



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

Issued by the Chief Inspector

Name of designated centre:	Shalom Nursing Home
Name of provider:	Presentation Sisters North East Province
Address of centre:	Presentation Convent, Kilcock, Kildare
Type of inspection:	Unannounced
Date of inspection:	28 July 2022
Centre ID:	OSV-0000094
Fieldwork ID:	MON-0034395

About the designated centre

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

Shalom Nursing Home is located in Kilcock, Co Kildare, and the registered provider is the Presentation Sisters North East Province. The centre was established in 1994 and can accommodate 33 residents over the age of 18 and females only. Residents are accommodated in 33 single rooms and have access to other facilities such as sitting rooms, a tea room and a chapel. Residents in the centre may have short or long-term residential care needs with a physical disability or cognitive impairment.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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
Thursday 28 July 2022	09:00hrs to 15:20hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the residents received a good standard of care and support that met their assessed needs. The home as a whole had a calm and tranquil atmosphere. Staff had implemented a person-centred approach to care and were observed by the inspector to be kind and caring towards residents.

Following an opening meeting with the Director of Services, the inspector walked through the centre. The person in charge joined the inspector later. This unannounced risk inspection was carried out over one day. At the time of inspection, there were 19 residents in the centre with 14 vacant beds. The inspector observed that staff were busy assisting residents with their morning care needs while engaging in polite conversation. The residents were nicely dressed and well groomed. The inspector saw that residents were attending their hairdressing appointments and told the inspector that this service was provided weekly. The inspector observed and chatted to a number of residents throughout the day of the inspection. Residents told the inspector that they were happy living in the centre, and they were supported by kind and caring staff who respected their opinions and choices.

Shalom Nursing Home is located in the town of Kilcock. Parking is available in designated parking areas outside the centre. The building was originally a convent and maintained some of the original architectural features, including a beautiful church, doors and furniture. The centre is in close proximity to all amenities, including shops and coffee shops, which are located across the road. Residents could use a choice of communal spaces, including an oratory and chapel, dining rooms and day spaces, a quiet room and sitting rooms. There were 33 single-occupancy bedrooms in the centre. Many residents' bedrooms were furnished with personal items such as photographs and ornaments to create a comfortable, homely environment. However, some of the unoccupied bedrooms were in a state of despair. In addition, a number of areas of décor and maintenance around the centre required attention. This will be discussed further under Regulation 17: Premises.

The inspector observed the dining experience at meal times. Food was freshly prepared and specific to the resident's individual nutritional requirements. Residents said they enjoyed the food and the choices available to them. Staff were observed interacting with and assisting residents in a friendly and respectful manner.

As the centre provides care for primarily religious sisters, the activities schedule was in line with their religious and social needs. There was a scheduled time for mass and prayers in line with residents' wishes. The inspector observed residents spending their time alone in their bedrooms or playing with puzzles in a small sitting area on the ground floor. Some residents were seen to spend the day in the sitting room in the company of others.

In summary, this was a good centre with a responsive team of staff delivering good

standards of care and support to residents.

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. The levels of compliance are detailed under the individual regulations.

Capacity and capability

It was evident to the inspector that the registered provider, management and staff provided a good standard of care and quality of life to residents living in the centre. This was a risk inspection conducted by the Inspector of Social Services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). Despite the good levels of compliance overall, the inspector found that the premises and the systems in place for infection prevention and control required further action to ensure compliance with regulations. In addition, the governance and oversight of a number of key-areas such as fire precautions, management behaviours that is challenging, and notifications of accidents were not fully in line with regulatory requirements.

The Presentation Sisters North East Province is the registered provider for Shalom Nursing Home. The management team was established and consisted of the Chief Executive Officer/Director of Services, the person in charge and the clinical nurse manager. The management structure was clear, and the lines of authority and accountability were clearly outlined and reflected the statement of purpose.

There was a comprehensive schedule of clinical audits and processes in place to monitor the quality and safety of care provided to residents. However, these processes failed to identify a number of the findings from this inspection.

Staff rosters were examined, and there was adequate staff to meet the assessed needs of residents having regard to the size and layout of the centre. Arrangements were in place to ensure that staff had access to mandatory training relevant to their role. Staff had An Garda Síochána (police) vetting disclosure prior to starting work in the centre.

