



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

## Issued by the Chief Inspector

Name of designated centre:	St. Michael's Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	One Hundred Acres East, Caherconlish, Limerick
Type of inspection:	Unannounced
Date of inspection:	11 June 2024
Centre ID:	OSV-0004664
Fieldwork ID:	MON-0043697

## About the designated centre

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

St. Michael's Nursing Home is located in the village of Caherconlish, which is approximately 15 minutes from Limerick city. It is a two storey premises and can accommodate 80 residents in 62 single bedrooms and nine twin bedrooms. The ground floor is divided into five sections, namely Autumn Breeze (bedrooms 1 - 10), Bluebell (bedrooms 11 - 20), Shamrock (bedrooms 21 - 26), Summer Mist (bedrooms 27 - 65) and Mountain View (bedrooms 80 - 85). All of the bedrooms are en suite with shower, toilet and wash-hand basin and are fitted with a nurse call bell system and Saorview digital TV. Seven residents are accommodated upstairs in five single and one twin bedroom and is accessible by stairs and lift; all other residents are accommodated in bedrooms on the ground floor. St. Michael's provides care to both female and male residents requiring general long-term care, convalescent care, palliative care and respite care.

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

Number of residents on the date of inspection:	74
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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
Tuesday 11 June 2024	10:00hrs to 18:00hrs	Rachel Seoighthe	Lead
Wednesday 12 June 2024	10:10hrs to 16:40hrs	Rachel Seoighthe	Lead

## What residents told us and what inspectors observed

This unannounced inspection was carried out over two days. The overall feedback from residents was that they were happy with the care they received and their life in the centre.

The inspector was greeted by the director of nursing upon arrival to the centre. Following an introductory meeting, the inspector walked through the centre, giving the opportunity to observe the lived experience of residents in their home environment and to observe staff practices and interactions.

Located in the village of Caherconlish in Co. Limerick, St Michael's Nursing Home is registered to provide long-term and respite care to a maximum of 80 residents. On the day of inspection, there were 74 residents accommodated in the designated centre and the inspector was informed that one resident was in hospital. The centre was a purpose-built, two-storey facility, with stairs and passenger lift access between floors. Resident bedroom and communal accommodation was provided in five distinct wings, known as Bluebell, Shamrock, Summer Mist and Mountain View. Care for residents living with dementia, was provided in a 24-bedded secure unit, known as 'Memory Lane'.

The inspector observed that the Memory Lane unit was decorated with features that are intended to be stimulating for residents with dementia. Colourful borders were painted over each resident bedroom door frame and murals which depicted images of interest were visible along corridor walls. The inspector noted that some wall decor was tactile in design, to encourage resident engagement and activity. Residents living in the unit had access to two communal sitting rooms. The inspector observed that some of the areas in the unit were cluttered. A therapy room which originally functioned as a hair salon was being used to store resident equipment, such as hoists and a bed frame. The inspector noted that the hair salon had been relocated to a communal room in another area of the centre.

Resident bedroom accommodation consisted of single bedrooms with en-suite facilities, many of which were decorated with residents personal memorabilia, such as photographs and soft furnishings. Call bells and television were provided in all bedrooms. The inspector noted that four bedroom door frames were fitted with retractable textile gates. The inspector was informed that these gates were used to deter residents who walked with purpose, from entering other resident bedrooms without invitation. While residents were facilitated to mobilise around the unit, the inspector noted that there was no accessible outdoor space in the Memory Lane unit.

The inspector noted that the majority of residents spent their day in one of the communal sitting rooms, and several residents chose to remain in their bedrooms. The communal sitting room contained a kitchenette unit, a sofa, three dining tables and colourful chairs. A television and call bell were provided in this room. A staff

member, who was assigned to the provision of meaningful activities, was observed supporting residents in the sitting room. The inspector was informed that residents were encouraged to engage in familiar house-hold tasks, such as setting tables and washing crockery. A planned daily activities were written on a whiteboard, which was displayed in the communal sitting room. The schedule of activities included a breakfast club, table-top puzzles and music.

