



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:	19 July 2023
Centre ID:	OSV-0004664
Fieldwork ID:	MON-0040902

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:	68
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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 19 July 2023	18:00hrs to 22:15hrs	Rachel Seoighthe	Lead
Thursday 20 July 2023	19:00hrs to 19:00hrs	Rachel Seoighthe	Lead
Wednesday 19 July 2023	18:00hrs to 22:15hrs	Ella Ferriter	Support
Thursday 20 July 2023	09:00hrs to 19:00hrs	Ella Ferriter	Support

What residents told us and what inspectors observed

This unannounced inspection took place over one evening and one day. The inspectors spoke with many of the residents living in St. Michael's Nursing Home, in their bedrooms and in the communal rooms. Inspectors also spent periods of time over the two days observing staff and resident engagement in communal areas. Overall, the feedback from residents was mixed, some spoke very positively about the care they received and told inspectors they loved their life in the centre and others told the inspectors they sometimes had to wait for long periods to be attended to, when they required assistance.

On arrival to the centre in the evening, the inspectors observed there were approximately 23 residents sitting in the main sitting room. The inspectors greeted residents and saw that there was a staff member supervising this room and attending to residents needs. Residents appeared well dressed and groomed and all had drinks in front of them on small tables. Some residents were also observed to be walking around this area independently. Inspectors saw that the room was decorated in green and white flags in preparation for the all Ireland Hurling final which was taking place in a few days. There was a welcoming and homely atmosphere in the centre and residents were observed chatting and interacting with each other and with staff. Inspectors were informed that a clinical nurse manager was on duty. The inspectors met with this person to discuss the residents living in the centre and the inspection process. The senior management team attended the centre, later that evening and met with inspectors.

St. Michael's Nursing Home is a designated centre for older people registered to provide care for 80 residents. There were 63 residents living in the centre on the day of this inspection. Inspectors were informed that five of the centres residents were in hospital. The centre is laid out over two floors, with all but two residents living on the ground floor, on the days of this inspection. There is stairs and lift access between floors. Bedroom accommodation consists of 62 single and nine twin rooms, all with en-suite facilities. Residents spoke very positively about their living environment and many bedrooms were observed to be decorated to residents taste and were personalised. For example, one resident had chosen a colour for their bedroom and another had theirs decorated with sporting memorabilia. Residents names were placed on their doors, with their consent. Inspectors saw that some residents had keys to their bedrooms and they locked them when they were leaving. One resident told inspectors they liked being able to have their own key and independence. Call bells were available in both the bedroom and en-suite for residents' safety.

Inspectors spent time throughout the evening, observing staff and resident interactions in the home, talking to staff and talking to residents in order to gain an insight into the quality of life for residents living in the centre. Some residents were relaxing in their bedrooms, reading and watching television. Inspectors observed residents were being served a selection of snacks such as yogurts, sandwiches and

fruit, and hot and cold drinks. Inspectors found that staff were working hard to provide care and support for residents. However, the inspectors observed that there were not sufficient staff on duty from 8pm to answer residents call bells and to ensure that medication rounds were uninterrupted, which will be addressed under Regulation 16: Training and staff development. It was evident that residents had choice as to when they would like to go to bed and some told inspectors they liked to sit in the sitting rooms until after 10 pm and this was always encouraged and facilitated by staff. Two residents, with high dependency needs received one to one care, over a twenty four hour period.

Overall, the inspectors found that the centre was well maintained and there was a full time maintenance person employed in the centre. There were adequate cleaning staff employed in the centre seven days per week and the inspectors observed that the centre was very clean throughout. However, the storage of clinical waste was observed not to be secure. General equipment was observed to be stored in resident communal rooms and the storage arrangements in one housekeeping room required attention, which is detailed under Regulation 27: Infection control.

