



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

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:	02 September 2019
Centre ID:	OSV-0000429
Fieldwork ID:	MON-0025577

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 67 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:

63

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
02 September 2019	10:30hrs to 17:45hrs	Caroline Connelly	Lead
03 September 2019	08:15hrs to 14:00hrs	Caroline Connelly	Lead

What residents told us and what inspectors observed

The inspector spoke with a large number of the residents and with relatives present during the two days of the inspection. Residents said they felt safe and well cared for in the centre. Relatives were complimentary about the increased supervision in the day rooms and the improvement in many aspects of care and activities in the centre. Residents were complimentary about staff saying they were very caring and approachable

The residents reported satisfaction with the food and said there had been improvements in their dining rooms with new table coverings and menu's on the tables. They said they were offered three choices at meal times and offered alternatives if there was something they did not like. The temperature of the food had been an issue with food sometimes cold particularly porridge in the mornings, but residents reported that this had been resolved and food was generally hot now. They complimented the home baking which they looked forward to and enjoyed daily. Residents spoke of their privacy being protected and having choice about when they get up in the morning, retire at night and where to eat their meals. Residents said they had easy access to newspapers of their choice the positioning of the televisions in the day room had improved to allow more residents better access. Residents also said that new lamps and bulbs in the sitting room upstairs had improved the overall lighting in the room which used to be very dark.

Residents and relatives, with whom the inspector spoke were complimentary about the activities and said there had been continued improvements in the availability of activities and some further new activity staff had commenced and were available to cover for the regular staff when they on leave. A number said they particularly enjoyed the music sessions, exercises and Bingo. Many residents were very complimentary about the availability of regular physiotherapy which was very important to them. Residents confirmed that they were consulted with via residents' meetings and had been facilitated to take a few trips out in the summer. They were complimentary about the improvement in the enclosed garden and the beautiful flowers available for them to enjoy.

Capacity and capability

There had been ongoing improvements in the overall governance and management of the centre and the inspector was satisfied that there were effective management systems in this centre, ensuring person centred care was delivered to the residents. The Registered Provider Representative (RPR), members of the board of directors and the management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed

and rectified.

The centre had a previous history of non-compliance identified over a number of inspections in 2016 to 2018. This resulted in condition 8 being attached to their registration. This condition stated "that as of the 30 January 2019 the registered provider will have addressed, to the satisfaction of the Chief Inspector, the regulatory non-compliances identified in the inspection report of 09 and 10 October 2018". Condition 8 was attached to ensure the regulatory non-compliances such as governance, staffing, staff training, records, infection control and premises as identified in the inspection report of 09 and 10 October 2018 were addressed. A new management team were employed and substantial improvements were seen on the previous inspection of the centre in March 2019. The centre has applied for removal of condition 8 from their registration. This inspection was undertaken in response to the application to remove the condition and to assess the current compliance levels in the centre.

The inspector found there had been ongoing improvements in the overall governance and management of the centre. There was now a clearly defined management structure in place. This had been strengthened by the appointment of a full time Assistant Director of Nursing (ADON) and a second Clinical Nurse Manager (CNM). The centre had also appointed a services manager who is responsible for household, catering and training amongst other areas of responsibility. These three key roles had been appointed since the previous inspection. There were further improvements seen in defining roles and responsibilities to ensure effective governance and management of the centre. Regular board meetings and governance meetings were taking place, where all aspects of the service were discussed. The person in charge and ADON attended these meetings and all issues in relation to the operation of the centre were discussed. There was evidence of appropriate actions taken in relation to issues identified. Non-compliance's identified on the previous inspections had been addressed. A number of systems had been put in place to ensure that the service provided is safe, appropriate, effective and consistently monitored. There was weekly recording of key quality indicators to monitor quality and safety of care provided and ongoing audits demonstrated improvements in the quality and safety of care. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead.

Work practices and shift patterns had been reviewed and altered to ensure adequate staff were available to assist at meal times and provide supervision of the day rooms. This was acknowledged as an area which had been most beneficial for the safety and quality of life for residents. The ADON had an office base on the first floor and was readily available to all residents, relatives and staff. There were two supernumerary CNM's one allocated to each floor. They were available to supervise all of the care provision and support nursing and care staff in the delivery and management of care. They also provided senior cover at the weekends and evenings. Residents and staff all acknowledged the benefits of having senior staff so readily available to them for advice and support. There had been a substantial investment in the provision of mandatory training to staff with further training

scheduled. Staff were up to date with training and a comprehensive training matrix was maintained showing when training was next due.