Several residents living on the unit had been assessed as being at high risk of falls and also known to display varying levels of 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). On the morning of the inspection, a staff member responsible for the provision of activities was also required to supervise the communal sitting room, as health care staff were supporting resident with personal care needs. The inspector observed that this arrangement distracted from the provision of activities, as the staff member assigned to this role was required to leave the room on several occasions, to supervise residents who were at high risk of falls. By contrast, on the second day of the inspection, the inspector noted that three staff were present in the communal sitting room for a group activity. The inspector noted pleasant interactions between staff and residents, who were engaging in a live music session with a musician in the sitting room. Residents were offered the microphone and some sang while other residents enjoyed waltzing with staff. The inspector noted that residents appeared content and there were sufficient staff available to support their needs.

The lunch-time experience was observed in the memory care unit on the first day of the inspection. Ten residents attended the sitting room for their lunch and some residents were assisted with their meals in their bedrooms. The inspector noted that care staff worked hard to ensure the dining experience was a pleasant occasion. Food was freshly prepared and specific to each resident's individual nutritional requirements. The inspector noted that some residents commented 'lovely' when their meals were presented to them. However, the inspector observed that the deployment of staff to support residents with their meals and supervise residents was inadequate, as staff were also trying to provide constant supervision to several residents who displayed responsive behaviours and were at high risks of falls.

The inspector observed a group of four residents seated at a dining table. All residents were served their meals simultaneously. The inspector observed that a staff member who was assisting one of the residents to eat their meal, was often required to leave the table, to support a resident with enhanced supervisory needs. The inspector noted that staff reheated the residents lunch on two occasions as it had gotten cold. The inspector noted the resident had not eaten all of their lunch a half an hour after it was served. There were frequent attempts made by health care staff and by catering staff to redirect a resident who was walking with purpose in and outside of the room for the duration of the lunch-time service. The inspector also observed that staff were required to diffuse a potential peer to peer incident in the dining room. The inspector noted that nursing staff were not present for the majority of lunch time as they were allocated to assist a resident with their meal in the residents bedroom.

The inspectors' observations were discussed with the management team who made an effort to address the staffing allocation and the resident dining experience. On the second day of the inspection, the inspector noted that the lunch-time meal service took place in two separate communal rooms in the Memory Lane Unit. The atmosphere was calm and supervision was enhanced by the presence of a staff nurse.

The inspector spent time walking through the main centre and they observed staff were busy attending to the morning care needs of residents. The atmosphere in the main centre was bustling and residents were seen to be comfortable in the company of staff. Residents were observed relaxing in their bedrooms or in the communal areas on the ground floor, which included a spacious sitting room that was furnished for resident use. There was constant activity in this room and many residents were seen spending time here, reading newspapers, chatting together and watching television. The inspector observed that there was a staff presence in the communal sitting room at all times.

There was a large dining room in the main centre and the inspector noted that daily meal and snack menus were displayed for resident information. A snack vending machine was provided in response to resident feedback. There were a variety of other communal rooms on the ground floor including a chapel and an activities room. The inspector observed many residents relaxing together in the secure garden available in the main area, during the inspection. The garden was spacious and contained a central feature and various plants and shrubs. Access to the garden was unrestricted for residents living in main centre. Residents were supported to attend the hair salon and one resident informed the inspector how much they enjoyed this service.

Residents' bedrooms were personalised with pictures, soft furnishings, ornaments and artwork. Televisions and call bells were provided in all bedrooms. Handrails were in place on both sides of all corridors to ensure resident's safe mobility. Overall, the main centre was clean and most communal areas were well-maintained. However, the inspector noted that, similar to the previous inspection, the conservatory on the first floor was inaccessible to residents, as repairs to the damaged ceiling were not completed. This communal room was previously the chosen location for the centres 'mens shed' activity group. The inspector also noted that conservatory was being used to store mixed items of resident equipment.

Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. Some residents required greater time and support to mobilise and staff provided this support in a gentle manner. The inspector spoke with a number of residents in the communal areas and in their bedrooms. Residents who had recently moved into the centre told the inspector that staff were kind and they were happy with the quality of the service received. The inspector also spoke with several residents who had lived in the centre for a number of years and they told the inspector that they were well supported with their healthcare needs.

There were two staff members assigned to the provision of activities in the centre

and the inspector was greeted by a group of residents who were engaged in a card making activity in the main centre during the inspection. The activities schedule included bingo, music and art. A live music session took place in the main communal sitting room on the second day of the inspection and it was evident that the residents enjoyed this activity. Some residents chose to spend time in their bedrooms or walking outside in the grounds of the main centre.