The inspectors also had the opportunity to speak with five visitors during the inspection. Feedback from all visitors was positive about the care their loved one received and the kindness of staff. One visitor told the inspectors that the staff were always very approachable and gave time to their family member while caring for them.

Residents were observed to be engaged in meaningful activities throughout the second day of this inspection, and all reported that they were happy with the daily activities programme. Activities staff regularly consulted with residents on what activities, and events they would like to celebrate, and this was also discussed at monthly residents meetings. The inspectors saw activities taking place in the Piano room, which was off the main sitting room. A resident played the banjo for a group of residents, while others sang. Other activities observed were hand massages, and arts & crafts. The inspectors observed a large conservatory on the first floor, known as "The Men's shed". Inspectors were informed that this group met weekly, and sessions were facilitated by a member of the maintenance staff. Residents enjoyed chats with each other and had recently made a selection of small Hurley's painted in green and white, which were displayed around the centre.

Staff were observed to be kind and respectful in their interactions with residents and always sought the resident's permission before they commenced a care intervention. The inspector observed residents making choices about how they spent their day, including partaking in activities. The inspectors observed interactions between the staff and residents and found that they were warm, respectful and person-centred. Residents were aware of their rights and were supported to exercise choice in their lives. Advocacy services were available to residents if needed and details were displayed throughout the premises. The inspectors saw one resident being collected to attend a day service, another being facilitated to attend a family funeral with a staff member and others were encouraged to go out with family.

It was evident that residents exercised choice, with regard to where they would like

to have their meals. Some residents spoke positively about the quality and choice of food, while a few residents told inspectors that they were not happy with the food available. A large proportion of residents attended the dining room for their meals. Overall, residents who attended the dining room for their meals were afforded a nice dining experience. Tables were set with table cloths and staff were observed to provide appropriate supervision and support to residents during this time. A daily menu was displayed at the entrance, so that residents knew what was available at mealtimes. However, for some residents who remained in their bedrooms, and required assistance, meals were not always served at the appropriate temperatures and meals were delayed. The inspectors also observed that one resident was served the wrong consistency diet and there was some confusion amongst staff with regards to residents on textured diets, which is further detailed under Regulation 18: Food and nutrition.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations.

Capacity and capability

This unannounced risk inspection was triggered on receipt of unsolicited information that raised concerns regarding the care of residents living in the centre, particularly the provision of nursing care and the training and supervision of staff. Evidence was found to support a number of the concerns received and are detailed under the relevant regulation. Overall, findings of this inspection were that management oversight of the service required action, to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored. Additionally, inspectors identified risks in relation to the management of residents wound care and consequently, the provider was requested to submit an urgent action plan to address these risks. The provider submitted an urgent compliance plan response to the office of the Chief Inspector within the required time-frames. The urgent compliance plan was accepted.

The registered provider of St Michael's Nursing Home was Blockstar Limited. The company comprised of four directors, who are also involved in the operation of other designated centres in the country. One of the company directors was actively engaged in the day to day running of the centre. The management structure in place within the centre was clear and identified lines of authority and accountability. From a clinical perspective care was directed by a suitably qualified person in charge, who worked full time in the centre. They were supported in their role by a director of nursing, a part-time assistant director of nursing, two clinical nurse managers and a team of nursing staff, administration, care staff, activities staff, housekeeping, catering and maintenance staff. The director of nursing deputised in the absence of the person in charge. At least one member of the management team

was present in the centre each day, on a supernumerary basis, including weekends, to provide clinical supervision and support to staff. Additional governance support was provided by a regional director who had oversight of a number of other designated centres operated by the provider. Although this inspection found that there was an established management structure, improvements were required in governance arrangements, which will be detailed throughout this report.

Staffing numbers and skill mix on the days of inspection were appropriate to meet the individual and collective need of the residents, with the exception of the evening time. Inspectors found that at this time there was not sufficient staff, when considering the assessed needs of residents, which resulted in delays in care delivery. This is discussed further under Regulation 15: Staffing.

