



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

Issued by the Chief Inspector

Name of designated centre:	St. Gobnait's Nursing Home Ltd T/A St. Gobnait's Nursing Home
Name of provider:	St. Gobnait's Nursing Home Limited
Address of centre:	Drewscourt, Ballyagran, Killmallock, Limerick
Type of inspection:	Unannounced
Date of inspection:	19 January 2022
Centre ID:	OSV-0005668
Fieldwork ID:	MON-0035690

About the designated centre

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

St. Gobnait's in Ballyagran, Limerick provides 24 hour nursing care primarily for male and female residents over the age of 65 years. The maximum capacity is 20 residents and we provide respite care as well as long-term residential care. Residents ranging from low-level dependency to max-level dependency are catered for. We also cater for persons with intellectual, physical and sensory disabilities and those with varying levels of dementia who require nursing care. Admissions to St. Gobnait's are arranged following a pre-admission needs assessment. Mass is held weekly on a Friday and a Eucharistic Minister attends the home on Sunday. Services and activities available to residents are: a hairdresser, chiropody, physiotherapy, speech and language therapy, arts and crafts, a sensory garden, etc. Residents are continually consulted with regarding the operation of the Home. We at St. Gobnait's operate an open visiting policy with the exception of meal times to minimise disruption to our residents. Visitors are asked to sign our visitors book. We fully support families/friends who wish to take residents out on day trips and encourage this practice where feasible. For distant relatives we have a Skype facility. Residents care plans are person-centred and are reviewed on a 3 monthly basis. A holistic approach is taken in relation to the resident's care. The accommodation consists of the following: ten single rooms and five twin rooms. There are three bath/ shower rooms. St Gobnait's Nursing Home organisational structure is very much person-centred with the resident being at the hub of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
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How we inspect

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 January 2022	08:45hrs to 16:00hrs	Sean Ryan	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents received good quality care where staff supported residents to continue doing the activities they enjoyed in life and ensuring they remained connected with their community. Through the inspectors observations and conversations with residents and staff, it was evident that residents received person-centred care and support from a team of dedicated staff that knew residents well.

This unannounced inspection was carried out over one day. On the day of inspection, there were 20 residents accommodated in the centre.

On arrival to the centre, the inspector was met by a member of the nursing staff who guided the inspector through the centres infection prevention and control procedures. This included a temperature check and hand hygiene. Following an opening meeting, the inspector walked through the centre with the person in charge.

Residents were observed carrying out their daily routines such as engaging with others in the communal areas, enjoying their breakfast in the dining room while other residents were observed watching television and listening to the radio in the comfort of their own bedroom. Residents were observed moving freely throughout the centre and residents greeted and welcomed the inspector to the centre. The inspector observed that staff were busy assisting residents with their morning care needs and it was evident that the care provided to residents was unhurried. Staff took their time with residents and the inspector overheard polite conversation between residents and staff. Residents knew the staff that were on duty each day and the names and pictures of staff on duty were displayed in the main reception area.

The inspectors spoke with five residents during the inspection. Resident told the inspector that this was a 'lovely place to be' and staff were 'always there when you need them'. While some residents were unable to verbally express their views of the service, the inspector observed that residents appeared content and relaxed in their environment.

The inspector spent time observing the interactions between residents and staff that were respectful, kind and polite. Some residents told the inspector that they knew the staff well and this added to their overall experience of comfort and security living in the centre. Staff whom the inspector spoke with knew each residents life story, individual likes and dislikes and preferred style and this supported them in providing person-centred care to residents.

Overall, the inspector found the centre nicely decorated and there was a pleasant and relaxed atmosphere. The person in charge detailed that a programme of upgrades to the premises had been completed. This included the installation of

clinical hand hygiene sinks, painting of some bedrooms and corridors, new bathroom cabinets and a new floor in the dining room. Building works had been completed to extend a double bedroom in the centre in order to meet the minimum floor space requirements for each resident occupying the bedroom. Residents complimented the secure gardens and told the inspector that they enjoyed them in winter and they were 'beautiful' in the spring and summer months.