The inspector observed a number of staff and resident interactions during the inspection. Staff engaged in friendly conversation with residents and it was evident that residents' were comfortable in the company of staff.

The inspector noted that information regarding advocacy services was displayed in the reception area of the centre and the inspector was informed that residents were supported to access this service, if required.

Visitors were observed being welcomed into the centre throughout the inspection. Residents met with their friends and loved ones in their bedrooms or communal rooms.

The following sections of the report detail the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

This was an unannounced risk inspection conducted 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). The inspector followed up on solicited and unsolicited information received, relating to the safeguarding of residents. The inspector found that while there were systems in place to oversee the quality of care, there was insufficient oversight of incidents of responsive behaviours and the staffing resources required to care for residents with enhanced supervision needs. This impacted on the providers ability to reduce and eliminate potential safeguarding incidents in the centre. The inspector also reviewed the actions taken by the provider to address issues of non-compliance identified during the previous inspection in February 2024, and while some action had been taken, governance and management, staffing and contracts for the provision of services did not meet the requirements of the regulations.

The registered provider of the centre was Blockstar Limited. The company comprised of three directors, and one of the directors was the named provider representative. There was evidence that the provider representative was actively involved in the day-to-day operation of the centre, and they attended the centre for the duration of the inspection. There was a clearly defined management structure in place. The person in charge was supported in the centre by a director of nursing (DON), two assistant directors of nursing (ADON) and a team of nurses, health care



assistants, maintenance, cleaning, catering and administration staff. Additional governance support was provided by the regional operations manager who was appointed as a person participating in management (PPIM) to the designated centre by the provider. This inspection was facilitated by the director of nursing, who was deputising in the absence of the person in charge. They were well known to the residents and knowledgeable regarding residents individual care needs.

There were 74 residents accommodated in the centre. The inspectors observations were that staffing levels on the day of the inspection were insufficient to meet the assessed needs and dependencies of residents, particularly in the Memory Lane unit where several residents had enhanced supervisory needs. This finding is detailed further under Regulation 15: Staffing.

There was a training programme in place for staff, which included mandatory training and other areas to support the provision of care. Training records confirmed that staff were facilitated to attend training in fire safety, manual handling procedures and safeguarding residents from abuse. Staff also had access to additional training to inform their practice which included, restrictive practices, infection prevention and control, falls prevention, dementia, and cardio pulmonary resuscitation (CPR) training. Notwithstanding this positive finding, the inspector found that staff supervision systems were not robust. This is detailed further under Regulation 16: Training and staff development.

There was evidence of regular meetings with heads of department within the centre, to review key clinical and operational aspects of the service. Records of these meetings were maintained and detailed the attendees and the actions that were agreed. The inspector also reviewed records of senior management team meetings. Agenda items included staffing, human resources issues and clinical topics such as infection control. There was a programme of auditing in clinical care and environmental safety, to support the management team to measure the quality of care provided to residents. The inspector viewed a sample of audits relating to incidence of call bell response times and medication management. A review of clinical audits found that quality improvement plans were developed following audits completed. There were monitoring systems in place, however, the inspector found there was insufficient oversight of adverse incidents in the centre.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. A review of some incident reports demonstrated that corrective actions were recorded and incidents report were closed out before an investigation was completed. For example, a medication error was logged as an incident and a corrective action was recorded, however, an investigation was not completed to determine why the medication error occurred. Furthermore, the inspector found that there was insufficient oversight and monitoring of responsive behaviours in the centre. A review of daily nursing notes and incident records demonstrated that several resident expressed repeated responsive behaviours , which resulted in safeguarding incidents. A risk assessment for the management of responsive behaviours was entered into the centres risk register, however, records demonstrated that the assessment was not reviewed since November 2023, and responsive behaviours was rated as being a low risk in the centre. Records also

demonstrated that a control to manage and monitor the risk; the use of a validated antecedent-behaviour-consequence (ABC) tool was not being implemented. Furthermore, there was no record of any trending of incidents of responsive behaviours or a review of the staffing resources available to support and safeguard residents with enhanced supervision needs.

A review of records identified that not all required incidents as specified by the regulations were notified to the Chief inspector. Notification of two potential safeguarding incidents that occurred had not been notified to the Chief Inspector in the required time-frame, as required by Regulation 31.

A review of the complaints records found that complaints and concerns were responded to promptly and managed in line with the requirements of Regulation 34.