Although the provider had made arrangements to facilitate training for staff, records viewed by inspectors on the day of the inspection indicated that some staff had not completed appropriate training. For example, not all staff had completed mandatory fire safety training. In addition, inspectors were not assured that the training programme available, provided all staff with the necessary skills and competencies relevant to their roles to meet residents needs. For example, inspectors found that the quality of nursing assessments and care planning practices did not ensure that residents received care and support in line with their assessed needs. Furthermore, the inspectors were not assured that staff were appropriately supervised to ensure that residents plans of care were implemented effectively. This is discussed further under Regulation 16: Training and development.

Inspectors found that although the registered provider had systems in place to audit quality of the service, information gathered under these monitoring systems did not translate into better outcomes for the residents or improve the quality of the service. For example, management team meetings were occurring on a regular basis and records of these were available for review. While the meeting agendas included items such as staffing, training and other key areas of the service, the records of these meetings did not evidence completion of quality improvement plans to address deficits in the service where they were identified. Furthermore, minutes of resident meetings evidenced that several residents had been requesting use of kitchen facilities for a number of months, however, meeting records did not evidence any action taken to address this request. Additionally, an audit of staff hand washing practices had identified a 17% reduction in compliance since the previous audit was completed, however, there was no evidence that an action plan had been developed to improve compliance in the identified areas. The system in place to manage risk was not robust. For example, the risks found in relation to fire safety, as detailed under Regulation 28: Fire precautions, had not been identified and managed.

Records were stored securely in the centre and were readily accessible. While there was evidence that staff had been appropriately vetted prior to commencing their respective role in the centre, the inspector found that a number of staff files reviewed did not contain all the required information as detailed under Schedule 2 of the regulations. These findings are discussed under Regulation 21: Records.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. The majority of notifications required to be submitted to the Chief Inspector were done so in accordance with regulatory requirements. However, a number of safe-guarding incidents had not been notified to the Chief Inspector in the required time-frame, as required by Regulation 31: Notification of Incidents.

Regulation 14: Persons in charge

The person in charge of the centre had been appointed in November 2022 and worked full time in the centre. They were a registered nurse with the necessary experience and qualifications required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was insufficient staffing levels to meet the needs of residents. This was evidenced by inspectors observations that there were periods of time on the first evening of the inspection, when there were not sufficient staff to attend to individual resident's needs in a timely manner. This particularly related to nursing staff and the demands placed on staff to administer medications and also supervise care delivery. Findings of the inspectors were supported by discussions with residents, staff and from observations on this inspection of residents waiting on care delivery and delays in the administration of medications.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Whilst nursing staff had received some training, further training was required training in relation to clinical assessment and record keeping, in order to bring about improved outcomes for residents. Additionally, further training was required in relation to assessment and care planning, as evidenced by the findings detailed under Regulation 5: Individual assessment and care planning.

The inspectors were not assured that the registered provider had appropriate staff supervision arrangements in place, to ensure that care delivery was appropriately monitored and delivered. For example;

- there was not appropriate supervision of the provision of meals to residents

in their bedrooms.

- some residents' care plans were not being implemented which posed a risk to residents' health and well-being. For example, a residents nutritional care plan was not being implemented and inspectors found that food being offered to the resident was an incorrect consistency. This posed a risk of choking.

