



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

Issued by the Chief Inspector

Name of designated centre:	Thorpe's Nursing Home
Name of provider:	Barnacyle Nursing Home Limited
Address of centre:	Clarina, Limerick
Type of inspection:	Unannounced
Date of inspection:	14 June 2024
Centre ID:	OSV-0000436
Fieldwork ID:	MON-0041450

About the designated centre

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

Thorpe's Nursing Home is a purpose built nursing home located in Clarina, Limerick that was established in 1989. The home can accommodate up to 42 residents. The bedroom accommodation is laid out in 32 single bedrooms and 5 double bedrooms. The centre can accommodate both female and male residents, normally but not restricted to persons over the age of 65. A pre-assessment is carried out prior to admission to assess if we can cater for your needs, we can cater for low, medium, high and maximum dependent residents. We can facilitate dementia and most medical conditions that affect the older person. We cater for both long and short term residents and also welcome respite and convalescent care. We offer 24-hour nursing care. Admissions to Thorpe's Nursing Home are arranged by appointment following a pre-admission assessment of your needs. This is to ensure that we have all the necessary equipment, knowledge and competency to meet your care needs. Your care plan will be developed with your participation within 48 hours admissions. By agreeing to take up residency within Thorpe's Nursing Home you will have signed a contract of care which ensures that you have a legally binding assurance of high quality care standards and that we have an acknowledgement of your commitment to our terms and conditions. We operate an open visiting policy, however to protect our residents we ask that all visitors wait in the designated visitors' area to enable staff to announce their arrival and partake in precautionary infection control measures. The home reserve the right to impose restrictions on visiting arrangements where the visit or time of visit is deemed to pose a risk or where the resident requests restrictions. To fulfil your personal, social and psychological needs the following services and activities are available: hairdresser, cards, music, and gardening. The following therapy services are provided on request: physiotherapy, chiropody, occupational therapy, dentist, optician, speech and language therapy, etc. Mass is held weekly on a Thursday, we are happy to cater for and accommodate all religious denominations in our home. Our ethos is that our residents are treated as unique dignified individuals and are encouraged to fulfil their potential.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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
Friday 14 June 2024	09:45hrs to 19:00hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

From the inspector's observations and from speaking with residents and visitors, it was evident that residents received a high standard of person-centred care and were supported to enjoy a good quality of life in the centre.

On arrival to the centre, the person in charge greeted the inspector. Following an introductory meeting, the inspector and person-in-charge completed a walk around the centre. Some residents had eaten breakfast and were relaxing in their bedrooms or communal areas, while others were being assisted by staff to get up and dressed. The inspector observed that staff were kind and courteous while attending to residents' needs. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings throughout the day of the inspection.

On the day of the inspection, there were 41 residents living in the centre. Thorpe's Nursing Home is a two storey building which can accommodate up to 42 residents in 32 single bedrooms and five twin bedrooms. Seventeen of the 37 bedrooms have ensuite facilities and a number of communal toilets and shower rooms are located throughout the building. All of the centre's bedroom accommodation and communal rooms are located on the ground floor, with some staff facilities located on the first floor. The communal areas for residents included a lounge, sitting room, library and oratory. An internal courtyard was centrally located and was accessible from a number of different points within the centre. The building was appropriately decorated and well-maintained throughout. It was sufficiently warm and clean on the day of the inspection. Residents spoke positively about the premises, saying that it was bright, tidy and had "everything that you could want".

Bedrooms were personalised with residents' belongings such as photos, artwork and ornaments. Residents' bedrooms had sufficient personal storage space available for residents to store their belongings.

Residents were complimentary about their experience of living in the centre, with one resident saying "I couldn't rate it better". They spoke positively about the team of staff that supported them, saying "I'm very well looked after here" and "the care the staff give me is unbelievable". Staff were observed attending to residents throughout the inspection promptly and in a friendly manner.