Through walking around the centre, the inspector observed that each residents had personalised their bedrooms with ornaments, photographs of family and friends and items from home which made each resident feel comfortable. Some residents had a view of the garden from their bedroom and told the inspector they were 'lucky' to have such a view.

Residents were observed enjoying a pleasant dining experience where there was friendly conversation between residents and staff. Residents were offered a choice for each of their meals and were complementary of the quality of food. Staff were available in the dining room to supervise and provide discreet assistance to residents if needed. Residents were complimentary with regard to the food they received and confirmed the availability of snacks and drinks at their request.

Throughout the inspection, there were various individual and group activities taking place and residents were engaged in meaningful and enjoyable activities by staff. A range of activities were provided to residents on the day of inspection and residents told the inspector that there was 'always great choice' and 'fun and laughter' in the centre. There was consistent supervision of residents in communal areas where staff were attentive to each resident's needs and requests. Residents had access to local news and media through television, radio and daily newspapers. Residents appeared happy and were observed to have their individual style and appearance respected.

The next two sections of the report present the findings of this inspection in relation to the capacity and management of the centre and how these arrangements support the quality and safety of the service being delivered to residents.

Capacity and capability

The inspector found that St. Gobnait's Nursing Home had an effective governance and management structure in place that monitored and directed the delivery of person-centred, safe and effective care to residents living in the centre. While care was provided to a good standard, the inspector identified aspects of the service that required improved oversight by the management team. For example:

- Risk identification required improvement to ensure aspects of service delivery associated with a risk to residents had controls in place to mitigate risks.
- Infection prevention and control practices required further oversight.
- The oversight of residents care plans required improvement to ensure they reflected the residents changing needs and outlined the supports required to

meet those needs.

This was an unannounced risk based inspection conducted over one day by inspectors of social services to:

- Monitor compliance with the Health Act (2007), as amended and the Regulations and Standards made thereunder.
- Follow up on the actions taken to address non-compliance found on the previous inspection in October 2020.
- Follow up on an application to remove condition 04 of registration and to review the actions taken to comply with condition 04.

Following the previous inspection of the centre in October 2020, the Chief Inspector applied a restrictive condition, condition 04, to the centres registration that required the registered provider to reconfigure bedroom 4, registered to accommodate two residents, to comply with S.I.293 of 2016. This condition required the provider to ensure that each residents had an area of not less than 7.4 sq metres of floor space from 1 January 2022. The inspector found that the registered provider had complied with the requirements of this condition.

This designated centre is a privately owned and family run service that was managed by St. Gobnait's Nursing Home Limited, the registered provider. The person in charge also fulfilled the role of the registered provider representative and was supported by a person participating in management with responsibility for maintenance, facilities and administrative duties. The management team operated with clearly defined lines of authority and accountability. The person in charge worked Monday to Friday and was available to provide additional support and guidance outside of normal working hours. The person in charge was supported in her role by a team of nurses responsible for supervising the direct provision of care provided to residents.

Management systems were in place to monitor the quality of the service to ensure it was safe and consistent. A regular schedule of audits was in place to inform quality improvement initiatives and the audits examined key aspects of the service that included infection prevention and control, the quality of care, restrictive practice and medication management. Areas identified as requiring improvement were progressed through a time bound action plan to completion. There was evidence that information from complaints, incidents and resident and relative surveys were used to inform improvements in the service provided to residents and staff were kept informed through regular staff meetings. The inspector found that some improvement was required in regard to the identification and management of risk as some risks identified by the inspector had not been identified by the management team.

The Chief Inspector was notified of an outbreak of COVID-19 in the centre in October 2021 and 20 residents and 13 staff contracted the virus. Public Health had assisted in the management of the outbreak. An infection prevention and control nurse specialist provided advice and made recommendations on outbreak management and infection prevention and control practices in the centre. The

person in charge reported that they had acted to implement the Public Health and infection prevention and control recommendations during this time. The outbreak was declared over on 22 November 2021. Having experienced and recovered from an outbreak of COVID-19, the person in charge and staff team in the centre were committed to keeping residents and staff free from future COVID-19 infection. A review of the management of the COVID-19 outbreak had been completed and included lessons learned to ensure preparedness for any future outbreaks.