The accidents and incidents in the centre were recorded, appropriate action was taken, and they were followed up on and reviewed. However, the inspector observed that not all quarterly notifications were submitted to the Office of the Chief Inspector of Social Services in line with the requirements of the regulation.

There was a low number of complaints received by the service, and procedures were in place to ensure any complaints received were investigated and managed in line with the centre's complaints policy.

Regulation 15: Staffing

There were adequate numbers and skill mix of staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Training records were provided to the inspector for review and indicated that all staff had up-to-date mandatory training and other training relevant to their role.

Judgment: Compliant

Regulation 19: Directory of residents

All of the information required by Schedule 3 of the regulations was set out in the centre's directory of residents.

Judgment: Compliant

Regulation 23: Governance and management

There were clear systems in place for the oversight and monitoring of care and services provided for residents. However, not all issues found at the last inspection had been addressed by the provider.

The systems of risk identification had not identified a number of risks observed by the inspector on the day of inspection; for example, in respect of Regulation 17: Premises and Regulation 28: Fire precautions.

The annual review of the quality and safety of care for 2021 was completed; however, there was no evidence that this was prepared in consultation with residents and their families.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed four contracts for the provision of the services and found that the details of bedrooms offered to the residents, including whether the bedroom available for them is single or multi-occupancy, were not included in all contracts for the provision.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While quarterly notifications were submitted as required, they did not include details of all restrictive practices used in the centre as required by the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. An appeal process was available. There were no open complaints at the time of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 were in place and available to all staff in the centre.

Judgment: Compliant

Quality and safety

The inspector found that the residents in this centre received a high standard of safe care. Residents were supported to live a good life in this centre, and the care

provided was appropriate and person centered. Nonetheless, the findings of this inspection were that some gaps in relation to premises, infection control, medication management, management of behaviour that is challenging and fire safety.

The inspector reviewed a sample of seven residents' files. Following admission, a range of validated assessment tools was used to reflect the needs of the residents. Key-care plans were developed within 48 hours of the resident's admission and were regularly reviewed thereafter. Overall, these care plans were seen to be individualised and person centred. Residents' nutritional status was monitored, and where specific dietary requirements were prescribed, this was seen to be implemented.

Access to a general practitioner (GP) and health and social professionals, including physiotherapy, dietetic, speech and language therapy and specialist palliative care services, were made available when required. Overall, daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided.

In general, a restraint-free environment was promoted, particularly in relation to the use of bed rails. However, improvements were required in relation to freedom of movement to ensure that any restrictions on residents were associated with a risk assessment.

The centre was generally very clean. Infection prevention and control measures were in place. However, some improvements were required and will be discussed further under Regulation 27: Infection control. There were good practices observed in relation to hand hygiene and the wearing of personal protective equipment (PPE). The centre had a comprehensive COVID-19 contingency plan in place.

Arrangements were in place to ensure residents were protected from the risk of fire. This included ensuring fire safety equipment was tested and serviced on a quarterly and annual basis. Records showed regular simulated evacuation practice drills took place with a variety of scenarios. However, the fire safety precautions required an additional revision as outlined under Regulation 28: Fire Precautions.

Regulation 11: Visits

The inspector observed that residents had access to visitors in line with regulatory requirements and that the registered provider had arrangements in place for residents to receive visitors in line with current guidelines set out by the HPSC (Health Protection and Surveillance Centre).

Judgment: Compliant

Regulation 17: Premises

Improvements were required in the oversight of maintenance within the designated centre, as per Schedule 6 requirements. Equipment and areas of poor repair were observed. For example:

- Door frames, doors, walls and skirting boards throughout the centre had chipped paint and wood.
- There were gaps on the floor visible between the marmoleum and the door's thresholds.
- Call-bell chords were not available in all bedrooms. There was no call-bell in residents' toilet beside the chapel.
- There were large cracks on the ceilings and around the walls in some bedrooms, corridors and stairs. The inspector requested assurances that the building was of sound construction and is safe for use.

Judgment: Substantially compliant

Regulation 26: Risk management

While the risk management policy was in place, it did not reflect the measures and actions in place to control the risk of the unexplained absence of any resident. This was also a finding from the last inspection.