A directory of residents was maintained by the registered provider which included all of the requirements of Regulation 19.

The provider ensured that records were securely stored, accessible, and maintained in line with the requirements of the regulations. A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were in place for all staff.

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

An annual report on the quality of the service had been completed for 2023 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

## Regulation 15: Staffing

The number and skill mix of staff was not adequate to meet the needs of the residents taking into account the size and layout of the designated centre . This was evidenced as follows;

- The inspector observed several occasions on the first day of inspection where there were not enough staff available to provide the appropriate levels of supervision to residents with behavioural support needs.
- There were insufficient numbers of staff available to provide assistance to residents at the lunch-time meal service in the memory lane unit on the first day of inspection.
- Rosters evidenced that the staffing resources allocated to the memory care unit reduced to one nurse and one healthcare assistant from 8pm until 8am. There were 24 residents living in the unit and eight residents required assistance of two staff for personal care needs. The findings of this inspection were that the needs of all residents could not be met, with particular regard

to the increased level of staff monitoring required as a result of the volume of incidents of responsive behaviours and falls in the unit.

- Rosters reviewed evidenced that residents assessed as requiring one-to-one supervision by staff did not always have this level of supervision consistently in place, which posed a risk to these resident. This is a repeated finding.

Judgment: Not compliant

### Regulation 16: Training and staff development

Staff were not appropriately supervised according to their roles. This was evidenced by;

- Records demonstrated that repeated behaviours of concern were not recorded in ABC ( antecedent, behaviour, consequence) following incidents of responsive behaviour in the centre.
- Nursing staff were not available to direct resident care and supervise staff at the lunch-time meal service in the Memory Lane unit on the first day of the inspection.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The registered provider maintained a directory of residence in the centre which contained all information, as specified under Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in place to ensure that the service was safe and effectively monitored was not fully effective. This is evidenced by;

- There was no record of an analysis or trending of incidents of responsive behaviours and safe-guarding incidents, to facilitate the implementation of corrective measures, in order to prevent similar incidents from occurring.
- The oversight and management of risk was not robust. For example, high risks within the centre, such as responsive behaviours, were not identified as such and not monitored effectively. This meant that no action had been taken

- to minimise the risk of repeated incidents.
- Repeated non-compliance found in relation to contracts for the provision of services.

Judgment: Not compliant

#### Regulation 24: Contract for the provision of services

A review of a sample of contracts of care found that the arrangements for availing of allied health services and the fees, if any, to be charged for such services were not accurately described in contracts of two residents with complex care needs. This is a repeated finding.

A third contract requested by the inspector was not available to view on the day of inspection.

Judgment: Not compliant

#### Regulation 31: Notification of incidents

The provider had not notified the Chief Inspector of a number of potential safeguarding incidents, as required by Regulation 31.

Judgment: Not compliant

#### Regulation 34: Complaints procedure

An up-to-date complaints procedure was in place. Residents' complaints and concerns were listened to and acted upon in a timely, supported and effective manner. The complaints log demonstrated that complaints were recorded in line with the regulations.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Written policies and procedures to inform practice were available for review. There was a system in place to ensure that policies and procedures were reviewed and

updated. Records confirmed that the provider maintained policies and procedures in accordance with Schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

Residents who could express a view were satisfied with the quality of the care they received and the inspector observed pleasant engagement between staff and residents throughout the inspection. The inspector found that the provider had addressed non-compliance in relation to Regulation 5: Individual assessment and care planning, found on previous inspections in February 2024 and June 2023. Notwithstanding this positive finding, the inspector found that premises, infection control and fire precautions did not meet regulatory compliance.

Overall, the premises was clean and well-maintained. However, there were areas where floor surfaces were in a poor state of repair and the first floor conservatory was unavailable for resident use, as repair works had not taken place to the ceiling. This is repeated finding. Furthermore, the inspector found that the function of a communal room had been reassigned for use as a hair dressing salon and a therapy room was being used to store resident equipment. This was not in line with the detail of the centres' statement of purpose and floor plans of the centre, submitted by the provider for the renewal of the centres registration in November 2022. Further findings are described under Regulation 17: Premises.

The inspector observed that there were good infection prevention and control practices and procedures in place. For example, utility rooms were clean and well organised and alcohol hand gel dispensers were available for use on the corridors. However, good standards for infection prevention and control were not maintained consistently, as evidenced by deficits in cleaning in some part of the premises. This finding is discussed under Regulation 27: Infection control.