The centre was adequately resourced and staffing requirements were reviewed and maintained in line with the centres statement of purpose. The delivery of care was directed through the person in charge and the team providing direct care to residents consisted of a registered nurse on duty at all times, supported by a team of healthcare assistants. Since the previous inspection, housekeeping resources had been increased to include weekend cover and additional cleaning hours were implemented during the week.

Through a review of training records and conversations with staff, the inspector was assured that staff were facilitated to access training and education relevant to their role and all mandatory training was up-to-date. Staff were appropriately supervised to carry out their duties by the person in charge and nursing staff. Newly recruited staff whom the inspector spoke with detailed the induction they received from senior members of staff to support them in becoming familiar with residents individual health and social care needs and the health and safety procedures in the centre. Records reviewed by the inspector confirmed a comprehensive induction period was completed by all staff.

Good systems of information governance were in place and the records required by the regulations were generally maintained effectively. Records to be maintained in the centre in accordance with Schedule 2, Schedule 3 and Schedule 4 of the regulations were made available to the inspector to review.

A complaints log was maintained with a record of complaints received, the outcome and the satisfaction level of the complainant.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The requirements of the regulations were submitted by the provider.

Judgment: Compliant

Regulation 15: Staffing

On review of the staffing rosters, there was sufficient staff on duty with the appropriate skill mix to meet the needs of all residents taking into account the size

and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records evidenced that all staff had all completed mandatory training and training records were up to date.

Staff demonstrated sufficient knowledge in regard to fire safety, safeguarding of vulnerable people, manual handling and supporting residents living with dementia. Infection prevention and control training educated staff on standard and transmission based precautions in addition to a number of modules relevant to COVID-19 such as donning and doffing personal protective equipment, hand hygiene and breaking the chain of infection.

Staff were supervised by the person in charge and nursing staff. Performance reviews were completed on an annual basis with each member of staff. Newly appointed staff completed a period of inductions with senior members of staff and records were maintained that detailed aspects of the induction process completed. Performance development plans were in place where, for example, further training needs were identified to support staff in providing evidence-based and safe care to residents.

Judgment: Compliant

Regulation 21: Records

Record-keeping and file-management systems ensured that records were securely store, appropriately maintained and accessible.

Records were maintain in respect of the daily health and social care provided to residents in addition to reviews carried out by health and social care professionals.

A sample of staff personnel files were reviewed by the inspector and these were securely stored and well maintained. Staff personnel files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 23: Governance and management

The inspector was satisfied that there was a clearly defined management structure in place that identified the lines of authority and accountability.

While there were good systems in place to monitor, evaluate and improve the quality of the service, further oversight was required with regard to the care planning process, infection prevention and control and fire safety.

The systems of risk identification required strengthening as the inspector identified a number of risks that had not been identified by the provider. For example, risks associated with:

- Disabled mechanical door closure devices which could delay fire evacuation procedures.
- Staff having to manually close individual bedroom doors during an evacuation.
- Cleaning chemicals were not secured on the housekeeping trolley.

An annual review of the quality and safety of the service for 2021 had been completed. This required further review as there were inconsistencies between the number of incidents logged in 2021 and those reported in the annual review.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose and floor plans required review to ensure both documents accurately reflected the size and layout of each room in the designated centre as required by Schedule 1 of the regulations. For example, the inspector found that the measurements of one multi-occupancy bedroom were not accurate.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit statutory notifications to the office of the Chief Inspector. Notifications were submitted as required by Schedule 4 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints management system in place met the requirements of the regulation. A complaints procedure was displayed prominently in the centre and detailed the process for making a complaint and the personnel involved in the management of complaints.

The inspector reviewed the complaints log maintained by the person in charge and six complaints had been recorded in 2021. Each complaint detailed the actions taken by the person in charge to resolve the complaint, the satisfaction of the complainant with the outcome and lessons learnt that were shared with the wider staff team to improve the quality of the service.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents received person-centred care and support from a team of staff committed to supporting residents to enjoy a good quality of life in the centre. Residents were cared for in a kind and dignified manner by staff and their choice was respected. However, as stated earlier in this report, improvements were required in the premises, infection prevention and control measures and care planning to ensure a safe and quality service was provided to residents.

