



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

## Issued by the Chief Inspector

Name of designated centre:	St Catherine's Nursing Home
Name of provider:	Newcastle West Nursing Home Limited
Address of centre:	Bothar Buí, Newcastle West, Limerick
Type of inspection:	Unannounced
Date of inspection:	16 July 2024
Centre ID:	OSV-0000429
Fieldwork ID:	MON-0043343

## About the designated centre

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

St Catherine's Nursing home is located in the town of Newcastle west, in Co Limerick. The building was previously a convent and has been in operation as a designated centre for over ten years. It is a two story building set in large grounds and in close proximity to all amenities in the town. Resident's private accommodation consists of 51 single bedrooms, two single bedroom apartments and seven twin bedrooms with en-suite facilities. Communal accommodation, such as dining and lounge facilities are located on both floors. There are three lifts allowing easy access between floors. There is an enclosed courtyard/garden area with seating for resident and relative use. The centre is registered to provide care to 73 residents. It provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring, convalescent and respite care. Care is provided by a team of nursing and care staff covering day and night shifts. The centre employs a full time physiotherapist and physical therapist. Medical and other allied healthcare professionals provide ongoing healthcare for residents.

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

Number of residents on the date of inspection:	72
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 16 July 2024	09:25hrs to 18:00hrs	Rachel Seoighthe	Lead
Tuesday 16 July 2024	09:25hrs to 18:00hrs	Kathryn Hanly	Support

## What residents told us and what inspectors observed

On the day of inspection, inspectors observed that residents were supported to enjoy a good quality of life, supported by a team of staff who were kind and responsive to their needs.

Inspectors were met by the assistant director of nursing upon arrival to the centre. Following an introductory meeting, inspectors walked through the centre with the clinical manager and met with a number of residents in communal areas and in their bedrooms. The person in charge was on planned leave on the day of inspection. They returned to the centre when staff informed them that the inspection was in progress, and they facilitated the remainder of the inspection.

There was a calm and relaxed atmosphere for residents in the centre and inspectors overheard polite conversation between residents and staff. Inspectors spoke with eleven residents and those who could express their views told the inspector that staff were kind and they were satisfied with the service they received.

St Catherine's Nursing Home provides long-term care and respite care for both male and female adults with a range of dependencies and is located in the village of Newcastle West, Co Limerick. There were 71 residents living in the centre on the day of inspection. Inspectors were informed that one resident was in hospital and one resident was gone for a home visit.

The centre was a spacious two-storey building, with stairs and passenger lift access between floors. There were a variety of communal areas for residents to use including dining rooms, sitting rooms, a conservatory, and a therapy room. The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe and secure with appropriate lighting, heating and ventilation. The corridors in the centre were long and wide and provided adequate space for walking. Handrails were available along all the corridors to support residents' safety and independence when mobilising. The secure outdoor courtyard and garden area was easily accessible for residents to go outdoors independently or with support from staff, if required. However, inspectors noted that there was no call bell facility or fire extinguisher provided for residents who were observed smoking in the courtyard area.

Inspectors noted that resident bedrooms appeared to be personalised with items of significance such as photographs, ornaments and soft furnishings. Residents had access to television and call bells in their bedroom. While the centre generally provided a homely environment for residents, inspectors observed that surfaces and finishes including paintwork, wood finishes and flooring in a small number of resident rooms were worn and as such did not facilitate effective cleaning. Inspectors noted that the provider endeavoured to improve the existing facilities and physical infrastructure of the centre through ongoing maintenance. Many areas of the centre had been painted since the previous inspection and flooring had been

replaced in several bedrooms.

Overall, inspectors observed that the general environment including residents' bedrooms, communal areas and toilets appeared visibly clean. Equipment viewed by inspectors was also generally clean, with some exceptions. For example, some nebuliser machines were noted to be unclean. Inspectors observed that conveniently located alcohol-based product dispensers along corridors facilitated staff compliance with hand hygiene requirements. Facilities for and staff access to clinical hand wash sinks within close proximity to resident bedrooms promoted effective hand hygiene.

