



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

## Issued by the Chief Inspector

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:	27 January 2021
Centre ID:	OSV-0000290
Fieldwork ID:	MON-0031789

## 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.**

Number of residents on the date of inspection:

114

## 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
Wednesday 27 January 2021	10:30hrs to 17:30hrs	John Greaney	Lead

## What residents told us and what inspectors observed

At the time of the inspection the centre was in the midst of a substantial outbreak of COVID-19. On the advice of Public Health and in line with guidance from the Health Protection and Surveillance Centre (HPSC) most residents were confined to their bedrooms. Therefore, the lived experience for residents at this time was not in keeping with the overall vision for the centre as set out in the centre's statement of purpose of purpose which promoted person centred care. The inspector met with a small number of residents throughout the day of the inspection. The overall feedback from residents was positive and indicated that staff were kind and caring.

The inspector arrived unannounced to the centre and met with the Director of Nursing (DON) in a yard adjacent to the centre where clinical waste was stored. The clinical waste was piled high in yellow bags, as the bins intended to store the waste securely were full. The gate to the yard was open. The inspector was informed that a clinical waste collection was expected.

On arrival in the centre the inspector was guided through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing in process, hand hygiene, face covering, and temperature check.

Following an opening meeting, the inspector was accompanied on a tour of the premises by a clinical nurse manager (CNM), where he met and spoke with staff and also spoke with some residents in their bedrooms. The centre comprises four separate units, all on the ground floor. Three of the units have capacity to accommodate 30 residents. These are Gregg House, Wise House, and Exham House. The fourth unit is called Maguire House, is the designated dementia unit, and has capacity for 38 residents. For operational purposes this unit is divided into Maguire South (28 beds) and Maguire North (10 beds).

Up to the date of the inspection thirty seven residents had tested positive for COVID-19. Of these sixteen residents had recovered, eighteen were still positive and sadly three residents had died. Maguire House was the designated area for cohorting residents that tested positive, however, on the day of the inspection there were residents in each of the other three units that had tested positive. The inspector visited Gregg, Wise, and Exham Houses early in the inspection and visited Maguire House immediately prior to concluding the inspection in order to minimise the risk of cross contamination.

Each unit was self contained and there were separate entrances and exits for staff. There were designated staff changing rooms and break rooms for each unit to minimise the risk of close contacts should a staff member in any unit test positive. There was a personal protective equipment (PPE) station immediately outside the entrance to each of the units and the CNM and inspector changed into full, clean PPE prior to entering each of the units and discarded it prior to exiting each unit. On

entering Wise House the inspector noted that a resident that was currently considered to be positive for the virus was accommodated in a single room and the door was open. The inspector was informed that the door was open as the resident required enhanced supervision due to the risk of falls and that is why the bedroom door was open. A second resident, that had also tested positive and had not yet completed the required isolation period, was sitting in a chair in a communal area beside the nurses' desk. Again, the inspector was informed that this resident was considered to be a high risk of falling and required increased supervision. The inspector queried if it would be more appropriate for this resident to be accommodated in the designated isolation unit where there was less risk of the resident transmitting the virus to other residents. The inspector was informed that this would be done as a matter of urgency.

Discussions with staff indicated that there were adequate staff on duty on the day of the inspection. However, the inspector was informed that there were days when there were less than the desired number of staff on duty, due to staff members developing symptoms and there not being an opportunity to find replacements at short notice. There were 41 staff off duty due to testing positive for the virus and 28 staff had returned to work after recovering or completing the required isolation period for those that were asymptomatic.

Residents were complimentary in their praise for staff. They said that staff were kind and caring. Staff were observed assisting the residents in an attentive manner throughout the inspection. Residents told the inspector that current visiting restrictions were difficult but staff supported them to make contact with their relatives. The inspector met with the social worker during the inspection and it was evident that there was a comprehensive system in place for keeping relatives informed of residents' progress. The frequency of contact was based on individual preferences and also based on each resident's condition.