The inspector reviewed a sample of residents nursing and medical records and found that care was delivered to residents based on a comprehensive nursing assessment that was completed on admission and informed the development of residents' care plans. Resident's needs were identified through validated assessment tools that included an assessment of mobility, nutritional needs, risk of impaired skin integrity, falls and dependency needs. A social needs assessment captured each resident's hobbies and interests and informed the planned activities delivered to residents. While staff were observed to provide person centred care to residents, some care plans required updating to reflect the good practice observed by the inspector.

Residents were encouraged to retain their own general practitioner (GP) on admission to the centre and there were five GPs visiting the centre. A system of referral to health and social care professionals was in place to ensure residents were supported with timely access to professional expertise such as dietitian services, speech and language, physiotherapy, occupational therapy and psychiatry of later life. The person in charge supported residents to access local services such as dental and optician services and attend outpatient appointments. Residents expressed

satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were met.

Staff detailed the interventions used specific to each residents needs that supported residents to manage their responsive behaviour (how residents who are living with dementia or other conditions may express their physical discomfort or discomfort with their social or physical environment). This included providing one-to-one conversational engagement, walking, listening to music and person-centred activities. Where bedrails were used, there was supporting risk assessments, consent obtained and consultation with the residents. Alternatives were trialed such as low beds and safety mats prior to using bedrails.

The premises was homely, warm, clean and comfortable. There was a large dayroom where residents were observed chatting with one another and participating in various activities. The furnishings were well maintained and comfortable. There was a small quiet room that was formerly a smoking room and this room had been fitted with comfortable seating and book shelf for residents to enjoy. There were some areas of the premises that required minor repairs, painting and maintenance. A maintenance log had captured these areas for improvement and a plan was in place to progress works to re-paint some bedrooms, doors and walls where paint had chipped away. The inspector reviewed the layout and size of multi-occupancy bedrooms and in particular bedroom 4 which was required to be reconfigured to ensure each residents had not less than 7.4m² of floor space as detailed in Statutory Instrument No. 293 of 2016 that came into effect on 01 January 2022. Further findings are discussed under Regulation 17: Premises.

The inspector identified many good practices in the prevention and control of infection. For example:

- The provider had installed three clinical hand hygiene sinks, strategically placed around the centre.
- A bedpan washer had been installed in the sluice room.
- Two automatic infrared thermometers were placed in the visitor area and at the main entrance.
- Alcohol hand sanatisers were wall mounted throughout the centre and there were large signs to inform of standard and transmission based precautions.

Notwithstanding the positive measures observed on the day of inspection, the inspector identified further opportunities for improvement with regard to infection prevention and control measures. These are discussed further under regulation 27: Infection Control.

Certification was provided that evidenced maintenance, servicing and testing of fire safety equipment. Daily and weekly fire safety checks were completed but improvement was required in documenting these checks as there were some gaps found in the records. Fire safety training was up-to-date for all staff. Some improvement was required in the records of fire safety checks and fire drills.

The provider had systems in place to manage risks and a risk management policy guided staff on maintaining a safe environment and promoting the health and safety

of residents. The health and safety statement was reviewed by the person in charge and a risk register was maintained by the person in charge.

Visitor access was dependent on a risk assessment of both the local epidemiological situation and of the nursing home itself and balanced with the rights of the residents. Visiting had previously been temporarily suspended following a risk assessment and consultation with residents and their relatives and had recommenced the week of the inspection.

Regulation 11: Visits

Residents were supported to maintain personal relationships with family and friends. Visiting was facilitated in the centre in line with However, the centre in line with the current COVID-19 Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities and on the advice of public health.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' bedrooms were observed to be personalised with photographs, ornaments, flowers and other personal items of significance to each residents. There was appropriate storage for each residents that included bedside locker and wardrobe and shelf space to display possessions. Residents' personal clothing was laundered off site and residents report being satisfied with the service provided.

Judgment: Compliant

Regulation 17: Premises

The premises was seen to be of a good standard and met the residents individual and collective needs in a homely manner. The centre was well maintained and service records showed all required services were up to date.