There was evidence of consultation with residents and relatives through residents meetings chaired by residents. The inspector noted that issues raised by residents were brought to the attention of the person in charge and appropriate action was taken in response. Improvements were seen in activities and mealtimes as a result of feedback from residents.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Copies of the standards and regulations were available and accessible by staff. Maintenance records were in place for equipment such as fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. However a reference from the most recent employer was not available for a staff member this was attained during the inspection. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also available and effectively maintained. The centre had appropriate policies on recruitment; training and vetting that described the screening and induction of new employees and also referenced job description requirements and probation reviews. The inspector saw that these were followed through in practice with generally robust recruitment and induction in place.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed.

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

The centre had made an application to the Chief Inspector for the removal of a restrictive condition on their registration condition 8 a full and complete application was made.

Judgment: Compliant

Regulation 15: Staffing

A review of staffing rosters showed there was a minimum of two nurses on duty at all times with three nurses on in the morning, with a regular pattern of rostered care staff, household and catering staff. During the week there was also the person in charge and a recently appointed ADON and CNM's allocated to each floor to ensure full supervision of the staff and all care provided to residents.

Since the previous inspections the inspector saw that a full review of staffing levels and work practices had taken place. Staff were clearer in their roles and responsibilities. Staff were allocated to specific roles which included periods of supervision of day rooms and social interactions with residents. There were more staff available to assist at mealtimes. Staffing levels had increased at night to ensure swifter answering of call bells and responding to residents needs. Residents and relatives were very complimentary about the staff.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspector confirmed that there was a good level of training provided in the centre. Mandatory training was in place for staff in fire and moving and handling and this was provided by a staff member who had undertaken an instructors course in both areas. Up to date training in safeguarding and responsive behaviours was now in place for staff along with infection control and dementia training. Other training provided included end of life, continence promotion, food and nutrition hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including vene-puncture (blood-taking) and wound care. Training for the introduction of the new medication management system was also ongoing. Activity staff had completed Sonus training which is specific for residents with dementia.

There were policies in place for staff recruitment and training which were found to be comprehensive. There was evidence of a comprehensive induction and new staff confirmed that this had taken place. Appraisals were completed for staff for 2019 and probationary reviews were also completed for new staff.

Judgment: Compliant

Regulation 21: Records

Improvements was seen in record management since the previous inspection. All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspector were found to well maintained and generally contained the requirements of schedule 2 of the regulations. However a reference from the most recent employer was missing from a recently recruited staff member. This was in place on day 2 of the inspection. The management team provided assurance to the inspector that all staff had Garda vetting in place prior to commencing employment in the centre.

Residents' records were reviewed by the inspector who found that they complied

with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

Judgment: Compliant

Regulation 23: Governance and management

There were ongoing improvements in the overall governance and management of the centre. The addition of the ADON, CNM and services manager roles since the last inspection had provided a comprehensive and strong management team. There was a clearly defined management structure in place and staff were aware of their roles and responsibilities. During the inspection the person in charge was on leave but she had in place comprehensive management systems so the service functioned well in her absence. The ADON acted up in her absence supported by the CNM's.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits which demonstrated improvements in the quality and safety of care.

The provider had invested heavily in the centre and numerous improvements were seen the inspector was satisfied that the centre was adequately resourced and met the needs of the residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The provider was currently in the process of provided a new more detailed contract of care to all residents which clearly outlined the services provided, the costs for the services and any costs for additional services required and provided. The contracts also stated the room to be occupied. The contracts were seen to be compliant with legislative requirements.

Judgment: Compliant

Regulation 31: Notification of incidents

All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a robust complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. Oversight of complaints was signed off by the person in charge and discussed with the governance team. This included included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There was no period where the person in charge was absence for 28 days or more and the provider demonstrated knowledge to notify the Chief Inspector if there was to be any absence. The ADON acted up in the absence of the person in charge.

Judgment: Compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services, opportunities for social engagement and premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and relatives gave positive feedback regarding the many recent improvements in all

aspects of life and care in the centre.

The centre ensured that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Residents spoken with reported positively on the experience of living at the centre and the inspector saw evidence that residents had choice in their daily routine. Resident surveys had been undertaken and there was evidence that residents were consulted with and had an opportunity to participate in the organisation of the centre.

