



**Health  
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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. Anthony's Nursing Home
Name of provider:	Kilduff Care Co. Limited
Address of centre:	Kilduff Castle, Pallasgreen, Limerick
Type of inspection:	Announced
Date of inspection:	01 February 2024
Centre ID:	OSV-0000428
Fieldwork ID:	MON-0041900

## 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
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## How we inspect

To prepare for this inspection the inspector or 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 1 February 2024	10:00hrs to 18:50hrs	Rachel Seoighthe	Lead

## What residents told us and what inspectors observed

This announced inspection took place over one day. The inspector spoke with several residents living in St. Anthony's Nursing Home and the overall feedback was positive. The inspector heard comments such as 'the staff are very good' and 'the food is terrific'. Residents praised the staff and management team, and they told the inspector they were content with life in the designated centre.

Upon arrival to the centre, the inspector was greeted by the person in charge. Following an introductory meeting with the management team, the inspector spent time walking through the centre, giving an opportunity to meet with residents and observe their living environment.

St. Anthony's Nursing Home Home provides long term care for both male and female adults with a range of dependencies and needs. The designated centre is registered to provide care for 61 residents. There were 60 residents living in the centre on the day of the inspection. The centre is laid out over two floors, with resident and communal accommodation on both floors. There was stairs and passenger lift access between floors.

Resident bedroom accommodation consisted of 12 twin bedrooms and 36 single bedrooms. All bedrooms had en-suite facilities. Residents told the inspector they were happy with their living space and many bedrooms were observed to be personalised with photographs, furnishings and ornaments. Call bells were available in resident bedrooms and en-suite bathrooms and the inspector noted that additional grab rails were fitted throughout one residents bedroom, to enable their safe mobility.

There were a variety of communal space available for resident use including as a dining room, several spacious sitting rooms and a parlour room. The inspector observed that communal areas were well used throughout the inspection. Several residents chose to relax in the 'parlour' sitting room on the ground floor throughout the day. This room offered views of the local castle and of activity outside the centre. Several residents were seen relaxing and receiving visitors here. There was a large communal sitting room which was frequented by the majority of residents living in the centre. This room was configured into various seating areas, giving residents the opportunity to take part in different activities or relax and watch television. The inspector observed that there was a constant staff presence in this area. Doors from the sitting room lead to an outdoor seating area at the front of the building, where furniture was arranged and a pergola was fitted for shelter. Residents on the first floor of the centre had access to a quieter communal sitting room and the inspector spoke with one resident who said they were content spending time here, reading magazines and listening to music.

Residents were engaged in meaningful activities throughout the day with the support of activities staff. A large group of residents were observed making St.

Bridget crosses in the communal sitting room on the morning of the inspection and many residents were seen relaxing in an area known as 'Bridie's kitchen'. The inspector spoke with several residents who spent time independently and they told the inspector this was their preference. The inspector met with one resident who was writing a letter to a relative, to tell them 'all the news'. The inspector also met with a resident who was catching up on a favourite television series on their tablet. A sensory garden and chicken coup were located at the front of centre and one resident told the inspector how much they enjoyed feeding the hens, as it reminded them of their childhood.

Staff were observed to be kind and respectful and interactions were seen to be warm. Residents were supported to exercise choice in their daily routines and one resident informed the inspector that they had access to transport anytime they wanted to go out. Advocacy services were available to residents and details were displayed in the centre.

Overall, the inspector found that the centre was clean. There was a noted improvement in the standard of cleaning in resident accommodation, and sluice and utility rooms were tidy and well-organised.

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

This was an announced inspection by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). This inspection also reviewed the action taken by the registered provider to address issues of non-compliance with the regulations found on the previous inspection in November 2023. Overall, the inspector found that many of the findings of the last inspection had been addressed and there were good overall governance systems in this centre, which is evidenced in the high levels of compliance found on this inspection.