Corridors and bathrooms were fitted with hand and grab rails to support residents mobilising safely and bedrooms and corridors were well signposted to support residents to navigate the centre with ease.

Residents had access to well maintained secure gardens with a sensory area, raised flower beds and herb garden. The gardens were furnished appropriately with

outdoor chairs and a sheltered area for residents to sit and enjoy the garden.

Residents' bedrooms were bright and personalised with residents possessions. Multi-occupancy bedrooms had appropriate privacy screens in place to support resident's rights to privacy and dignity. The centre had been painted externally and a phased plan for redecorating the internal premises was underway.

The inspector observed that the provider had completed an extension of bedroom 4, a double bedroom, to increase the available floor space for residents that occupied this room in line with the requirement of S.I 293 of 2016. The room had been redecorated following completion of these works and there was sufficient space to allow for storage of personal possessions and a chair for each resident.

The inspector reviewed the layout of a second double bedroom, bedroom 2, and found that the room dimensions were inaccurate. This is addressed under Regulation 3: Statement of Purpose.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks.

Arrangements were in place for the identification, recording, investigation and learning from serious incidents. For example, the person in charge had completed a review of the COVID-19 outbreak in the centre which identified lessons learnt to prepare the centre in the event of a future outbreak.

Some improvement was required in the systems of risk identification and this is addressed under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 27: Infection control

A number of areas required improvement to ensure the centre was in compliance with infection prevention and control standards. Issues identified on the day of inspection included:

- There were a number of refillable alcohol hand sanitisers placed throughout the centre. Disposable single use alcohol hand rub cartridges or containers

should be used.

- Some equipment, such as a shower chair, was visibly unclean on inspection and required replacement.
- A catheter drainage bag had not been removed from a communal toilet after use.
- Seals around shower trays had become worn and discoloured and there was a build-up of debris.
- Some floors required repair where seals had dislodged between the floor and the wall. This impacted on effective cleaning and resulted in a build-up of debris within the gaps.
- The housekeeping trolley required cleaning.
- A review of the cleaning schedule for residents assistive equipment was required as records reviewed by the inspector evidenced that deep cleaning of equipment occurred on alternate nights.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Records indicated that all fire fighting equipment was serviced annually and the fire alarm was serviced on a quarterly basis. Certification was provided for fire extinguishers, emergency lighting and the fire alarm system. Fire safety training took place regularly and included evacuation procedures and use of fire equipment.

Daily checks to ensure means of escape were unobstructed were completed. However, there were gaps in the documentation to evidence the weekly fire alarm test and the weekly inspection of the fire doors has been completed.

Staff confirmed that they had participated in simulated fire evacuation drills and were knowledgeable with regard to residents personal evacuation plans. While records of fire evacuation drills were maintained, some improvement was required in the documentation. For example, the drills did not record the time taken to complete the evacuation.

The inspector observed that a number of bedroom doors had automatic closing devices disabled which meant that staff had to close each door manually during an evacuation. However, this information was not specified in the evacuation plan or drills.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management practices were in line with the requirements of the regulations and with professional and legislative guidelines.

Medication was prescribed, ordered, stored and managed in line with the centres' own operational policies and procedures. Nursing staff monitored expiry dates of medication and recorded the date of opening on, for example, eye drops, to ensure medication was replaced within one month, or other defined times, from the date of opening.

A sample of prescriptions and administration records were reviewed and contained appropriate identifying information. Where transcription of medication occurred, this was done in line with the centres' policy where two nurses completed the transcription and this was followed up with a signature from the general practitioner.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector was assured that the care delivered to residents was of a good standard. While staff detailed residents individual needs and preferences that demonstrated person-centred care, care plans did not always contain this person-centred information. Improved oversight of care planning arrangements was required as the following was identified:

- Assessments and care plans were not always reviewed at four monthly intervals in consultation with the resident or representative as required by the regulations.
- The specific detail provided to the inspector by staff regarding the interventions used to support a resident with responsive behaviour were not documented in the residents care plan.
- The care plan for one resident identified as nutritionally at risk had not been updated with the interventions in place to support the resident, such as weekly weight and intake monitoring charts.