The inspector noted that the centre was generally clean and met with a number of cleaning staff during the inspection. Cleaning staff described the cleaning protocol that indicated there was an enhanced system of cleaning in place. On one occasion, however, the cleaning protocol described to the inspector was not in compliance with recommended practice, as bedrooms of positive residents were cleaned prior to cleaning those of residents that had not tested positive for the virus.

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 the quality and safety of the service being delivered.

## Capacity and capability

There were effective management systems in this centre, ensuring good quality 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

been generally addressed satisfactorily.

The registered provider is St. Luke's Home, Cork, Ltd., which is a charitable organisation and is governed by a board of directors. There is a chief executive officer (CEO) that has overall responsibility for the day to day operation of the centre. There is an executive management team, comprising senior managers from nursing, administration, the education and research centre, finance and human resources.

Clinical oversight is provided by a director of nursing (DON) reporting to the CEO and supported by a team of managers that include two assistant directors of nursing (ADON) and a number of clinical nurse managers (CNMs). There is a CNM 2 on duty each weekend and a CNM 1 on duty each night with responsibility for oversight of the centre with the support of either the DON or ADON that are on-call on a rotational basis. The CEO is actively involved in the day to day running of the centre and reports to the registered provider representative (RPR) on a regular basis both formally and informally. There are regular board meetings and board members are updated on important aspects of the management of the centre.

This was an unannounced risk-based inspection conducted over one day. The centre was in the midst of an outbreak of COVID-19 which had a significant impact on residents, staff and families in the centre. Up to the date of the inspection 37 residents had tested positive for the virus. Sixteen of these residents had recovered from COVID-19 and sadly three residents had passed away. Based on a review of data it was evident that the outbreak was ongoing as more residents continued to test positive for the virus. Over the course of the outbreak, which commenced at the end of December 2020, a significant number of staff and residents tested positive for the virus. Most residents and staff recovered but unfortunately seven residents passed away after testing positive for the virus.

The inspector acknowledged that residents and staff living and working in centre were going through a challenging time. It was acknowledged that staff and management always had the best interest of residents at the forefront of everything they did at the height of the outbreak.

While there were adequate numbers of staff on duty on the day of the inspection, at times during the outbreak the full complement of staff were not on duty each day due to the number of staff that tested positive for the virus.

The person in charge was knowledgeable of residents. Residents to whom the inspector spoke with were very complementary of the care and support provided by management and all of the staff. Where areas for improvement were identified in the course of the inspection and previous inspections, the management team demonstrated a conscientious approach to addressing these issues.

## Regulation 15: Staffing

Through a review of the staff roster, discussions of staffing levels with staff and observations on the day of and found that staffing levels required review. The inspector was informed that staffing levels had improved recently but at times there were significantly less staff on duty than was required. Even with the full complement of staff, there was not a full segregation of staff caring for residents that had tested positive from those that were not detected. For example, in Exham House there were six residents that had tested positive on the day of the inspection. The inspector was informed that while staff caring for these residents were on meal breaks, staff caring for residents that had not tested positive for the virus would care for these residents. Additionally, there was not full segregation of staff caring for these residents at night time.

Judgment: Substantially compliant

### Regulation 23: Governance and management

The system of governance and management in place for the centre at the time of the inspection provided adequate oversight to ensure the effective delivery of a safe, appropriate and consistent service. There was a clearly defined management structure in place. There was a director of nursing and two assistant directors of nursing on duty each day Monday to Friday, with responsibility for all parts of the designated centre. Each unit also had a clinical nurse manager to supervise care delivery and provide guidance to nursing care staff. Management of the centre at weekends and at night was provided by CNMs that worked on a supernumerary basis. In addition, either a DON or an ADON are on-call on a rotational basis at weekends.

As found on the most recent inspection in September 2020 there was a system in place for monitoring the quality and safety of care delivered to residents. This included a programme of audits and an annual review of the quality and safety of care.

