in charge

The role of person in charge was shared between two registered nurses. This arrangement has been in place for a number of years and the persons' combined working hours are equal to a whole time equivalent position.

The inspector followed up on an action identified at the previous inspection of the designated centre. One of the persons in charge, who had not previously had a post registration management qualification, had completed a diploma and now met the criteria set out in the regulations.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, there were sufficient numbers and skill-mix of staff on duty to meet the needs of the residents. There was a registered nurse on duty at all

times to oversee the clinical needs of the residents.

The inspector reviewed a sample of staff files and found that all documentation required by Schedule 2 of the regulations were available.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing programme of training for all staff. Records indicated that all staff were up to date with mandatory training.

Judgment: Compliant

Regulation 23: Governance and management

There were management systems in place to ensure that care was appropriate and consistently and effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts of care. The action identified at the previous inspection had been addressed: all contracts clearly outlined the fees to be charged to residents. The contracts reviewed also contained details of the residents' respective bedroom accommodation and were signed by the resident and/or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre's statement of purpose had been updated following the previous inspection in 2019, and now included all of the information required by Schedule 1 the regulations.

Judgment: Compliant

Quality and safety

While the inspector was satisfied that a good standard of care was provided to residents, four twin bedrooms did not ensure that residents' privacy and dignity could be promoted due to the dimensions and configuration of these rooms. On the day of the inspection, three of these rooms were occupied by one person, with one room occupied by two residents who had expressed their choice to be accommodated together. The residents in these bedrooms were comfortable and content with their accommodation. The registered provider had already endeavoured to support residents by accommodating them on a single occupancy basis where possible. While there were two beds in each of the three bedrooms currently occupied by one resident, it was clear that these residents were encouraged to avail of all of the space and storage within their bedroom. However, the admission of a second resident into the three twin bedrooms, or the deterioration of a resident's condition in the fourth bedroom, could negatively impact on each residents' privacy, dignity and choice, particularly during provision of personal care. Following the inspection, the registered provider agreed to permanently reduce the occupancy of three of these bedrooms to single rooms from 1 January 2022, with the fourth room to reduce when it is no longer occupied by one of the current residents.

The service had good access to allied health professionals, with a dentist, speech and language therapist and chiropodist visiting recently in response to referrals. A physiotherapist also visited the centre on a weekly basis. General practitioners (GPs) attended the centre as needed.

The registered provider was actively working towards a restraint-free environment. While a small number of residents were using bed rails, these were all subject to regular reviews. A recent review resulted in the cessation of three residents using bed rails and the implementation of alternatives such as low low beds and crash mats.

The centre was found to be mostly clean and tidy. There were cleaning records and checklists available to evidence regular cleaning of the environment and equipment. Infection prevention and control strategies had been implemented in the centre. These included the use of transmission-based precautions, such as the use of personal protective equipment (PPE), when caring for residents and the monitoring of visitors, staff and residents for signs of COVID-19 infection. A COVID-19 vaccination programme for both residents and staff had been organised, with a high uptake of the vaccine noted. While the management team had completed audits of infection control and environmental hygiene, the issues identified during the inspection indicated that further improvement was required in these areas. These are detailed under **Regulation 27**.

A comprehensive programme of repair and replacement was initiated to address the issues identified on the last inspection. This included replacing mattresses, tables and armchairs. Bedrooms were repainted and all toilet, shower room and bathroom doors were painted the same colour to support residents with dementia to identify these. Flooring in a sitting room and dining room were replaced, with further works planned in the future. The persons in charge spoke about how they had planned other upgrades to the premises, such as developing the garden area, but this was significantly impacted by the pandemic.

The provider had a number of arrangements in place to protect residents from the risk of fire. The fire alarm was serviced annually and fire fighting equipment was serviced on a quarterly basis. Fire safety training was completed by staff annually and staff spoken with were knowledgeable of the action to take in the event of an emergency. Comprehensive personal emergency evacuation plans (PEEPs) were available for each resident, including details of any medications administered to a resident at night-time.

Regulation 11: Visits

Some additional measures were in place at the time of the inspection to ensure that visits with residents could be facilitated safely and in line with the most recent Health Protection Surveillance Centre (HPSC) guidelines. Residents could meet and greet their visitors in the centre's conservatory or their bedroom.