Judgment: Substantially compliant

Regulation 6: Health care

The inspectors found that the residents had access to medical assessments and treatment by their General Practitioners (GP). The person in charge confirmed that residents GPs attended the centre as required or requested and three monthly reviews of resident health needs were recorded in the residents medical and nursing

records.

Residents were supported to access health and social care professionals such as physiotherapy, occupational therapy, dietitian services and speech and language therapy. Where recommendations and treatment plans were recommended, these were observed to be implemented in practice.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were a number of residents who requested the use of bedrails and these were implemented following a risk assessment and consultation with the resident. Risk assessments were reviewed regularly to ensure their usage was safe and remained appropriate.

Residents that exhibited responsive behaviors received care that supported their physical, psychological and social care needs. Staff had up to date knowledge to support residents with responsive behaviours and the interactions between staff and residents were observed to be respectful and non-restrictive.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents rights and choice were respected and upheld. Residents were consulted daily and at formal resident meetings where discussions were held around COVID-19, visiting, activities, laundry service and feedback was sought from residents about the overall quality of the service.

While there was a dedicated person assigned to deliver activities on a daily basis, all staff whom the inspector spoke with considered this an important part of their role and residents confirmed that staff provided them with continuous opportunities to participate in activities in line with their own interests and capabilities. Some residents enjoyed being in the dayroom during the day while others preferred to spend time in a reading room or in their own bedroom and staff supported and respected residents choice.

Residents were provided with access to television and radio in communal areas and in their own bedroom. Contact details of advocacy services were available to residents who wished to access this service and the complaints procedure was clearly displayed in the main reception area.

Residents could attend weekly mass in the centre and visits from religious clergy

had resumed.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Gobnait's Nursing Home Ltd T/A St. Gobnait's Nursing Home OSV-0005668

Inspection ID: MON-0035690

Date of inspection: 19/01/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • In relation to the mechanical door closure devices, I am currently liaising with the company that services our fire fighting equipment. The devices that are redundant on the doors were removed on 23/02/2022 • Bedroom doors are closed when rooms are vacated so staff do not need to close bedroom doors individually. At night, some residents request that doors remain open. The time taken for staff to close will be taken into account during fire drills going forward. • In relation to cleaning chemicals on the cleaning trolley, they have now been placed in a secure box on the trolley. • The annual review of the quality and safety of the service for 2021 has been amended. The correct number of incidents for 2021 has now been logged in this document. 	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ul style="list-style-type: none"> • In relation to the floor plan, this was been corrected both in the Statement of Purpose and in our floor plan layout and forwarded to HIQA on 07/02/22. 	

• All rooms were laser measured to obtain exact dimensions and documents corrected accordingly.

Regulation 27: Infection control

Substantially Compliant

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

- In relation to the hand sanitisers, our current ones seem to work well. We will draw up a cleaning regime for them on a weekly basis to ensure that sanitising gel is not sitting at the base of the dispenser for long periods.
- New shower chair has been purchased and is in place.
- Leg drainage bags are now stored in the Sluice Room.
- Seals around the shower trays will be removed and replaced with new sealant.
- Gaps between flooring and walls will be sealed.
- A new schedule has been drawn up for the cleaning of the cleaning trolley.
- Cleaning schedule has been reviewed since inspection to include cleaning of residents assistive equipment.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Ensure that fire alarm checks are logged accurately. Effective immediately.
- In the event of a fire drill, document the time required to evacuate the premises. This will be incorporated in our next fire drill which will be carried out before 28th February 2022.
- In relation to the bedroom doors, ensure that they are closed when room is vacated. In the event of a door being open at time of drill, specify time required to close door during drill. This will be completed during our next drill before February 28th 2022.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

- Ensure that staff complete Care Plans on a four monthly basis. On review following inspection, only one Care Plan was outstanding. Since the Inspection, all residents have been assigned Keyworkers. These Keyworkers are responsible for keeping Care Plans of their residents up-to-date.
- In relation to supporting a resident with responsive behaviour, staff have been asked to put more detailed information in Care Plans with immediate effect.

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/02/2022
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	15/03/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire	Substantially Compliant	Yellow	28/03/2022

	precautions.			
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Substantially Compliant	Yellow	28/03/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	24/02/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	28/02/2022