Judgment: Compliant

### Quality and safety

The inspector was informed that the COVID-19 outbreak had posed a significant challenge to management and staff due to the numbers of staff who could not work because of confirmed or suspected COVID-19 and the increased needs of residents. While a large number of staff remained out, approximately 28 staff had returned to duty after recovering from the virus and more staff were due to return in the days following this inspection. Through discussions with staff and the observation of the

inspector it was evident that the needs of residents had been to the fore and this continued to be the ethos of care. It was evident that staff were dedicated to their roles and worked tirelessly to maintain safe levels of care to residents.

Residents' nursing and health care needs were assessed and met to a good standard and they were assured of timely access to medical, health and social care professionals as needed. The GP practice responsible for most of the residents provided remote cover through telephone and video consultation. They were also accessible at evenings and weekends. Staff knew residents well and were knowledgeable regarding the levels of support and interventions that individual residents in their care needed. There was evidence of ongoing assessment of residents' needs with corresponding person-centred care plans.

The centre was maintained to a good standard and was visibly clean throughout. Efforts were made to create a homely and personalised environment for residents living in the centre. Residents' bedrooms were spacious and comfortable and facilitated privacy and dignity.

The centre continued to be subject to a COVID-19 infection outbreak on the day of the inspection and most residents were self-isolating in their bedrooms. While there were infection prevention and control processes and procedures in place and the centre was generally clean, there were areas identified which required review. These are discussed in detail under regulation 27: Infection Control.

Staff demonstrated respect and empathy in their interactions with residents and made efforts to maintain residents' contact with their families through telephone, video calls and window visits, as visiting was prohibited due to the outbreak. Activities for residents were currently suspended and most residents were self-isolating in their bedrooms. Activity staff were allocated to caring duties due to the number of staff self-isolating. Staff kept residents well informed regarding the COVID-19 pandemic and answered any questions they had. Families were communicated with regularly to keep them informed regarding residents' health and well-being.

The inspector observed positive interactions between residents and staff. Residents stated they felt safe in the centre and were complimentary in their feedback about the staff team and centre's management. A safeguarding policy was in place and all staff were appropriately trained in safeguarding residents from abuse.

## Regulation 11: Visits

Due to the COVID-19 outbreak visiting was prohibited to protect residents, staff and visitors from risk of contracting COVID-19 infection. Visiting was permitted on compassionate grounds and this was not limited to residents at end of life but was based on individual assessments of need. Staff were committed to ensuring residents and their families remained in contact by means of regular window visits,

telephone and video calls.

Judgment: Compliant

### Regulation 13: End of life

Each resident was consulted with and given opportunity to express their wishes and preferences regarding their end of life care. Where residents were unable to discuss this, staff spoke with their relatives to obtain information on residents' preferences and wishes. This was documented in residents' care plans and included their preferences and wishes about their physical, psychological and spiritual care at the end stage of their lives. This ensured that each resident's wishes and preferences were clearly communicated to all members of the staff team.

Judgment: Compliant

### Regulation 27: Infection control

During the COVID-19 outbreak, records showed that there were formalised arrangements in place to manage the COVID-19 outbreak in the centre. The provider and person in charge liaised closely with Public Health and local infection prevention and control (IPC) nursing specialists. Records were available of outbreak control meetings and also evidence of regular communication between these agencies. The Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance was available in the centre.

There was systems in place for on-going monitoring of residents identify signs or symptoms of COVID-19. Staff who spoke with inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in a resident's condition. Staff were aware of the local policy to report to their line manager if they became ill.

Staff and visitors to the centre were checked for symptoms of infection before they could enter the centre and there was Personal Protective Equipment (PPE) available for their use. There was a uniform policy in place which directed staff to change into and out of work clothes at the start and end of a shift. There were separate staff changing areas for each of the units.

There was appropriate infection prevention and control signs on display around the centre. Isolation areas were well signposted for staff entering this area. Social distancing measures were observed by staff when they were on break. Most

residents were dining in their own rooms due to the outbreak.