Judgment: Not compliant

Regulation 21: Records

A review of a sample of staff personnel records found that files did not contain the required information, as set out in Schedule 2 of the regulations. For example;

- one staff file reviewed did not have two written references, including a reference from the persons most recent employer.
- two staff files reviewed did not have a full employment history as there were gaps evident in their curriculum vitae.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems reviewed on the day of the inspection did not provide assurances that the service provided was safe, appropriate and consistent. This was evidenced by:

- the arrangements in place to meet the assessed needs of residents in relation to wound care were not robust. There was insufficient oversight of these areas by the management team to minimise the risk of residents developing wounds and where a resident had a wound, to ensure effective wound management. An urgent compliance plan was submitted by the provider following this inspection to ensure this non compliance was addressed promptly.
- risk management systems were not effective. For example, individual risk assessments were not completed in a timely manner following significant incidents. This meant that not all appropriate steps had been taken to minimise the risk of repeated incidents. Furthermore, the processes to ensure all risks and hazards in the centre are appropriately identified and have controls in place to mitigate adverse outcomes for vulnerable residents and others required improvement. For example; the inspectors observed that chemicals were stored openly on house-keeping trolleys that were easily accessible, which had the potential to cause injury to residents. This risk had not been identified by the management team.

- There was a schedule of audits to monitor the quality and safety of the service, however, some audits completed did not have action plans developed to address all the areas needing improvements.

Judgment: Not compliant

Regulation 31: Notification of incidents

A review of the incidents that had occurred in the centre found that a number of potential safeguarding incidents were not reported in writing to the Chief Inspector, as required under Regulation 31.

Judgment: Substantially compliant

Quality and safety

Overall, this inspection found that many residents reported a good quality of life in the centre with good access to general practitioner services and a good social programme. However, the quality and safety of resident care was compromised due to insufficient monitoring of health care by clinical staff, and food and nutrition. Action was also required in care planning, infection control and residents' rights, which will be detailed under the relevant regulations.

Residents had good access to local general practitioners and there was evidence of regular reviews. There was access to physiotherapy in the centre weekly. Residents also had input from specialist services including speech and language therapy, podiatry, palliative care and old age psychiatry when required. These multidisciplinary team's inputs were evident in a residents records reviewed by the inspectors. However, occupational therapy services were not available to residents who required assessment. There was a noted increased incidence in pressure ulcer development within the centre over the past few months. Findings of this inspection were that the health care needs of residents were not always appropriately provided and monitored, and significant improvements were required in wound care practices, as evidenced under Regulation 5: Individual assessment and care planning. There were written operational policies informing the ordering, prescribing, storing and administration of medicines to residents.

Care planning documentation was available for each resident in the centre, as per regulatory requirements. A pre-admission assessment was completed by a member of the management team to ensure the centre could meet the residents' needs. Care plans reviewed were updated four monthly. However, significant action was required in the care planning for residents to ensure they contained information

specific to the individual needs of the residents and were sufficiently detailed to direct care. This is further detailed under Regulation 5: Individual assessment and care planning

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. There was evidence that safeguarding measures were put in place while the investigations were taking place. Adequate arrangements were in place to manage residents' finances and pension arrangements in place were found to be robust.

The centre was provided with emergency lighting, fire fighting equipment and fire detection and alarm system. Fire records were well maintained and evidenced that equipment was being serviced at appropriate intervals. Residents' support needs were clearly documented in their personal emergency evacuations plans, which were updated regularly. While fire drills and staff training were taking place, further areas required to be addressed pertaining to fire precautions to ensure the safety of residents. For example, a review of the fire drills in the centre did not provide assurances that all residents could be evacuated to a place of safety with minimal staffing levels in a timely manner, in the event of a fire emergency.

Overall, the premises was clean and well maintained. Infection prevention and control measures were in place and monitored by the management team. Whilst there was evidence of good practices in relation to house-keeping, further oversight was required in relation to infection control practices. This is discussed under Regulation 27, Infection control.

The centre was found to be well-lit and warm and residents described the centre as homely and comfortable. Resident's accommodation was individually personalised. However, there was a lack of suitable storage rooms in the centre and the segregation of supplies in some rooms was not effective. This is addressed under Regulation 17: Premises.

The person in charge ensured that residents had access and control over their clothing and personal possessions, as evidenced under Regulation 12: Personal possessions.