Inspectors noted that ancillary facilities supported effective infection prevention and control. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. Inspectors observed that staff had access to a dedicated housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice room for the reprocessing of bedpans, urinals and commodes. The provider had purchased a new bedpan washer and inspectors observed that this was being installed on the day of the inspection. There was a treatment room for the storage and preparation of medications, clean and sterile supplies. Inspectors noted that these areas were well-ventilated, clean and tidy.

Inspectors observed that the main kitchen was of adequate in size to cater for resident's needs. Toilets for catering staff were in addition to and separate from toilets for other staff. Resident dining rooms appeared to be spacious and a choice of menu was displayed for resident information. Residents who spoke with inspectors were complimentary of the food provided.

Inspectors also noted some fire safety concerns on the walk around of the centre. Large items of equipment were stored under stairwells which served as fire escape routes. Inspectors also observed that there were large quantities of paper records in a storage room on the first floor, however there was no fire detector and staff may not be alerted to a fire in this room.

Inspectors observed the staff interacting with residents during the inspection. Residents were seen to be relaxed and comfortable in their company. Staff were observed assisting residents with their care needs, as well as supporting them to mobilise to different communal areas within the building. Some residents required greater time and support to mobilise and overall staff provided this support in a gentle and unhurried manner. Staff were observed to respond promptly to residents' needs.

Corridor walls were decorated with photographs of recent events and celebrations in the centre and inspectors noted that there was a varied programme of activities, provided seven days a week. Two staff were dedicated to the provision of activities and inspectors observed residents enjoying art, games and quizzes during the inspection. Residents were seen to enjoy friendly banter with activities staff and they appeared to be engaged in the activities taking place. Residents informed inspectors they were supported to go on outings in the locality. Several residents who did not wish to participate in activities were observed relaxing in their

bedrooms, and they told inspectors that this was their preference.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

## Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013, and to follow up on the action taken following the last inspection of the centre in February 2024. Inspectors also followed up on solicited information received, relating to the safeguarding and protection of residents. This inspection found that the provider had improved their governance and oversight of the service through implementing systems to ensure residents were safeguarded and protected from the risk of abuse. However, further oversight was required to achieve full compliance with Regulation 24: Contracts for the provision of care, and Regulation 23: Governance and management.

Newcastle West Nursing Home Limited is the registered provider of St. Catherine's Nursing Home. A director of the company represents the provider entity. There was an established management structure with clearly defined lines of accountability and authority in place. The management team responsible for the day-to-day operations within the centre was led by the person in charge, who was supported by an assistant director of nursing, who deputised in their absence. A team of clinical nurse managers provided additional management support in the running of the service. Nurses, health care assistants, administration, household, activity, catering and maintenance staff made up the staffing compliment.

On the day of inspection, the number and skill mix of staff was appropriate, with regard to the needs of the 71 residents being accommodated in the designated centre. There were a minimum of two registered nurses on duty 24 hours a day. Communal rooms were seen to be supervised at all times and residents were observed receiving support in a timely manner. There were also sufficient numbers of housekeeping staff assigned to each unit to meet the needs of the centre on the day of the inspection.

There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff had completed training in safeguarding, fire safety, dementia awareness, and infection prevention and control. However, inspectors found that staff did not demonstrate an appropriate awareness of the management of residents colonised with multi-drug resistant organisms such as Carbapenemase-Producing Enterobacterales (CPE).

There was evidence of regular meetings with the registered provider and with various departments within the centre, to review key clinical and operational aspects

of the service. Agenda items included staffing, communication, documentation and key topics such as safeguarding and infection control. The clinical management team met weekly and key performance indicators (KPIs) were reviewed in areas including falls, wounds and nutrition. There was a schedule of audits in clinical care areas including medication management and call bell response times. Audits which identified areas for quality improvement had an associated action plan.