The registered provider of this centre is Kilduff Care Centre Ltd. There was a clearly defined management structure in place, with clear lines of authority and accountability. The provider representative was the person in charge of the designated centre. The person in charge was supported by an assistant director of nursing (ADON) 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.

Previous inspections of the designated centre found that action was required by provider to address the skill mix of staff on night duty, in order to ensure appropriate clinical supervision and support to residents. A review of roster records

on this inspection demonstrated that the provider had take action to increase the nursing staff compliment at night. The provider gave further assurances of an ongoing recruitment plan in place to sustain nurse staffing levels, and to manage planned and unplanned leave in the centre. The inspector found that staffing levels across all other departments were sufficient, considering the size and layout of the building.

The person in charge ensured that staff had access to appropriate training, and records demonstrated that staff had completed mandatory training including fire safety, safeguarding and patient moving and handling. There was a programme of induction, and records demonstrated that appraisals were completed at regular intervals. There were systems in place to supervise staff.

This inspection found that there were management systems in place to monitor the service. The management team had developed and implemented an audit schedule to monitor the quality of care and the service provided. Records showed that clinical audits were completed in areas including falls management, medication management and care planning. This inspection found that audits completed effectively identified areas for improvement and contained a time-bound quality improvement plan, where required. For example, the management team undertook an audit of the management of falls which identified that some practices did not consistently align with the centres' falls management policy. A detailed falls management flow chart was implemented in response to this finding, to ensure appropriate actions were taken following resident fall incidents in the centre. There was enhanced monitoring of the residents living environment, evidenced by improvements noted in the cleanliness of the centre. Records demonstrated that environmental audits contained visual images, which the person in charge showed to the staff team, to demonstrate where areas of improvement were required. There was evidence of communication systems and clinical governance meetings that detailed discussions around key performance indicators, staffing, auditing, care planning and infection control. Records demonstrated that key performance indicators were discussed at management meetings and the inspector was informed that monitoring of specific clinical areas was allocated to individual clinical nurse managers, such as medication management and infection control.

An electronic record of accidents and incidents was maintained in the centre. Records evidenced that incidents were investigated and preventative measures were recorded and implemented.

The provider maintained a suite of written policies and procedures, as set out in Schedule 5 of the regulations and these had been reviewed since the previous inspection. The complaints procedure had been reviewed and it was displayed in large print in a prominent location in the centre.

A sample of contracts of care was reviewed by the inspector. This inspection found that the provider had addressed issues found on the previous inspection and contracts of care viewed now set out the details of any additional fees to be paid by the resident.

An annual report on the quality of the service had been completed in consultation with residents. The annual review set out the service's level of compliance with the regulations, as assessed by the management team. Areas for quality improvement were identified and an action plan was recorded.

### Regulation 15: Staffing

There were 60 residents living in the centre on the day of the inspection. The number and skill mix of staff was appropriate having regard to the needs of residents and the size and layout of the centre. The provider had increased the nursing staff resources allocated to the night-time roster since the previous inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Training records reviewed by the inspector demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured that the centre was provided with sufficient resources to ensure effective delivery of care in line with the centre's statement of purpose. There was a clearly defined management structure in place with identified lines of accountability and authority.

The provider had management systems in place to ensure the quality of the service was monitored.

An annual review of the service was completed.

Judgment: Compliant



## Regulation 24: Contract for the provision of services

A sample of contracts for the provision of care was reviewed by the inspector. Contracts viewed were signed by the resident or their representative and included the terms of admission and fees to be charged for services provided.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The registered provider prepared written policies and procedures in accordance with Schedule 5 of the regulations. Records demonstrated that policies and procedures were reviewed at regular intervals and they available to staff.

Judgment: Compliant

## Quality and safety

This inspection found that the management and staff worked to provide a good quality of life for the residents living in the centre. Residents health and social care needs were met to a good standard.