There were good systems in place to ensure appropriate Personal Protective Equipment (PPE) was available in line with current guidance. Staff were observed donning and doffing (putting on the taking off) PPE in the correct sequence.

Alcohol based hand rub was available throughout the building and easily accessible at the point of care. Hand hygiene practice was good on the day of inspection. There were safe laundry and waste management arrangements in place.

Cleaning was outsourced to an external organisation and was overseen by a cleaning supervisor. There were good cleaning processes in place, which was documented in cleaning sign-off sheets for terminal cleaning of rooms and frequently touched surfaces. Staff who spoke with inspectors were knowledgeable of their roles and responsibilities regarding cleaning and decontamination of environmental and patient equipment.

While there was evidence of good practice some areas of improvement were required. For example:

- even though the provider was in regular contact with Public Health in relation to the management of the outbreak, including cohorting residents, in practice the provider did not always adhere to recommended guidance. For example, one resident that had tested positive for the virus was seated in a public area close to a nurses station for observation purposes. This posed a risk of transmitting the virus to other residents and staff.
- doors to bedrooms of residents that tested positive were open
- clinical waste was piled high in a yard adjacent to the centre and the gate to the yard was open
- not all staff were familiar with the recommended sequence for cleaning bedrooms of residents that had not tested positive for the virus prior to cleaning bedrooms of residents that had tested positive
- there was not full segregation of staff caring for residents that tested positive from those that were not detected

Judgment: Not compliant

### Regulation 28: Fire precautions

Issues identified on the most recent inspection in September 2020 in relation to fire safety were satisfactorily addressed. Fire doors were seen to be unobstructed. Doors leading to an internal courtyard were no longer identified as emergency exits.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

Each resident had a comprehensive pre-admission assessment conducted prior to admission. Information collected about each resident on admission, and throughout the residents' stay in the centre was used to develop a person-centred care plan. There was evidence of a multidisciplinary approach to care delivery. Documentation used was comprehensive and based on scientific tools to assess care. A sample of care plan documentation was reviewed the inspector. Care plans were informative and provided good guidance on care to be delivered to each resident on an individual basis.

Judgment: Compliant

## Regulation 6: Health care

The health needs of residents were reviewed and overall they had access to a range of healthcare services. All residents had access to general practitioner (GP) services and records indicated that they were reviewed on a regular basis. Throughout the outbreak residents were reviewed remotely by their GP but would visit residents when required. The GPs remained on call at weekends and late into evenings. There was an out-of-hours GP service available if a resident required review at night time.

Judgment: Compliant

## Regulation 9: Residents' rights

The inspector saw that staff were respectful and courteous towards residents. Positive interactions between staff and residents were observed throughout the inspection.

Residents' activity needs and abilities were assessed using validated tools. Due to staff shortages related to the outbreak of COVID-19, activity staff were redeployed to caring duties. As a result, the main programme of activities was on hold. Most residents were confined to their bedrooms and a small number were observed in sitting rooms. Although the inspector observed that there was limited activities on-going on the day of the inspection, he was informed that there were live stream events from the chapel, such as daily briefings from the resident advocate, prayer services, music concerts and films. Residents were also supplied with individual activities such as jigsaws, puzzles, word searches and knitting.

A member of staff acted as advocate for residents and was a good resource for residents that required assistance. There was also access to external advocacy

services.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Luke's Home OSV-0000290

Inspection ID: MON-0031789

Date of inspection: 27/01/2021

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: We recruited several healthcare staff during the Covid-19 outbreak and most of our staff have now returned to work post Covid-19. This has allowed for full segregation of staff caring for all residents.	
Regulation 27: Infection control	Not Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: All issues noted on the inspection were addressed and we will continue to improve our own internal infection control resource. St Luke’s Home recruited a number of healthcare staff which allowed for full segregation of staffing for residents. Further education was provided to staff regarding best practice of infection prevention and control measures.	

## 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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	26/02/2021
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.	Not Compliant	Orange	30/03/2021