Overall responsibility for infection prevention and control and antimicrobial stewardship within the centre rested with the person in charge who had been nominated to the role of infection prevention and control link practitioner to support staff to implement effective infection prevention. A schedule of infection prevention and control audits was maintained. Infection prevention and control audits covered a range of topics including hand hygiene, environment hygiene and sharps management. Audits were scored, tracked and trended to monitor progress. High levels of compliance had been achieved in recent audits. Audit reports were displayed in nursing stations and were discussed at monthly quality meetings.

The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day and deep cleaned on a regular basis. The provider had completed a detailed Legionella risk assessment and the registered provider confirmed that the control programme had been implemented. However, inspectors found that routine testing for Legionella in hot and cold water systems was not undertaken to monitor the effectiveness of the controls.

Prescribers had access to relevant laboratory results required to support timely decision-making for optimal use of antimicrobials. A review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated specimen fridge was available for the storage of samples awaiting collection. Inspectors found evidence of good practices however an accurate record of residents with previously identified multi-drug resistant organism (MDRO) colonization (surveillance) was not maintained. This meant that the provider was unable to monitor the trends in development of antimicrobial resistance within the centre. A review of acute hospital discharge letters and laboratory reports found that staff had failed to identify several residents that were colonised with MDROs including Extended Spectrum Beta-Lactamase (ESBL).with Carbapenemase-Producing Enterobacterales (CPE).

While antibiotic usage was recorded and tracked, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives. For example, there was a continued reliance on the use of dipstick urinalysis for assessing evidence of urinary tract infection and effectiveness of antibiotic treatment. This was contrary to national guidelines which advise that inappropriate use of dipstick testing can lead to overuse of antibiotics which does not benefit the resident and may cause harm including antibiotic resistance and Clostridioides difficile infection.



Arrangements were in place for identifying, documenting, investigating and learning from adverse incidents. Records demonstrated that incidents were notified to the Chief Inspector, as required by Schedule 4 of the regulations. Incidence of falls were reviewed by the multi-disciplinary team. Post-fall reviews examined the location of falls, times falls took place and the frequency of falls for individual residents. Quality improvement plans were developed in line with findings. For example, a falls analysis identified the requirement for increased supervision in the afternoon. Records demonstrated that this finding was escalated to the provider and they increased staffing levels, to enhance resident supervision and to mitigate the risk of falls in the centre. Records also showed that any adverse changes to resident skin integrity was recorded as an incident and investigated. Topics such as patient moving and handling and resident skin care were discussed at daily safety talks. There was a system in place to manage risk. Records demonstrated that operational and clinical risk registers were maintained and reviewed regularly, to ensure there were sufficient actions in place to control the risks identified.

An up-to-date complaints procedure was displayed adjacent to resident accommodation. A log of complaints was maintained and a review of the records found that complaints and concerns were responded to promptly and managed in line with the requirements of Regulation 34.

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

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

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

### Regulation 15: Staffing

On the day of inspection there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of residents and taking into account the size and layout of the centre. There were at least two registered nurses on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

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

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that all staff were up-to-date with infection prevention and control training.

Staff were appropriately supervised to carry out their duties to protect and promote the care and welfare of all residents.

Judgment: Compliant

### Regulation 19: Directory of residents

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

Judgment: Compliant

### Regulation 23: Governance and management

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

- The monitoring and oversight systems of fire safety were not effective, which resulted in some repeated findings from previous inspections.