Residents were offered a variety of freshly-prepared food, snacks and refreshments on a daily basis. The inspector observed one of the mealtimes during the inspection and saw that the food served to residents was appetising and well-presented. Residents were provided with a choice of food at mealtimes, including those eating a modified consistency diet. Some residents chose to eat in their bedrooms, which was facilitated by staff. Residents who required assistance during their meals were supported in a respectful manner.

The visiting arrangements in place were flexible and it was clear that visitors were welcome to attend the centre throughout the day and evening. Visitors who spoke with the inspector were satisfied with the arrangements in place and emphasised that staff are very kind to them when they visit their loved one.

A programme of activities was facilitated by an activity co-ordinator that worked in the centre three days per week. At the time of the inspection, a person completing work experience also facilitated activities. The person in charge stated that they hoped to increase the number of days that activities were provided to six days per week. Many residents were observed participating in and enjoying the activities during the day of the inspection. Other residents spent time in their rooms or with visitors.

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

Capacity and capability

This was a one day unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). The inspector also followed up on the actions taken by the provider to address the non-compliance identified on a previous inspection in June 2023.

The findings of this inspection were that the provider had taken significant action to address the non-compliances found on a previous inspection in June 2023. A review of premises and residents' rights found that full compliance had not been fully achieved.

The registered provider of Thorpe's Nursing Home is Barnacyle Limited. A director for the company represented the registered provider and was involved in the day-to-day operation of the centre. The person in charge reported to the person representing the provider. The person in charge worked full-time in the centre. They oversaw a clinical nurse manager (CNM) as well as a team of nurses, healthcare assistants, catering, housekeeping, laundry, activities, administrative and maintenance staff.

The centre had an established governance and management structure in place. Members of the management team were aware of their roles and responsibilities in relation to the operation of the centre. Regular meetings were held between the management team and staff, where key clinical and operational aspects of the service were reviewed. Where issues were identified, an action plan had been put in place to address these.

There were sufficient resources in place on the day of the inspection to meet the assessed needs of residents.

There were robust management systems in place to monitor the centre's quality and safety. There was evidence of comprehensive and ongoing schedule of audits in the centre, for example; call bell response times, end of life care and infection control. Areas of improvement identified were monitored through the development of action plans.

The annual review of the quality and safety of the service for 2023 had been completed. It contained an overview of key areas of the service as well as a quality improvement plan for 2024.

The inspector reviewed a sample of staff files and observed that Garda vetting was obtained for staff before they began employment in the centre. The files contained all of the information as required by Schedule 2 of the regulations.

A review of the staff training records found that there was a programme in place to ensure that all staff received training that was appropriate to their role. Staff had up-to-date training in mandatory areas such as moving and handling practices, fire safety and the prevention, detection and response to abuse.

Regulation 15: Staffing

On the day of the inspection, there was a sufficient number of staff on duty with the appropriate skills to meet residents' assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were up-to-date with training in moving and handling procedures, fire safety and safeguarding of residents from abuse. Arrangements were in place to ensure that staff were given opportunities to update their skills and knowledge, as required.

Staff were appropriately supervised, according to their individual roles.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined organisational structure in place, with clearly identified lines of authority and accountability. The designated centre had sufficient resources to deliver care in line with their statement of purpose. There were management systems in place to provide a service that was safe and effectively monitored.

An annual review of the quality and safety of care delivered to residents had been completed.

Judgment: Compliant

Quality and safety

The inspector found that residents received a good standard of health care in an environment that was safe and supported their needs.

The inspector assessed the provider's progress with addressing the non-compliances identified at the previous inspections in relation to Regulation 17, Premises, Regulation 27, Infection control, Regulation 28, Fire precautions and Regulation 9, Residents' rights. It was found that the provider had completed all of the actions detailed in their compliance plan response in relation to Regulation 27. For example, a number of clinical hand wash sinks had been installed and inappropriate items were no longer being stored in toilets. The provider had made significant progress in relation to Regulation 17, Regulation 28 and Regulation 9, the details of which are outlined below.