There were measures in place to protect residents against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed, and checks to ensure that equipment was accessible and functioning. Staff had received fire safety training and regular fire drills had been completed to ensure that resident could be evacuated in a safe and timely manner. However, the recorded drills did not contain sufficient detail in relation to the equipment required to evacuate individual residents from the centre. Additionally, the inspector found that some of the fire doors did not provide assurance of effective containment of smoke and fire in the event of a fire safety emergency. This is addressed under Regulation 28; Fire precautions

A review of resident care records demonstrated that each resident had a comprehensive assessment of their health and social care needs carried out prior to admission, to ensure the centre could provide them with the appropriate level of

care and support. Following admission, a range of clinical assessments were carried out, using validated assessment tools to identify areas of risk specific to each resident. The outcomes of these assessments were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements.

Conversation with residents and review of residents' records confirmed that they had access to their general practitioners (GPs), and there was evidence of regular reviews. A physiotherapist attended the centre weekly. Residents had access to allied health services such as dietitians, tissue viability service and occupational therapy services.

Arrangements were in place to ensure residents were appropriately assessed prior to initiating the use of restrictive practices. There were thirteen bed rails in use in the centre. The person in charge had implemented a checking mechanism since the previous inspection, to ensure the correct application and regular release of environmental restraints, to maintain resident safety when restrictive practices were implemented.

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse. The provider acted as pension agent for nine residents and, all pensions were paid into a separate resident bank account. Records showed that a ledger was maintained, detailing each resident's payments and surplus amounts was available to review.

Residents had access to local television, radio and newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and through resident meetings. Advocacy services were available to residents and there was evidence that they were supported to avail of these services as needed. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre.

Visiting arrangements were flexible, with visitors being welcomed into 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.

## Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

## Regulation 17: Premises

A review of the premises confirmed that the following areas did not meet the requirement of Schedule 6 of the regulations:

- Floor surfaces in several resident bedrooms were not sealed at the skirting board and appeared to be damaged.
- The conservatory on the first floor was not available for resident use as repair works had not been completed to the ceiling. This is a repeated finding.
- Two ceiling surfaces were on the ground floor had visible cracks.
- A call bell was unavailable in the nautical unit in the communal sitting room of the memory lane unit.
- There was insufficient suitable storage in some resident en-suite bathrooms. Items such as wash hand basins were seen stored on the floor.

Judgment: Substantially compliant

## Regulation 27: Infection control

The provider was not in full compliance with infection prevention and control standards and guidance. For example:

- Privacy curtains in one shared resident bedroom were visibly unclean.
- The floor surfaces in a communal sitting room and a storage room in the memory lane unit were visibly unclean.
- There was inappropriate storage of used cleaning equipment such as mops in the communal sitting room in the memory lane unit.
- An item of resident equipment which was stored in their bedroom was noted to be visibly unclean on both days of the inspection.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The inspector found that action was required to ensure that adequate precautions were in place to protect residents from the risk of fire:

- The resident hair dressing salon was fitted with a key coded lock. There was a final fire exit door located in this room. The use of a key code to access the room posed a risk that access to this room would be delayed in the event of a fire safety emergency.

- A call bell was not available in the centres external smoking area.
- Several cross corridor fire doors on the ground floor did not close to create a seal and a gap was visible under the door. This could impact on the effectiveness of the fire doors to contain fire, smoke or fumes.
- Fire drills records reviewed contained insufficient detail in relation to the mobility needs of residents and equipment used during fire drill simulations carried out in the centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Individual assessment and care planning documentation was available for each resident in the centre. Care plans contained detailed information specific to the individual needs of the residents.

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.