Infection prevention and control and antimicrobial stewardship governance arrangements generally ensured the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship, however further oversight was required. For example:

- While some Legionella controls were in place, water samples were not routinely taken to assess the effectiveness of local Legionella control programme.
- Surveillance of infection and MDRO colonisation was undertaken, however records viewed were not accurate. As a result appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for a small number of residents.
- While antibiotic usage was recorded and tracked, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or

quality improvement initiatives.
Judgment: Not compliant
<b>Regulation 24: Contract for the provision of services</b>
A sample of contracts for the provision of care reviewed did not include a breakdown of the resident contribution towards their accommodation charge.
Judgment: Substantially compliant
<b>Regulation 34: Complaints procedure</b>
There was an effective complaints procedure in place which met the requirements of Regulation 34. A review of the records found that complaints and concerns were managed and responded to in line with the requirements of the regulations.
Judgment: Compliant
<b>Regulation 4: Written policies and procedures</b>
Written policies and procedures to inform practice were available for review. There was a system in place to ensure that policies and procedures were reviewed and updated at intervals not exceeding three years.
Records confirmed that the provider maintained policies and procedures in accordance with Schedule 5 of the regulations.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
There were arrangements in place to ensure that all required notifications, including the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, were submitted to the Chief Inspector within the required time frames.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that residents living in the centre were supported to live a good quality of life by a team of staff committed to meet their needs and ensure their safety. Inspectors observed a good quality service being delivered to residents. Residents' care needs were being met through good access to health and social care services and regular opportunities for social engagement. Inspectors found that the provider had addressed non-compliance in relation to Regulation 8: Protection, found on previous inspections in February 2024. Notwithstanding this positive finding, assessment and care planning, premises, infection control and fire precautions did not meet regulatory compliance.

The location, design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The compliance plan submitted by the provider with regard to the maintenance of the premises was in progress at the time of this inspection and was due to be completed by September 2024. This included the repair of walls, floors and the provision of storage. While the centre generally provided a homely environment for residents, surfaces and finishes including flooring in some resident rooms and communal areas were worn and as such did not facilitate effective cleaning.

Infection prevention and control measures were in place and monitored by the person in charge. Inspectors identified some examples of good practice in the prevention and control of infection. For example, staff were observed to apply basic infection prevention and control measures known as standard precautions to minimise risk to residents, visitors and their co-workers, such as hand hygiene, appropriate use of personal protective equipment and safe handling and disposal of waste and used linen. New cleaning carts with a locked compartment for storage of chemicals and a physical partition between clean mop heads and soiled cloths had been purchased.

Some examples of antimicrobial stewardship practice were identified. For example, antibiotic use was monitored and tracked each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. However, the overall antimicrobial stewardship programme needed to be further developed, strengthened and supported in order to progress.

There were measures in place to mitigate the risk of fire. Records showed that fire fighting equipment, the fire alarms systems and emergency lighting had been serviced within the required time frames. Regular fire drills were completed to ensure that residents could be evacuated in a safe and timely manner. The provider had put an evacuation aid in place since the previous inspection, to support the vertical evacuation of residents via the stairs in the sitting room on first floor. However, records did not reflect that vertical escape routes were tested during

simulated drills. Further findings are detailed under Regulation 28: Fire precautions.

Residents' health and well-being was promoted and residents had timely access to general practitioners (GP) practices, specialist services and health and social care professionals, such as palliative care, tissue viability and in-house physiotherapy as required.

Residents' nutrition and hydration needs were comprehensively assessed and monitored. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration. It was evident that residents' weights were closely monitored and resident were referred to allied health professionals or there general practitioner if required

A sample of care plans and assessments for residents were reviewed. Comprehensive assessments were completed for residents on or before admission to the centre. Care plans based on assessments were completed no later than 48 hours after the resident's admission to the centre and reviewed at intervals not exceeding four months. However, the review found that accurate information was not recorded in four care plans to effectively guide and direct the care of residents that were colonised with MDROs. Furthermore, an infection prevention and control care plan for a resident with a recent history of *Clostridioides difficile* infection did not contain appropriate detail or history to effectively guide the care to be provided. Inspectors also found that care plans were not fully reviewed to ensure that outdated information which was no longer relevant to the current care needs of residents had been removed.

The use of restrictive practices in the centre was underpinned by an up-to-date policy relating to the management of restraint. There was a low use of bedrails in the centre and five residents were using bedrails on the day of this inspection. Any implementation of restraint was following a trial of least restrictive alternatives, and was informed by appropriate assessments and subject to regular review.