There was evidence that the centre is rooted in the local community with local choirs and schools regular visitors to the centre. Facilities at the centre for recreation and occupation were available with an improved schedule of weekly activities. Two activities co-ordinators are in post and are supported by the physical therapist and physiotherapist who also undertake exercise groups with the residents. All residents had access to recreational resources such as TV, radio and newspapers. The inspector observed communication and interactions between residents and staff which were helpful and assistive whilst being courteous and respectful.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Specialist medical services were also available when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated.

There was evidence that residents had access to other allied healthcare professionals including dietitians, speech and language therapy, dental, chiropody and ophthalmology services. The centre employed a full time physiotherapist and physical therapist that assessed and provided support to residents as required. Policies and procedures in relation to medication management were in place and administration practice was in line with professional guidelines. Since the previous inspection great improvements were seen in the reduction in the use of restraint and in the introduction of alternatives to restraint. Further implementation of these alternatives is required.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly and appropriate fire safety practices were followed. Fire safety equipment was serviced regularly with the exception of the emergency lighting which was completed retrospectively. Regular fire drills took place involving staff at different times of the day and the night. An emergency plan had been developed an appropriate response was in place for all emergency situations.

The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile in keeping with the centre's statement of purpose. There had been numerous improvements to the premises over the last number of years including a full redecoration inside and outside. A number of en-

suites had been upgraded and a full new system of emergency lighting and fire safety precautions installed. New signage was put in place throughout the centre and new curtains and bedding in place in a number of areas. There is a lovely enclosed courtyard area with raised flower beds and seating and secure access for residents. The environment and atmosphere overall was more homely and more in keeping with the needs of the residents. The layout of the laundry required review to meet the standards of infection control.

Regulation 17: Premises

There were numerous ongoing improvements seen with the premises over the course of the last number of inspections. On this inspection the inspector noted a more homely appearance with the introduction of colour and pictures to the walls and corridors.

Other continued improvements included:

- Ten en-suite showers have been totally renovated to wet rooms and tiled appropriately and others are scheduled for completion.
- An ongoing programme of painting and decoration inside and outside has taken place and is on-going.
- Improvements were seen in the layout of the sitting room upstairs and in the positioning of chairs and televisions to ensure all residents had easy access to the television and the sitting room was suitable for all residents living there.
- Lighting had been substantially improved with the addition of brighter ceiling lights and floor lamps in the upstairs sitting room. This had substantially improved the lighting and the room was now bright enough to enable residents to read in there.
- A very comprehensive system of emergency lighting has been put in place and has been completed in all residential areas upstairs and downstairs and now includes the offices and all apartments.
- On the previous inspection the inspector identified that improvements in relation to signage and visual cues was required to assist residents to locate facilities independently. On this inspection new signage was in place throughout the centre this is particularly relevant when it comes to residents with dementia and perceptual difficulties to assist them to find their way around the centre.
- Parts of the centre had long corridors which in places were broken up with seating areas and pictures giving a more homely atmosphere.
- The garden area was well maintained with beautiful colourful raised flower beds and nice garden furniture.
- Plants and flowers were seen throughout the centre.
- New curtains and bedding had been purchased for a large number of rooms with further rooms planned.

Judgment: Compliant

Regulation 18: Food and nutrition

Improvements were reported to the inspector in relation to many aspects of food and nutrition in the centre. Breakfast time now starts at 08.30 with all staff available to assist as required. Staff aware to ensure porridge and tea is not and fresh. Residents also said lunch and tea time meals had also improved. Menus were on the table demonstrating great choice at all meals. New table covers were provided and attention was given to how tables were set. The inspector saw assistance was given in a dignified manner to residents as required.

Judgment: Compliant

Regulation 27: Infection control

Improvements were seen in infection control and the centre was observed to be very clean. Appropriate infection control procedures and equipment were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

The layout of the laundry facility on the ground floor required review to ensure correct segregation of clean and dirty linen to abide by best practice in infection control. Currently there was only one access and exit point and clean linen passed through the dirty linen area to go back to the units.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were adequate arrangements in place to protect against the risk of fire including fire fighting equipment, means of escape, emergency lighting and regular servicing of the systems. Staff knew what to do in the event of hearing the alarm, and the support needs of each resident in the case of fire or emergency situations were documented. Annual fire training was provided to staff and regular detailed fire drills were undertaken at different times of the day. The certificate for the quarterly servicing of the emergency lighting was not available on the day of the inspection. A certificate was forwarded to the inspector dated 09 September. This servicing needs to be undertaken quarterly as required by legislation.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two staff.