Judgment: Substantially compliant

Regulation 27: Infection control

Despite good levels of cleanliness, a number of issues which had the potential to impact on effective infection prevention and control measures were identified during the course of the inspection. This was evidenced by:

- The inspector observed inappropriate storage practices around the centre. The oratory was partially used as a storage room for residents; equipment and bedrooms were as well used for storage purposes of personal protective equipment (PPE), furniture and boxes. Cleaning equipment was stored in the sluice room.
- A number of the fixtures and furnishings were in a state of disrepair throughout the centre, and therefore this meant they could not be cleaned properly. For example, the sink units and bedside tables in the residents' bedrooms and kitchen cupboard in the kitchenette on the first floor. This unit was not replaced as outlined in the action plan from the last inspection.
- Residents' equipment was rusty, such as shower chairs and the laundry

clothes rack, making them difficult to be cleaned.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider shall make adequate arrangements for reviewing fire precautions. There were large cracks on the ceilings and around the walls in some bedrooms, corridors and stairs, which posed a risk that in the event of a fire in the centre, smoke and fumes would easily spread and hinder the safe evacuation of residents and staff. The provider was requested to submit an up to date fire risk assessment completed by a competent person to the Chief Inspector of Social Services.

The safety signs were missing where the oxygen bottle or oxygen concentrator was in use or stored or not to use a lift in case of a fire.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

While the general medication management systems in place were found to be good, further oversight was required to ensure that medications were correctly labeled, used and stored as the opening date (for example, on bottles or creams with a short lifespan) and correct label from the pharmacy were missing on several medicinal products.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident had a completed validated nursing assessment and care plan documented within residents' files. The individualised care plans reviewed were developed within 48 hours of admission and followed the comprehensive assessment of the resident's health, personal and social care needs. The inspector found that care plans and assessments were regularly reviewed and updated with any changes to a resident's condition.

Judgment: Compliant

Regulation 6: Health care

The residents' nursing care and health care needs were met to a good standard. There was evidence in the nursing documentation that the residents have access to general practitioners (GPs) from local practices, social and health care professionals and specialist medical and nursing services. All recommendations made by these specialists were integrated into the care given to residents.

Judgment: Compliant

Regulation 8: Protection

The centre was not a pension agent for any residents. Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. The registered provider facilitated staff to attend training in the safeguarding of vulnerable persons, and all staff completed this training.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were facilitated to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers both local and national, together with access to the Internet.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was no restraint register in place on the day of the inspection. Inspector saw that the use of environmental-restrictive practices such as stair gates, key-pads on the doors and window locks in the centre was not regularly monitored.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Shalom Nursing Home OSV-0000094

Inspection ID: MON-0034395

Date of inspection: 28/07/2022

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
Outline how you are going to come into compliance with Regulation 23: Governance and management: Residents Committee met on 31.08.2022	
Regulation 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Schedule added to Contract of Care to include Room number and state that all rooms are single. Present residents signature added to contract. Schedule added to contracts going forward 9.9.2022	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Notification of environmental restrictions completed 29.7.2022	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Environmental Audit carried out monthly. Spot painting carried out on rotational basis. Flooring under review and awaiting report Call bells chords in place in all rooms 2.8.2022</p> <p>Call bell in toilet beside chapel. Engineer due on site on 26.09.2022</p> <p>Cracks in ceilings and walls: Engineer due on site 15.09.2022</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: Absconsion Policy reviewed and up-dated 5.9.2022</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Kitchen cupboard replaced 31.08.2022 Sink units in bedroom in use to be replaced on rotational basis March 2023 Chair in shower room removed 28.7.2022 Laundry clothes rack painted 1.9.2022</p> <p>There are dedicated hand-washing sinks on middle and top floor. Due to the layout and age of the premises, it is not possible to install a hand-washing sink in nurses' station. Additional Hand Sanitiser placed at exit from Nurses Station.23.8.2022</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Safety Signage: Oxygen cylinder and oxygen concentrator storage in place Do not use in case of fire ground floor lift entrance: 29.7.2022</p> <p>Structural Report: Engineer due on site 15.09.2022</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: Opening Dates and Labeling is contained on Medication Audit. Nursing staff reminded of the importance of dating and labeling short-term medication on opening. 30.7.22</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Environmental Restraint added to Restraint Register 29.7.2022</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	26/09/2022
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	26/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	30/08/2022

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	30/08/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	09/09/2022
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Substantially Compliant	Yellow	09/09/2022

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	31/03/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	26/09/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	26/09/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	26/09/2022
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the	Substantially Compliant	Yellow	20/07/2022

	centre.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	29/07/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	29/07/2022