There were systems in place to safeguard residents and protect them from the risk of abuse. A safeguarding policy and procedure was in place to safeguard residents from the risk of abuse. Staff were appropriately trained to recognise and respond to allegations of abuse. Staff demonstrated an awareness to the centre's safeguarding policy and procedure in place to safeguard residents and staff detailed the reporting structure within the centre to report suspected abuse of a resident. Safeguarding incidents that had occurred in the centre were investigated and safeguarding care plans were in place where required, to direct staff on the measures required to protect residents' from harm. The provider did not act as a pension agent for any resident.

The centre employed two staff who were dedicated to the provision of resident activities. The programme of activities included music, exercises, art and gardening. Residents had access to local television, radio and newspapers. Residents' views on the quality of the service provided were sought through satisfaction surveys, feedback events and through resident meetings. Advocacy services were available to residents and there was evidence that they were supported to avail of these services

as needed. Residents had access to religious services and resources and were supported to practice their religious faiths in the centre.

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

### Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre. Residents could meet their visitors in private outside of their bedrooms in the communal rooms available.

Judgment: Compliant

### Regulation 27: Infection control

The provider generally met the requirements of Regulation 27; infection control and the National Standards for infection prevention and control in community services (2018), however full compliance was not achieved as follows:

- Additional education was required to ensure healthcare assistants are knowledgeable and competent in the management of residents colonised with MDROs including Carbapenemase-Producing Enterobacterales (CPE).
- Staff reported that they manually decanted the contents of commodes/ bedpans into toilets prior to being placed in the bedpan washer for decontamination. This increased the risk of environmental contamination and the spread of MDRO colonisation.
- Stocks of chlorine disinfectant tablets had passed their expiry date. This may impact the effectiveness of these chemicals.
- Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces. Furthermore alcohol wipes can damage equipment with prolonged use.
- Microfibre mop heads were worn and frayed. This may impact the effectiveness of environmental hygiene.
- The covers of several wheelchairs and pressure relieving cushions were worn or torn. These items could not effectively be decontaminated between uses.
- Several nebuliser machines in resident's bedrooms were unclean.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The provider did not have adequate precautions against the risk of fire in place. For example;

- Large items of resident equipment, such as bed frames, were being stored in the centre's stairwells that may serve as escape routes in the event of an emergency. This is a repeated finding from previous inspections.
- A call bell and fire extinguisher was not available to residents who smoked in the internal courtyard.
- Large quantities of archived paper records were maintained in a designated storage room on the first floor, however there was no fire detection in this room.
- A supply of paint was stored on the first floor of the centre. This created a potential fire risk-if a fire did develop it may be accelerated by the presence of this item.
- The smoke seal on the door to the internal smoking room was damaged, which may impact on containment of fire and smoke in the event of a fire.
- The door to the internal smoking room was propped open with a chair, which could compromise the effectiveness of the door to contain smoke in the event of a fire emergency. This also resulted in a smell of smoke on the adjacent corridor and on the first floor.

The arrangements for evacuating, where necessary in the event of a fire, all persons in the designated centre and the safe placement of residents was not adequate. For example;

- There was no record of a simulated drill using a new evacuation aid within the first floor day-room, to support the vertical evacuation of residents via the stairs located in this room, if required.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

A review of the residents records found that care plans had not been reviewed as required under Regulation 5. For example, a paper record of care plans were maintained. New information was added at each care plan review, however historical information was not removed to ensure that outdated instructions which were no longer relevant had been removed.

Judgment: Substantially compliant

## Regulation 6: Health care

While antibiotic usage was recorded and tracked, there was no documented evidence of multidisciplinary targeted antimicrobial stewardship audits or quality improvement initiatives. For example, there was a continued reliance on the use of dipstick urinalysis for assessing evidence of urinary tract infection and effectiveness of antibiotic treatment. This was contrary to national guidelines which advise that inappropriate use of dipstick testing can lead to overuse of antibiotics, which does not benefit the resident and may cause harm including antibiotic resistance and *Clostridioides difficile* infection

This finding is actioned under Regulation 23: Governance and management.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

Judgment: Compliant

## Regulation 8: Protection

Staff had up-to-date training in safeguarding residents in their care. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any resident living in the centre.