Judgment: Compliant

Regulation 17: Premises

For the most part, the care environment and facilities available met the residents' assessed needs, in line with the centre's statement of purpose. However the size and configuration of four twin bedrooms did not ensure the residents' privacy could be maintained, this is actioned under regulation 9, residents' rights.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector followed up on an action identified on the previous inspection. The appropriate information relating to a resident was provided when a resident is temporarily transferred to another place of care.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that some procedures were not fully consistent with the standards for the prevention and control of health care associated infections and the current guidance from the Health Protection and Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance) including:

- Effective systems were not in place to ensure regular effective cleaning of reusable equipment such as hoists and hoist slings
- Hoist slings were not appropriately stored and posed a cross contamination risk
- The wall behind the centre's bed pan washer was damaged, which did not promote allow for effective cleaning
- A small number of staff were observed wearing PPE inappropriately during the inspection
- The centre used a coded mop and cloth system, however, individual mop heads were being used in multiple bedrooms, which posed a cross contamination risk
- Some equipment observed during the inspection was rusty or damaged are therefore could not be effectively cleaned
- The service record for the centre's bed pan washer was not available on the day of the inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had a fire safety policy in place. The fire procedures and evacuation plans were displayed prominently throughout the centre. All staff had up to date fire training and regular fire drills were carried out. While these drills aimed to simulate both day and night time staffing levels, the inspector noted that a minimum of four staff had participated in the drills. This did not reflect the three staff that are currently rostered on night duty in the centre. The provider was required to carry out a further fire drill practice with three staff to simulate the night time emergency scenario.

The centre's fire alarms and fire doors were tested on a weekly basis. Records demonstrated that fire-fighting equipment was serviced as frequently as required,

<p>which was an action that had been addressed since the previous inspection.</p>
<p>Judgment: Substantially compliant</p>
<p>Regulation 5: Individual assessment and care plan</p>
<p>The inspector reviewed a sample of residents' care records, which included a comprehensive pre-admission assessment. Residents' care plans were found to be up to date, regularly reviewed and informed by assessments and input from health and social care professionals.</p>
<p>Judgment: Compliant</p>
<p>Regulation 6: Health care</p>
<p>Residents had access to their GP as needed. Residents also had timely access to allied health professionals such as a dietitian, speech and language therapy, chiropody and physiotherapy.</p>
<p>Judgment: Compliant</p>
<p>Regulation 7: Managing behaviour that is challenging</p>
<p>The inspector reviewed the restraint register for the centre and found that all restraints were documented clearly and subject to regular review. Residents exhibiting responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were appropriately supported by staff.</p>
<p>Judgment: Compliant</p>
<p>Regulation 9: Residents' rights</p>
<p>While there was no one person responsible for the co-ordination or delivery of activities to residents living in the centre, records indicated that staff provided a range of activities on a daily basis for residents. There was evidence that residents</p>

were consulted with in relation to the programme of activities.

Residents' meetings were held on a quarterly basis, and discussed activities, visiting arrangements and other measures in place in response to COVID-19.

Residents' privacy and dignity were respected for the most part. However, the inspector found that the size and layout of of four twin bedrooms did not ensure that residents' privacy, dignity and choice could be maintained if the bedrooms were fully occupied. At the time of the inspection, only one resident was accommodated in three of these bedrooms and the fourth bedroom was occupied by two residents who wished to be accommodated together. The registered provider committed to reducing three bedrooms' occupancy to one person, with the fourth bedroom to be similarly reduced when it is no longer occupied by one of the current residents.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Anne's Private Nursing Home OSV-0000387

Inspection ID: MON-0034836

Date of inspection: 15/12/2021

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 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • A daily checklist is in place to ensure regular effective cleaning of reusable equipment such as hoists and hoist slings. This is included in the weekly monitoring tool. • Hoist slings are now kept in individual bedrooms. • The wall behind the bed pan washer has been repaired. • Spot checks and on the spot training has been increased to ensure staff are wearing PPE appropriately • Flash mops have been introduced for individual bedrooms. • All equipment that was observed during the inspection as rusty or damaged has been repaired, upcycled or replaced. • The service record for the centre's bed pan washer has been obtained. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire drill has occurred with 3 staff and the schedule has been adapted to ensure that this is regularly practiced.</p>	
Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
As of January the bed numbers have been reduced to 25 and individual bedrooms have reflected that, in that they are now single rooms. A further reduction of 1 bed will occur in the future

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 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	31/01/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the	Substantially Compliant	Yellow	31/01/2022

	case of fire.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/01/2022