The inspector saw evidence that there were systems in place to adequately protect residents from the risk of fire. The provider had arranged for a Fire Safety Risk Assessment of the designated centre to be carried out in February 2023. At the time of this inspection, almost all of the actions had been completed, such as the installation of a L1 fire detection system and the replacement of fire doors. One action was outstanding. The person in charge advised that they were awaiting the delivery of materials to complete the final action, and expected this to be completed within 10 weeks of the inspection.

There were arrangements in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. A review of fire drill records demonstrated that these were carried out regularly by staff, including a simulated evacuation drill of the centre's largest compartment using the night duty staffing levels.

The inspection in June 2023 found that the layout of five twin bedrooms required review to meet the requirements of Schedule 6 of the regulations, as well as Regulation 9, Residents' rights. The provider had carried out works in an effort to address the non-compliances, but the findings of this inspection found that the configuration of two of the bedrooms required further work to ensure that residents' privacy was maintained at all times. In one bedroom, the layout did not ensure that

residents requiring the assistance of two staff or assistive equipment could be safely supported without encroaching on the second resident's bed space. In the other bedroom, the layout did not ensure that the ensuite facilities could be accessed without encroaching on a resident's bed space.

All areas of the centre were observed to be clean on the day of the inspection. There were records of cleaning schedules in place for all areas and resident equipment within the centre, which were up to date. While the centre was generally tidy, the inspector noted that an assisted shower room and a room containing the centre's servers and other electrical equipment was being used inappropriately to store items.

Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes of these assessments were used to develop an individualised care plan for each resident, which addressed their individual health and social care needs. Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents had access to a general practitioner and were provided with appropriate and timely medical reviews in the centre. Residents were also appropriately referred to a range of other allied health and social care professionals, in line with their identified needs. This included access to physiotherapy, occupational therapy, speech and language therapy and a dietitian.

There was a system in place to ensure staff could effectively support residents exhibiting responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment). Care plans were developed for these residents, which outlined appropriate de-escalation strategies to guide staff. All staff had completed training in the management of responsive behaviours.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the use of restrictive practices in the centre, in line with local and national policy. There were a small number of residents who requested the use of bed rails, and records reviewed showed that appropriate risk assessments had been carried out.

There were opportunities for residents to engage in activities in this centre, in accordance with their capacities and capabilities. Residents' meetings were held, and residents' satisfaction surveys were carried out. It was evident that the person in charge responded to any areas of improvement communicated through these meetings and surveys. Residents had access to advocacy services, if required.

Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. There was adequate communal and private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

Items were being stored inappropriately in an assisted shower room and a communications room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. There was choice of meals available to residents from a varied menu that was on display and updated daily. The menu provided a range of choices to all residents, including those on a modified diet. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place to protect residents from the risk of fire, including regular review and servicing of fire safety equipment.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to a medical practitioner and health and social care professional services, in line with their assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre, in line with local and national policy. Each resident had a risk assessment completed prior to any use of restrictive practices. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected by staff. Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents were supported to access advocacy services if they so wished.

The layout of some shared bedroom accommodation did not ensure that residents' privacy could be maintained at all times. For example:

- In one bedroom, the layout did not ensure that residents requiring the assistance of two staff or assistive equipment for personal care could be safely supported without encroaching on the second resident's bed space.
- In the other bedroom, the layout did not ensure that the resident in one bed space could access the ensuite toilet facilities without encroaching on the other resident's bed space.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Thorpe's Nursing Home OSV-0000436

Inspection ID: MON-0041450

Date of inspection: 14/06/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Rooms have been decluttered and Items are now sorted appropriately.	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: We have rearranged the layout of the rooms in question to ensure residents privacy can be maintained at all times, photos of same were submitted to the inspector.	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	27/08/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	27/08/2024