Pre-admission assessments were undertaken by the management team in order to ascertain if the centre could meet the assessed needs of prospective residents. The centre maintained an electronic care record system and records showed that nursing staff used validated tools to carry out assessments of residents' needs prior to, and on admission to the centre. These assessments included the risk of falls, malnutrition, assessment of cognition, and dependency levels. Residents' care plans were developed following these assessments.. Care plans were seen to be updated at regular intervals. Staff had knowledge of residents' individual needs and preferences.

Records demonstrated that residents had access to a general practitioner (GP) of their choice. Residents had access to allied health services such as tissue viability nurse specialists, dietetics, physiotherapy and psychiatry of later life.

The premises was 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. All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. The inspector found that

areas identified as requiring repair and maintenance on the previous inspection had been addressed.

Infection control practices were overseen by the person in charge. The inspector saw that the centre was clean and there were effective infection prevention and control procedures in place. Utility rooms were clean and well-organised. House-keeping trolleys were no longer stored in the laundry room and there was a checking mechanism to ensure that sluice rooms were cleaned at regular intervals daily. The inspector saw that the equipment in use in the centre was clean on the day of inspection. The centre provided a homely environment for residents and was maintained to a good standard.

The management of fire safety was kept under review by the person in charge. There was a system for weekly checking of fire doors and emergency lighting. Service records were in place for the maintenance and testing of fire detection and containment systems. Action had been taken to address the findings of the previous inspection. Revised fire maps were developed and displayed throughout the centre and the oxygen storage unit was relocated away from the boiler house.

Residents were provided with adequate space to store and maintain their clothing and personal possessions. Residents were encouraged to personalise their private accommodation with items of significance.

The inspector found that residents were free to exercise choice in how to spend their day. Activities were observed to be provided by dedicated activities staff. There was a varied programme of activities which included bingo, karaoke, quizzes, music and themed evenings. Residents were supported to attend local services and amenities and there was minibus transport available. Residents told the inspector that they were satisfied with the activities on offer. Residents were supported to practice their religious faiths in the centre. A mass service took place on the day of inspection.

Resident meeting records demonstrated that there were opportunities for the residents to meet with the management team and provide feedback on the quality of the service. The inspector viewed a sample of resident questionnaires and feedback recorded included comments such as 'everything is excellent' and 'they are first class staff.'

Measures were in place to safeguard residents from abuse. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Residents told the inspector that they would not hesitate to raise a concern with a member of staff or the person in charge and were confident that their concerns would be acted upon.

The registered provider had ensured visiting arrangements were in place to ensure residents were supported to meet with their visitors, as they wished.

## Regulation 11: Visits

There were flexible visiting arrangements in place. Visitors were observed attending the centre throughout the day of the inspection. The inspector saw that residents could receive visitors in their bedrooms or in a number of communal rooms.

Judgment: Compliant

## Regulation 12: Personal possessions

Each resident had adequate space to store their clothing and personal possessions. Residents personal clothing were laundered regularly and returned to each resident.

Judgment: Compliant

## Regulation 17: Premises

The registered provider ensured that the premises of the designated centre were appropriate to the number and needs of the residents. The premises were clean, well-maintained and well laid out to support residents' needs. There was an ongoing programme of maintenance in the centre.

Judgment: Compliant

## Regulation 26: Risk management

The registered provider maintained policies and procedures to identify and respond to risks in the designated centre. The risk management policy met the requirements of Regulation 26.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Residents care documentation was maintained on an electronic system. Residents' care plans were developed following assessment of need, using validated

assessment tools. Care plans were seen to be completed in conjunction with residents and their representatives. Records of care plan meetings were maintained and care plans were updated at regular intervals. Staff had knowledge of residents' individual needs and preferences.

Judgment: Compliant

## Regulation 6: Health care

A review of a sample of residents' files found that residents' health care needs were regularly reviewed by their general practitioner (GP). Residents were supported by allied health care professionals including a physiotherapist, dietitian, and a speech and language therapist. The residents were also supported by the community palliative care and psychiatry for later life teams.

Judgment: Compliant

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

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
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 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant