



Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	St Luke's Home
Name of provider:	St Luke's Home Cork Company Limited by Guarantee
Address of centre:	Castle Road, Mahon, Cork
Type of inspection:	Unannounced
Date of inspection:	29 and 31 January 2019
Centre ID:	OSV-0000290
Fieldwork ID:	MON-0023476

About the designated centre

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

St Luke's Home is a purpose-built facility, in operation on the current site since 1994 and provides residential accommodation for up to 128 residents. Following a series of redevelopments and extensions accommodation is arranged throughout four nominated 'houses' or units. Three of these units provide accommodation for 30 residents, comprising 18 single, two twin, and two four-bedded bedrooms. The fourth unit is dedicated for residents with dementia or a cognitive impairment, and the design and layout of this unit is in keeping with its dementia-specific purpose. Accommodation on this unit is laid out in a north and south wing, comprising 30 single and four twin rooms and accommodates 38 residents in total. All bedrooms have en-suite facilities including toilet, shower and hand-wash basin and additional communal shower and toilet facilities are also available close to communal areas on each unit. Each of the units have their own dining and living rooms. There are numerous additional communal areas and facilities available in the central area of the centre which includes the main restaurant, a large oratory for religious services and a spacious conservatory/ activity area that was bright with natural lighting. There is an arts and craft room and a separate library. Residents also have access to a hairdressing facility in this area. All communal areas are furnished in a homely style with dressers and soft furnishings and the centre is decorated with pictures, paintings, familiar furniture and soft furnishings throughout.

The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers palliative care, care to long-term residents with general and dementia care needs and has two respite care beds for residents with dementia. The centre provides 24-hour nursing care with a minimum of nine nurses on duty during the day and four nurses at night time. The nurses are supported by the person in charge, nurse managers, care, catering, household and activity staff. Medical and allied healthcare professionals provide ongoing healthcare for residents. The centre employs the services of a physiotherapist five days per week, occupational therapy, chiropody, dietetics, dentistry, ophthalmology and speech and language therapy is also available in the centre.

The following information outlines some additional data on this centre.

Current registration end date:	21/05/2021
Number of residents on the	126

date of inspection:

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
29 January 2019	09:10hrs to 17:30hrs	Caroline Connelly	Lead
30 January 2019	09:30hrs to 15:30hrs	Caroline Connelly	Lead
29 January 2019	09:10hrs to 17:30hrs	Michelle O'Connor	Support
30 January 2019	08:30hrs to 15:30hrs	Michelle O'Connor	Support

Views of people who use the service

The inspectors spoke with a large number of the residents and numerous relatives throughout the inspection. Residents said they felt safe and very well cared for and knew the names of the person in charge, Clinical Nurse Managers (CNM) and staff whom they considered to be very approachable and helpful.

The majority of residents reported satisfaction with the food and said choices were offered at all meal times. They were particularly complimentary about attending the restaurant for lunch and tea. One relative told the inspector that he was facilitated to have his lunch daily in the restaurant with his wife and felt this helped them both with the transition of his wife moving into the centre. Other relatives also spoke of going for coffee or meals with their relatives to the restaurant which they very much enjoyed. 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 told the inspectors how breakfast had been changed in one of the units to facilitate the residents there and that included a change to staff's starting time.

Residents who the inspectors spoke with were very happy with the activities and said they particularly enjoyed the music sessions, art therapy exercises and bingo. Other residents said they liked the bar on a Thursday afternoon and said following their request this was also being trialled on a Sunday. Residents spoke of the regular trips out accompanied by staff which they enjoyed and looked forward to and on the first day of inspection there was a group going out to the cinema. Residents were very complimentary about staff, saying staff were very caring and helpful and they go above the call of duty, other said it is the staff that make the place so good. A number said that they knew who to approach if they had a complaint and felt it would be addressed. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated. The only consistent issue identified via complaints and in residents meetings was from some residents residing in four bedded rooms who found the noise level difficult and many looked to move to a single room when one became available. Relatives complimented staff on how welcoming they are to them and some said they feel that they are looked after as well as the resident.

Capacity and capability

There were very effective management systems in this centre, ensuring good quality person-centered care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the

previous inspection had generally been addressed and rectified. The management team demonstrated effective leadership and a commitment in promoting a culture of quality and safety. Some improvements were required in the recording of complaints, staff training and updates to contracts of care.

The centre is a well established nursing home operated by St Luke's Home (Mahon) CLG, a registered charity. Governance is via a board of directors. There was a new Chief Executive Officer (CEO) since the previous inspection and the inspectors met with him during the inspection. The CEO reports to the board and is the representative of the entity providing the service. He demonstrated knowledge of his statutory responsibilities and told the inspectors of his plans for further development of the service. The person in charge reports to the CEO and also attends the board meetings as part of a cohesive team. The person in charge is supported in his role by an Assistant Director of Nursing (ADON) and a CNM3. There is also a deputy director of administration, a human resources manager and finance manager who form part of the overall management team. Regular management team meetings took place throughout 2018. Each of the units is managed by a CNM2 with two additional relief CNM's who will cover in their absence and provide senior cover for the centre in the evenings and at weekends and supernumerary CNM1's takes responsibility for the centre at night. The person in charge and ADON are available on call if required. Clinical review and handover meetings take place at the start of each week attended by the person in charge and all the nurse managers, where all aspects of clinical care and service provision is discussed and planned for the week. These meetings are also attended by the catering manager to review the catering provision. The inspectors were satisfied that there was a clearly defined management structure that identified roles and responsibilities. Care was directed through the person in charge with responsibilities delegated appropriately to persons participating in management as outlined in the statement of purpose. Throughout the inspection the person in charge and other members of management were available and responsive in providing information and documentation as required by the inspection process.

Good governance was evident through the regular review of the service through a comprehensive auditing process. There were a number of oversight committees addressing clinical issues, including continence, nutrition, privacy and dignity, palliative care and committees on health and safety and infection control. Residents and relatives views were elicited through the residents committee and through numerous surveys conducted throughout 2018. All of the findings from the above were detailed in a very comprehensive annual review of the quality and safety of care for 2018 which had just been completed. This report summarised the quality data gathered during the year and also set out goals and objectives against the national standards for completion in the coming year. The management systems in place demonstrated that the service provided was effectively monitored to ensure that care was appropriate to the assessed needs of the residents

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staff reported it to be a good place to work and there was a low turnover of staff. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was

evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date. This enabled staff to provide evidence-based care to residents. However the system of recording of this training required review to ensure a more comprehensive record was maintained of all training and when mandatory training is due. Staff supervision was implemented through monitoring procedures and senior nursing staff ensured appropriate supervision at all times.

Residents' feedback detailed adequate staffing and the inspector observed care and support given to residents was relaxed, unhurried and appropriate to the needs of residents. Residents reported that they had access to lots of activities in accordance with their preferences, both within the centre and in the wider community, that enhanced their quality of life. Residents were familiar with the person in charge and staff, and good communication between residents, relatives and staff was observed which created a friendly atmosphere. Staff spoken with demonstrated a holistic knowledge of residents in their care and this was observed in practice by the inspectors. Residents spoke openly and freely with staff, asking their advice, discussing the events of the day and such topics, all of which demonstrated a culture of trust and respect.

Good systems of information governance were in place and the records required by the regulations were generally maintained effectively. Copies of the standards and regulations were readily available in each unit and were accessible by staff and residents. Maintenance records were in place for equipment such as hoists and 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. Records such as accidents and incidents, 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 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.

Regulation 14: Persons in charge

The person in charge was appropriately qualified with extensive clinical experience and knowledge to ensure suitable and safe care in keeping with the legislative requirements. During the two days of the inspection, the person in charge demonstrated a well developed knowledge of legislation and the associated statutory responsibilities of the role. The person in charge was fully engaged in the governance and administration of the centre and articulated a commitment to the

provision of high quality, person-centred care on a consistent basis.

Judgment: Compliant

Regulation 15: Staffing

The staff rosters showed that there were adequate staff to meet the assessed needs of residents. Residents gave positive feedback regarding care, attention and timely responses to call-bells. The duty roster was discussed with the person in charge who outlined that the staff levels were constantly reviewed cognisant of the changing needs of residents. And changes to staff start times had been implemented on one unit to facilitate residents there who wished to have an earlier breakfast.

The centre employed the services of a human resources manager and robust recruitment and induction procedures were in place. The management team provided assurance to the inspectors that all staff had Garda vetting in place prior to commencing employment in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Records viewed by the inspectors confirmed that there was a high level of training provided in the centre with numerous training dates scheduled for 2018 and 2019. Staff told the inspectors they were encouraged to undertake training by the person in charge. Mandatory training was in place and staff had received up to date training in fire safety, safe moving and handling, management of responsive behaviours and safeguarding vulnerable persons. Staff also attended training in areas such as dementia specific training, the prevention of falls, infection control and medication management. Nursing staff confirmed they had also attended other clinical training including medication management, end of life care and wound care training. There were a number of systems in place for the recording of staff training with different departments having responsibility for inputting training into the system. This was cumbersome and led to gaps in training records, the person in charge was able to produce evidence of training for some staff that were not updated on the system but not for all. The inspectors found it difficult to establish whether the training had taken place for a very small number of staff. A more comprehensive training matrix is required for the management team to identify at a glance when mandatory training and refresher is required for all staff.

Judgment: Substantially compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and stored securely. A sample of staff files viewed by the inspectors were found to very well maintained and contain the requirements of schedule 2 of the regulations. The management team provided assurance to the inspectors that all staff had Garda vetting in place prior to commencing employment in the centre.

Good oversight of records to be maintained such as medications, controlled drugs, wound management, assessments and care plans was demonstrated. Residents had timely assessments and all care staff had responsibility for maintaining documentation relevant to their role. Records showed that care was discussed and agreed with residents and relatives where appropriate and the inspectors observed this throughout the inspection.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined effective management structure in place which was further enhanced by CNM's responsible for each unit and relief CNM's to cover evening and weekend shifts. This has assisted with staff supervision and induction of new staff. 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 demonstrated improvements in the quality and safety of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident was provided with a contract of care on admission, as required under Regulation 24 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Inspectors viewed a number of contracts of care and they contained details of the service to be provided and the fee to be paid and what the charges were for additional services not included in the fee. Following recommendations on the previous inspection the newer contracts all contained the room occupied by the resident. However some of the older contract of care did not contain this detail and as the inspectors were made aware residents had been moved from a two bedded room to a four bedded room this detail was

particularly relevant. An amendment to the older contracts was required to reflect the type of accommodation to be provided for a resident in keeping with Statutory Instrument No. 293 of 2016.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 30: Volunteers

There were numerous volunteers in the centre who provided a valuable service to residents in the provision of activities and other areas of services. Files were maintained for volunteers that contained their roles and responsibilities set out in writing and a vetting disclosure in accordance with the requirements of legislation.

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. Detailed information and updates were provided that included details of the investigation, outcome and actions taken.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure for management of complaints that was kept under regular review. A summary of the complaints process was included in the statement of purpose and was also clearly displayed at reception. In keeping with statutory requirements, the procedure for making a complaint included the necessary contact details of a nominated complaints officer. The process also outlined a system for internal appeal and identified the nominated individual with responsibility for oversight of the complaints process. Contact information for both the independent advocate and the office of the Ombudsman was also provided. A summary of the analysis of complaints was outlined in the annual quality review and available for reference.

The inspector saw an active complaint which was comprehensively responded to by the person in charge showing effective investigation, action and learning. However the complaints practices differentiated between formal and informal complaints and staff on the units were moving to a system of logging informal complaints under family communication on the electronic care plan system. This does not meet the requirements of regulation 34 which does not differentiate between formal and informal complaints and requires that all complaints are documented in addition to and distinct from a residents individual care plan. This allows for trending of all complaints and sharing of the learning.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All policies as required by Schedule 5 of the regulations were available. Systems were in place to review and update policies including a policy review committee which met monthly. New policies were ratified by the board of management. Staff spoken with were familiar with the policies which guided practice in the centre.

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 very good access to healthcare services, opportunities for social engagement and a premises that mainly 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 inspectors 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 very positive feedback regarding all aspects of life and care in the centre. Improvements were required in the servicing of emergency

lighting and in the provision of choice for some residents residing in four bedded rooms.

Residents had access to appropriate medical and allied health services to ensure that their healthcare needs were met. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services in-house as required. The centre employed a physiotherapist who provided a daily service to residents and was involved in post fall reviews and training staff in moving and handling. Allied health and access to the national health screening programme was evidenced in residents files.

Nursing documentation was found to be completed to a high standard. Nursing assessments informed the care plans which were found to be person-centred, individualised and clearly described the care to be delivered. Systems were in place to ensure that care plans were reviewed and updated on a regular basis to ensure that residents up to date care needs were met. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. It was found to be accessible and decorated and maintained to a high standard. Residents had access to a number of safe secure outdoor garden areas which was easily accessible from various parts of the centre. Residents also had access to pathways around the centre and walks down by the waterfront. The majority of residents expressed great satisfaction with the premises and were delighted to show the inspectors their highly personalised rooms, however a very small number of residents residing in the four bedded rooms found the lack of privacy and noise level associated with sharing of rooms difficult and many requested to move which could only be facilitated when a single or twin room became vacant.

The centre provided opportunity for consultation with residents and relatives in a number of ways. The centre employed a social worker who ran a regular resident forum and was involved in regular consultation with residents and relatives. Feedback was also obtained through surveys and questionnaires. Feedback from questionnaires and residents meetings were positive and confirmed that residents and relatives were generally very satisfied with the facilities and care provided at the centre. Minutes of meetings were maintained and any actions taken to address issues raised were later communicated through a follow up from management. A suggestion box was in place in the reception area of the building. Residents also had access to independent advocacy services and relevant posters with contact details were displayed throughout the centre. Residents were supported in the exercise of civic duties. A secure ballot box was provided for residents to participate in election processes. Residents had access to local and national newspapers. Television and radio was widely available and residents were also seen to use personal phones and devices for communication. There was a library near the reception area and an adjacent art room with plenty of materials to support creative activities. Religious services were held regularly in the large oratory which had recently been renovated and extended . A pastoral care team were available to provide support to residents,

relatives and staff at times of illness and bereavement.

The management team had taken very active measures to safeguard residents from being harmed or suffering abuse. Staff had received specific training in the protection of older adults to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. Robust systems of safeguarding and protecting residents property and money were in place and inspectors were satisfied they were managed in a clear and transparent manner.

There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors.

High standards of hand hygiene were promoted among residents, staff and visitors. Hand sanitiser dispensing units were located at the front entrance and throughout the building. The building was found to be clean and odour free. All staff had completed training in infection control. Regular reviews of hygiene and infection control were carried out. A household supervisor was in place to ensure improved oversight of housekeeping and laundry services.

Residents continued to maintain links with the local community. There was regular weekly visits from local musicians, school students and scouts. Some residents regularly attended local workshops and day care centres. There was a regular hair-dressing service and a well equipped facility for use by residents. There was a comprehensive programme of activities provided suitable for all levels of interest and abilities. Inspectors were informed of residents being taken out for trips to the waterfront in the centre's 'tri-shaw' (a type of pedi-cab) that was clearly a source of great enjoyment for those residents able to avail of the facility. Relevant risk assessments for its use were available for reference and staff accompanying residents had received training for this activity. Activities were subsidised through fund raising and there was no additional charge to residents for these services. Members of staff with responsibility for activities described a diverse programme in keeping with residents assessed needs and abilities. Activities included; Sonas, art, bingo, knitting, cards, yoga, tai chi, men's club, ladies club, reading, hand massage, baking, flower arranging, relaxation sessions and ladies manicures. Records were maintained regarding attendance at activities and participation.

The centre provided a transport facility and inspectors saw residents going on an outing to the cinema. They also told inspectors they attended art galleries, parks, trips to the seaside places of interest and shopping. Seasonal events and birthdays were celebrated and local schools volunteered at the centre and helped resident's with specific tasks including teaching computer skills and navigating the internet. The centre also hosted community group performances.

Inspectors noted that the mission statement set out in the statement of purpose to

support the 'autonomy and the pursuit of personal goals' was actively promoted. Staff were seen to engage positively with residents and observe courtesies in communication. Residents spoken with confirmed that they were provided with relevant information about available activities, and had freedom to exercise choice around how and where they might spend their day.

Regulation 11: Visits

There was an open visiting policy in place. Inspectors met and spoke with numerous visitors during their visit. Relatives spoken with confirmed that they were always made to feel welcome by staff. There were a wide variety of areas available where residents could meet with visitors in private including the dining room and library.

Judgment: Compliant

Regulation 17: Premises

The centre provided a high quality of private and communal accommodation however as identified on previous inspections, the centre continued to provide long-term accommodation, for up to 24 residents, in four-bedded rooms. Since the last inspection some improvements were made to the layout of a number of the four bedded rooms which gave more space and light to residents living there. Management and staff spoken with by inspectors demonstrated an awareness and understanding of how these circumstances might impact on the privacy of residents and, where possible, made arrangements to ensure privacy was optimised. Management made arrangements to facilitate residents' preferences for accommodation where possible. However, alternatives were not always available and, at the time of inspection a number of residents were on a waiting list.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were well met. Meals and meal times were observed to be an enjoyable experience. The nutritional status of residents was assessed regularly using a validated nutritional screening tool. This was documented in the care plan to ensure staff were aware of the nutritional status and dietary requirements of each resident. Some residents required assistance with their meals

and this was provided by staff in a discreet and sensitive manner.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk, and the person responsible for taking action. Regular health and safety reviews were also carried out to identify and respond to any potential hazards. Emergency planning was effective as evidenced on the second day of inspection due to adverse weather conditions a number of staff could not get into work for the commencement of their shift. The person in charge and ADON arrived at the centre at 6am to coordinate care for the residents. Staff were reallocated from training to care duties and management staff took a hands on role providing for residents such as the catering manager also came in early and helped to serve breakfasts on the units. Other management drove to collect staff, as the buses had been cancelled. Overall, due to comprehensive management and planning there was no impact to residents regular routines.

Judgment: Compliant

Regulation 27: Infection control

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. Fourteen staff from all areas of the service had been trained to be hand hygiene assessors ensuring best practice in hand hygiene was adhered to by all staff. Signage was available advising staff and visitors about effective hand hygiene and taking the flu vaccination. Visiting was restricted to control any spread of infection.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety training took place regularly and included evacuation procedures and use

of fire equipment. Regular fire drills took place and recording of staffs attendance. The Irish fire safety standards stipulate that the fire detection and alarm system and emergency lighting system should be maintained quarterly by a competent person. Records indicated that fire fighting equipment had been serviced in 2018 and the fire alarm was serviced on a quarterly basis, however the emergency lighting was serviced annually and checked in house on a regular basis with documented records but a quarterly service was not in place.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place in the centre relating to the ordering, prescribing, storing and administration of medicines. An inspector reviewed processes and practice around the administration of medicines. Nursing staff demonstrated an effective knowledge of residents' individual medication requirements. Nursing staff were observed to administer medicines safely and in keeping with professional guidelines and relevant training was available to nursing staff. The centre were in the process of changing over to a system of electronic prescribing and recording of administration a staged approach to its implementation was due to commence in the centre imminently.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans viewed by the inspectors were comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools. A very comprehensive lifestyle assessment was completed by the social worker which clearly outlined the residents preferences, lifestyle choices and detailed information on the resident. End of life care plans were also in place which detailed residents wishes at end stage of life.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were reviewed and they had access to a range of health and social care services. All residents had access to a general practitioner (GP) services five days per week. There was an out-of-hours GP service available if

a resident required review at night time or during the weekend. A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic and psychiatry of later life services. Chiropody and optical services were also provided.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in responsive behaviour care plans which involved the multidisciplinary team. There was a very calm and relaxed atmosphere throughout the centre but particularly in the dementia specific unit where there was evidence of residents individual routines and practices being respected. There was a level of bed-rail usage that was higher than the average for a centre of its size and resident dependency level. The physiotherapist explained the full assessment they were undertaking on all residents using bed-rails with an effort to reduce the number of bed-rails currently in use, further alternatives were being made available such as low profiling beds, alarm mats. The inspectors required that further review took place to reduce the use of bed-rails as restraints where safe to do so in keeping with national guidelines.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. There was a very clear system in place in the management of residents' finances and in the invoicing for extra items as outlined in the contract of care. Residents monies handed in for safekeeping were securely stored and regularly audited.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the person in charge and staff.

Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned. A comprehensive programme of appropriate activities were available throughout the centre with two different activity coordinators one dedicated to provide activities for the dementia specific unit.

Overall the inspectors were satisfied that the centre protected the rights and dignity of residents ensuring there were ample opportunities for occupation and recreation in accordance with residents interests and capacities and this was particularly evident and relevant in the dementia specific unit where very personalised care and routines were facilitated.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	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 Luke's Home OSV-0000290

Inspection ID: MON-0023476

Date of inspection: 29/01/2019 and 30/01/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>A new triplicate book system of recording all training for staff is now in place, whereby when staff attend mandatory training, a written copy is held in the HR office, training centre and on the training matrix.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>All contracts of care have the House (unit) and bedroom number entered. When a Resident moves to an alternate House (Unit) and / or bedroom – an addendum to their contract of care will be provided with the new details entered.</p>	
Regulation 34: Complaints procedure	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: All complaints are now logged on the complaints system of the electronic care planning module to enable trend analysis of informal verbal complaints, and will no longer be entered on the family communication section. The paper based local complaints logs are now removed from each unit. All complaints and trends will continue to be discussed at the weekly & quarterly clinical meetings.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: We will further engage and work with our design architects to deliver maximum privacy of the Residents in our 4 bedded rooms.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: We have arranged for our external electrical contractor to perform quarterly servicing on our emergency lighting system.</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: We will continue to review the usage of bed rails and continue to consult with each Resident where appropriate and able, and will continue to enable a Residents preference for bed rails where requested.</p> <p>We will aim to reduce and remove all bed rails to an absolute minimum level via equipment renewal, education and collaborative working.</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	28/02/2019
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	31/12/2019
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	Substantially Compliant	Yellow	28/02/2019

	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.			
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	28/02/2019
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	28/02/2019
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	Substantially Compliant	Yellow	31/12/2019

	Department of Health from time to time.			
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