Judgment: Compliant

## Regulation 9: Residents' rights

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, visits and social outings were encouraged. There was no requirement to limit the movement of a resident within the centre after return from an outing or hospital attendance. Local guidelines advised that masks and appropriate use of PPE were only required as part



of transmission based precautions.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Catherine's Nursing Home OSV-0000429

Inspection ID: MON-0043343

Date of inspection: 17/07/2024

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 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"> <li>• Repeated non-compliances in relation to the oversight of fire safety will be addressed. i.e. the removal of bedframes from underneath the stairways. A storage container has been ordered and awaiting same. The weekly walk about will continue to have focus on fire safety and premises ensuring the fire door in the smoking room is closed at all times and the fire door seals replaced if required.</li> <li>• The water sampling for Legionella has been completed and will continue to be tested on a quarterly basis as per policy. Audits will be carried out on legionella on a regular basis in consultation with the plumber and the maintenance staff.</li> <li>• Additional education for staff and management in relation to MDROs has been scheduled for the 10th of September 2024 to ensure records and documentation is accurate and to ensure anti-microbial measures are in place.</li> <li>• Antibiotic usage continues to be recorded and tracked, and a multi-disciplinary targeted audit will be commenced. An action plan will be developed to ensure the appropriate use of antibiotics, ensuring cultures are obtained prior to the usage. This will be done in consultation with the gp and pharmacist.</li> </ul>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <ul style="list-style-type: none"> <li>• The Contracts have been reviewed and a breakdown of the resident’s contribution towards their accommodation will be included in the contracts.</li> </ul>	

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

- The Infection control course delivered, now include additional information on the management of residents colonized with MDRO and CPE to ensure staff are competent in their roles in preventing the spread of infection.
- CNMs will continue to educate staff on infection control on a regular basis.
- Staff are reminded of the correct method of decanting the contents of bedpans in the sluice room prior to being placed in the bedpan washer, this was acted upon immediately and staff are supervised.
- A new stock of chlorine tablets was ordered immediately and replaced and are within date.
- New tubs of cleaning wipes were purchased for cleaning equipment and the alcohol wipes were removed and are only used to disinfect.
- All old micro fibre mop heads were replaced immediately.
- The pressure-relieving cushions that were torn were removed and replaced.
- New wheelchairs have been ordered to replace the wheelchairs that were torn.
- A schedule is in place for the cleaning of the nebulizers and an audit has been developed to ensure the effective cleaning of the nebulizers.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- The large items of equipment such as bedframes stored underneath the stairway will be removed. A new shed has been purchased and awaiting arrival of same.
- The fire extinguisher was purchased and has been installed in the courtyard and a new call bell has also been installed in the courtyard.
- A new fire detector will be installed in the filing room by the 30th of October 2024.
- The supply of Paint was removed immediately.
- The smoke seal on the smoking room has been replaced.
- The internal smoking-room door will be closed at all times, and this will be monitored closely.
- A simulated drill was carried out in the dayroom using the new evacuation chair, and this will be done on a regular basis to support the vertical evacuation of residents.

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: <ul style="list-style-type: none"><li>• Old care plans with historical information will be discontinued to ensure that there are clear instructions in relation to resident's care.</li></ul>	

## 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.	Not Compliant	Orange	30/10/2024
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/10/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	30/10/2024

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/10/2024
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.	Substantially Compliant	Yellow	15/10/2024
Regulation 28(2)(i)	The registered provider shall	Substantially Compliant	Yellow	15/10/2024



	make adequate arrangements for detecting, containing and extinguishing fires.			
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	20/12/2024