There were opportunities for the residents to meet with the management team monthly and provide feedback on the quality of the service via residents meetings. Residents also met with an independent advocate in the centre very three months. Residents had access to television and newspapers. The inspectors found that residents were generally free to exercise choice in how to spend their day. Residents had access to religious services and were supported to practice their religious faiths in the centre.

Visiting was facilitated for residents in line with public health guidelines. The inspectors observed visitors coming and going throughout the day of inspection.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 12: Personal possessions

Each resident had adequate space to store and retain control over their clothes and they had adequate space to store their personal possessions, including lockable storage. Laundry services were provided on site.

Judgment: Compliant

Regulation 17: Premises

The registered provider did not ensure that the premises conformed to the requirements of Schedule 6 of the regulations, for example;

- some floor covering in store rooms was observed to be peeling.
- grab rails were not in place in all communal bathrooms.
- there was visible damage to ceiling surfaces in two storerooms
- the layout of one twin bedroom required to review to ensure that both resident could view the television from their bed ,if they so wished.

There was not sufficient suitable storage space in the designated centre. This was evidenced by:

- the inappropriate storage of equipment such as hoists and linen trolleys in residents communal areas.
- the inappropriate storage of resident equipment and general supplies in an unoccupied resident bedroom.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Findings of this inspection were that food and nutrition and the way that food was served did not meet the requirements of the regulations in that:

- the inspectors observed some food was not properly and safely served. For example, residents were served courses together in their bedrooms and hot desserts were cold by the time residents were ready to consume them. Staff were observed serving residents meals in their bedrooms, however, the residents were asleep. Therefore, the meal was cold by the time the resident was ready to consume it.
- residents who had dietary requirements prescribed by healthcare or dietetic staff, based on their nutritional assessment, did not have this plan of care implemented in practice and communicated to all staff. One resident who was assessed as having difficulty swallowing and was at high risk of choking, was provided with the wrong consistency diet on the day of this inspection. This posed significant risk to the resident.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

On review of a sample of residents records, the inspectors found that there were gaps in clinical information recorded in two hospital transfer letters. This did not assure inspectors that when a resident was temporarily absent from the centre for hospital treatment, all relevant information was conveyed about the resident to the acute hospital. This information is integral to ensure that the hospital is aware of all pertinent information, to provide the resident with the most appropriate medical treatment.

Judgment: Substantially compliant

Regulation 27: Infection control

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

- clinical waste was observed to be stored in an unsecured area external to the building.
- cleaning supplies were being stored on open shelves in a house-keeping room. This room also contained used cleaning equipment and this

arrangement increased the risk of environmental contamination and cross infection.

- a sink outlet in a house-keeping room was rusted and this prevented effective cleaning.
- some hoist surfaces were visibly unclean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions were in place to protect residents and others from the risk of fire evidenced by:

- a protective apron or fire extinguishing blanket was not available in one of the smoking area, which was external to the building.
- poor practices were observed where a number of fire doors were being kept open by chairs. This meant that the self closure devices were ineffective and the doors would not close, in the event of a fire in the centre.
- the procedures to be followed in the event of a fire displayed on the walls of the centre did not reflect the closest means of escape.
- Training records viewed on the day of inspection showed that there gaps in the completion of fire training.

Assurances regarding timely evacuation of residents to a place of safety and effective containment of smoke, fumes and fire in the event of a fire emergency in the centre were not available due to:

- a cross corridor fire door on the first floor did not close to create a seal and a gap was visible under the door to the room residents smoked in.
- the simulated emergency evacuation drill records available did not provide assurances that a simulated evacuation drill had been completed of the largest compartment with the minimum number of staff on duty to ensure residents' timely and safe evacuation at all times.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Medication errors

were investigated and quality improvement plans were implemented.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of sample of resident files found that some residents did not have a care plan in place based on comprehensive and up-to-date assessment. For example;

- a resident who was assessed as being at high risk of developing a pressure wound did not have a care plan based on this assessment.
- a resident with assessed social care needs did not have a social care plan in place.