Nursing staff were observed administering medicines to residents and the administration practice was in line with current professional guidance. Improvements were seen in the prescription and administration of medications that required administering in an altered format such as crushed. Medications that required crushing had an instruction on each individual medication that could be crushed in accordance with best practice. As required medications had a maximum dose and medication management was the subject of regular audit in the centre.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were seen in the overall assessment and care planning in the centre. Care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. These assessments were generally repeated on a three-monthly basis or sooner if the residents' condition had required it. Care plans were developed based on resident's assessed needs and regularly reviewed. Following on from the requirement from the previous inspection older care plans were discontinued and the more up to date plan of care was there to direct the residents care. Overall, care plans were found to be person centred and nursing notes were completed on a daily basis.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were met. There was evidence of regular access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the in house physiotherapist, dietitian, speech and language, chiropodist and psychiatry of old age as required. The inspector met the physiotherapist and the dietitian during the inspection both were assessing and reviewing residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a policy on responsive behaviour and staff had been provided with training in the centre on behaviours that challenge which was confirmed by staff and training records. There was evidence that residents who presented with responsive behaviour were reviewed by their GP and referred to psychiatry of old age or other professionals for full review and follow up as required. The inspector saw evidence of positive behavioural strategies and practices implemented to prevent responsive behaviours. The records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed in a very dignified and person-centred way by the staff using effective de-escalation methods as outlined in residents' care plans.

There was a policy on restraint in the centre. Where restraint was required for a resident, the inspector saw evidence that there was an assessment completed. Since the previous inspection there had been a lot of work completed on reducing restraint usage. The number of residents using lapbelts had reduced from nine to two and the number of residents using bedrails had reduced from 33 to 22 on this inspection. Supervision in the day rooms and the provision of alternatives to restraint such as low profiling beds and alarm mats had assisted in this reduction. A new assessment tool had been introduced and there was evidence of checking of residents with lap-belts and evidence of the option of motion and movement for 10 minutes every two hours in line with best practice guidelines. The ADON told the inspector that falls had actually decreased since the introduction of these new measures. The inspector acknowledged all the improvements however 22 residents using bedrails out of 63 residents present on the day of inspection remained quiet high and the inspector recommended further alternatives to restraint to be employed.

Judgment: Substantially compliant

Regulation 8: Protection

Residents reported to feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. Training was in place for staff and all allegations of abuse had been reported and managed in an appropriate manner.

The centre did not act as a pension agent for any resident and invoicing of residents fees was seen to be managed appropriately and overseen by the company accountant. The centre maintained day to day expenses for a small number of residents and the inspector saw evidence that complete financial records were

maintained. The person in charge along with the accountant regularly audited these records. This system was found to be sufficiently robust to protect residents.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being generally upheld and respected. Some residents went out independently or accompanied by their families.

Residents were consulted with on a daily basis by the management team and staff. There was an active residents' committee which met quarterly and was facilitated by the physiotherapist and physical therapist. Minutes from these meetings demonstrated that there was good attendances at the meetings and a variety of topics were discussed. Resident and relative views were also elicited via a resident family survey. The results of same were analysed and an action plan response developed in relation to improvements required. These were included in the annual review for 2018 and the quality improvement plan for the year ahead.

Residents' religious preferences were facilitated through regular visits by clergy from different churches as required to the centre. There was mass held regularly in the centre and prayers were available each day. Residents were facilitated to exercise their civil, political and religious rights. The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms.

There had been ongoing improvements in the provision of a comprehensive programme of activities. The inspector met two of the activity co-ordinators during the inspection and observed a number of different activities taking place. These activities were well attended by the residents and included Mass in the chapel, a baking session and a lively bingo session. Trips out had taken place along with a garden party. The inspector saw that the person in charge and the management team had placed a greater emphasis on person-centred care and the importance of social care. Residents and relatives told the inspector how much they appreciated the continual improvement in activities and the availability of staff to support them in the day rooms.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0025577

Date of inspection: 03/09/2019

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 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: St. Catherine’s is planning to create and maintain a dirty access and create a clean exit to its laundry service. This plan is to ensure compliance with the infection control standards	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Contracts are in place for quarterly service of the Emergency lighting	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: We will continue to review our current practice in relation to restraint. We have audited and reviewed restraint using restraint assessment tool, reducing the usage of bed rails by 18% since the inspection. We have developed a restraint committee with view to a further reduction in the usage of restraint and looking at alternatives.	

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 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	25/11/2019
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	09/09/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated	Substantially Compliant	Yellow	27/09/2019

	centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.			
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