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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	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	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for St. Michael's Nursing Home OSV-0004664

Inspection ID: MON-0043697

Date of inspection: 12/06/2024

## 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:            The area in the center known as Memory Lane has been reviewed in the context of staff/resident ratios. Memory lane staffing comprised of a daytime allocation of 1 x S/N, 3 x HCAs and 1 x Activities Co-Ordinator. The nighttime allocation was 1 x S/N and 1 x HCA. Following a review of the care needs and support of the residents in this unit, the Provider is in the process of hiring staff to fulfill the following allocations. Monday – Friday will see 1 x S/N, 4 x HCAs and 1 x Activities Co-Ordinator supporting residents in Memory Lane. On weekends we will see 1 x S/N and 5 x HCAs. The nighttime roster will reflect 1 x SN and 2 x HCA. Staffing in the home and this unit will be kept under constant review and resources will be allocated to match resident dependencies and with a view to enhanced supervision to reduce episodes of responsive behaviors and associated incidents.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            Nurses have received 1-1 training in the use of behavioral charts, how they inform care planning, and their place in the reduction of responsive behaviors and associated incidents. The ADON and DON will review incidents in their entirety including what tools were used in the management of the behavior and how those tools informed the care plan. Episodes of responsive behaviors will be monitored and trended and staff educated accordingly. Mealtimes in Memory Lane have been changed as follows. Memory Lane receives meals first. Meals are served in two separate areas and residents also have the option of dining in their rooms or in the main dining room. The Nurse allocated to</p>	

Memory Lane supervises mealtimes and instructs staff accordingly. The DON is in the process of providing additional training to manage the risk posed from residents with BPSD and for all staff.

Regulation 23: Governance and management

Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:

Nurses have received 1-1 training in the management of responsive behaviors and the associated tools used to develop behavioral support care plans. The Nurses are trending behaviors under the following domains, date and time of behavior, type of behavior, who the behavior was directed towards, antecedent, triggers, consequences and any additional information to support learning for adverse events associated with behavior. Such risk identification and review will facilitate corrective measures being implemented. The Nurses will use this information to generate an incident report and the care plan will be updated accordingly. Weekly, the DON will review episodes and incidents of responsive behaviors and using the safety cross system will trend episodes, identify learning and generate a report which should minimize the risk of repeated incidents.

Regulation 24: Contract for the provision of services

Not Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

All residents have a signed contract of care in their file. Residents on bespoke contracts now have newly developed bespoke contracts and these contracts have been sent to the individual funding authority and signed. Resident's bespoke contracts will be additional to the general contract of care, stored together and available in the resident file.

Regulation 31: Notification of incidents

Not Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The Regional Operation's Manager will be informed of all incidents in the home and together with the DON will assess incidents in the context of associated notifications. Notifications will be submitted within the regulatory timeframe.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The flooring company attended the home on 16.7.24 and the Provider awaits a quote with a view to scheduling a program of works to address the damaged flooring.

The Conservatory roof has been reviewed and a plan is in place to make the necessary repairs. A skip has been ordered to decant items from the conservatory space with a view to returning it to resident use.

Two ceiling surfaces which had visible cracks have been repaired.

Call bells were fitted to the Nautical Room and Communal Sitting Room in Memory Lane on 15.7.24

An audit of storage facilities in resident en-suites is completed and storage solutions are on order. These will be mounted in the en-suites once they arrive.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The privacy curtains mentioned have been changed and the household team have been educated on their remit in this regard. The Director of Nursing will monitor this area on a weekly basis and will address any actions with the relevant team and will generate an audit result and action plan.

To address the floor surfaces in the communal sitting room and storage room in memory lane the household team completed a deep clean. The Director of Nursing will monitor this. The Provider has engaged the services of a person to deep clean floors weekly to supplement the household cleaning program.

The inappropriate storage of a mop and bucket in the communal sitting room of memory lane has been addressed.

The Director of Nursing has implemented a cleaning schedule for the cleaning of resident equipment. This will be audited by the Director of Nursing weekly for effectiveness.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Chemicals in the hairdressing room will now be stored in a locked cabinet. This will allow the hairdressers will now be left open, allowing free access to the space and the fire exit door within.</p> <p>A call bell is now in place in the resident external smoking area.</p> <p>A program of works to address the gaps in the cross-corridor doors has been commenced.</p> <p>Fire drills will now be more informative. They will contain more detail in relation to resident mobility needs and equipment used.</p>	

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	15/08/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/08/2024
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	15/08/2024
Regulation 23(c)	The registered provider shall	Not Compliant	Orange	30/07/2024

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/07/2024
Regulation 24(2)(a)	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 services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Not Compliant	Orange	30/07/2024
Regulation	The agreement	Not Compliant	Orange	30/07/2024



24(2)(b)	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.			
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	30/07/2024
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	15/08/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	15/08/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means	Substantially Compliant	Yellow	22/07/2024

	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 case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/08/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	22/07/2024