A sample of care plans reviewed were not updated to reflect the current, assessed needs of the residents, for example;

- a resident with multiple pressure related wounds did not have an up-to-date care plan in place to inform nursing staff what dressings and interventions were required.

Some information in a sample of care plans reviewed was outdated and no longer relevant to care delivery.

Judgment: Not compliant

Regulation 6: Health care

Inspectors found that high standard of evidence based wound care, in accordance with professional guidelines was not always provided in the centre, for example:

- on review of two residents wound care records, inspectors found that treatment plans were not implemented effectively. In particular, where it was indicated that residents have dressings carried out three times per week, inspectors found on three instances there were gaps of up to seven days.

Inspectors found that access to occupational therapy, as described in the centre's statement of purpose, was not available.

Judgment: Not compliant

Regulation 8: Protection

Staff had up-to-date safeguarding training and those spoken with had good knowledge of recognising and responding to any suspected or confirmed abuse.

The service was a pension agent for four residents and records examined demonstrated appropriate safeguards to protect residents finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and their choices were promoted in the centre by all staff. Residents had opportunities to participate in meaningful, coordinated social activities that supported their interests and capabilities. Staff ensured that residents who preferred to spend time in their bedrooms had opportunities to join group activities that interested them or to participate in one-to-one activities as they wished. Residents were supported to continue to practice their religious faiths and had access to newspapers, radios and televisions.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0040902

Date of inspection: 20/07/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • A review of staffing on all shifts is under constant review and amendments made when necessary. Allocations are now in place on all shifts to ensure smooth running of the facility at all times. • Call bell audits are carried out weekly at varying times of the day to monitor response times and this in addition to resident feedback will inform management of effectiveness of staffing levels and allocations. • The necessity of timely response to call bells is reinforced at handovers • Nursing staff are to wear red aprons when completing medication rounds to alert staff, residents and visitors that they are not to be interrupted 	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • All nursing staff have completed training in Introduction to Sepsis (HSELand), Care Plan training and Wound Care Training in August 2023. • 10% of care plans are audited by management monthly, using a validated audit tool and feedback given to Nominated Nurses with support to make any advised alterations. • Follow up checks completed to ensure compliance • Meal times are considered a protected hour within in the home, all nursing staff and manager on duty attend to the delivery of meals to residents in line with their care plan • A new menu log book has been developed to include choice of meal and any Dietary information to inform staff delivering meals 	

Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • All staff files are currently being audited to ensure all information is in place as per Schedule 2 of the regulations. This will be completed by 30/11/2023 and any information required will be updated • All new staff recruited will have a checklist and all documentation will be in place prior to commencement date, to include verification of gaps in employment. This will be kept under review by Administrator and PIC 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • The center’s management has implemented a number of robust arrangements in relation to wound care management. • An intensive program of refresher training across all levels of the organization in wound and pressure ulcer management has been completed. This training was site specific • Wound and Pressure ulcers are monitored as often as necessary by the Centers Nurse management team • Audits around wound and pressure ulcer management are scheduled for the purpose of validating compliance and making improvements where necessary • Wound s where identified are referred to Allied Professionals for input • There is a strong focus on Wound care and Pressure ulcer prevention at all handovers • 3 new cleaning trollies with lockable storage have been sourced and ordered on 7/09/2023 • A review of risk register is currently underway and all risks will be updated accordingly by 30/10/2023 • Any new risks will be added to the risk register once identified, this will be reviewed monthly by the RPR. • A calendar of audits is in place and action plans will be developed following completion of these and improvements made accordingly 	

Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ul style="list-style-type: none"> • Notifiable incidents will be notified in accordance with regulations 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A program is in place for repairs and maintenance of all flooring and decorating in the next 6 months • Grab rails will be fitted to all communal bathrooms by 30/10/2023 • The layout of all rooms has been reviewed and all residents beds can view TV • A new storage unit has been completed and this will be ready for use by 30/09/2023. This will be added to the Statement of Purpose on completion • Resident belongings have been collected by family members and all rooms are now fit for use • All equipment in use is now stored efficiently in alcoves within the home when not in use 	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • Residents requesting to have their meals in their bedrooms are served from the bain marie at meal times to ensure meals are served at the correct temperature. • Health care staff attend to residents prior to meal service to ensure that residents are awake and correctly positioned to receive meals. • Any resident not ready to receive a meal at time of service will be offered the meal fresh at a later time convenient to the resident • Dietary requirements of the residents are notified to all staff on handover sheets and in new menu log which accompanies staff serving meals. • Meal service is supervised by a senior nurse or member of the management team and by Chef. 	

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <ul style="list-style-type: none"> • The national transfer document is used to communicate information on transfer of a resident to another setting. Any additional information not captured within the document is hand written and a copy of this is kept in the residents file from 20/07/2023 	
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 gate will be erected in the bin area where the clinical waste is stored by 30/11/2023 • A locked chemical storage unit is in place in the cleaning store for the storage of chemicals • A deep clean has been completed in the housekeeping storage area and this has been added to the cleaning schedule on a weekly basis • 3 new cleaning trollies with locked storage have been sourced and ordered on 7/09/2023 and await delivery • The rusted sink outlet will be replaced by 31/11/2023 • All communal equipment, including hoist is now part of a cleaning schedule 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • There is a fire blanket situated next to the door to the external garden, a protective apron has now been added • All staff have been informed by email that the propping open of doors is not permitted. This practice has now ceased and is monitored by Management daily to ensure ongoing compliance • Procedures in the event of fire are currently being updated and will be in place by 30/11/2023 • Training for all staff is up to date, this includes fire awareness online and in person on induction. Onsite Fire training from an outside contactor and a minimum of 2 fire drills for each staff is conducted annually. • A fire drill in the largest compartment with minimum staffing levels was carried out on 	

26/07/2023 and a copy of same forwarded to HIQA.

- Fire doors have been added to the maintenance contract and all deficits will be addressed on receipt of 6 monthly reports (14/09/2023 inspection carried out).

Regulation 5: Individual assessment and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- All residents with pressure ulcer now have skin integrity care plan
- All long term residents have a detailed care plan, based on assessments, and developed in agreement with residents and family. These care plans are reviewed at a minimum every 4 months or when a residents needs change.
- DON/ADON/CNM audit 10% of care plans monthly
- Nursing staff have completed training in Care Plan development on 25/05/2023

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

- Nursing staff have completed Wound care training online and in person with TVN from Nutricia
- Care staff have received information training from TVN and daily input from Nursing staff and Nurse Managers
- PIC, DON and CNM have completed General Wound Study Day with Milford Care Education Centre
- All residents wounds have been reviewed by TVN
- All residents with Pressure Ulcers have PAMP in progress and skin integrity care plans and wounds are reviewed weekly by DON /PIC using TIME assessment as per best practice
- All residents requiring Occupational Therapy are referred by PCCC to community OT.
- Private Occupation Therapy service has also been sourced and is available to residents when needed

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.	Substantially Compliant	Yellow	30/11/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Red	30/09/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	30/09/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	30/03/2023

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	31/07/2023
Regulation 18(1)(c)(iii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.	Substantially Compliant	Yellow	31/07/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/11/2023
Regulation 23(c)	The registered	Not Compliant	Orange	30/11/2023

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	31/07/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(1)(b)	The registered provider shall	Substantially Compliant	Yellow	30/11/2023

	provide adequate means of escape, including emergency lighting.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	30/11/2023
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	30/11/2023

	case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2023
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	30/11/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	31/07/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	31/07/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Not Compliant	Orange	31/07/2023

	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Red	31/07/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	31/07/2023