



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

Issued by the Chief Inspector

Name of designated centre:	St. Francis' Nursing Home
Name of provider:	St Francis Nursing Home (Mount Oliver) Company limited by Guarantee
Address of centre:	Mount Oliver, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	12 September 2024
Centre ID:	OSV-0000168
Fieldwork ID:	MON-0044862

About the designated centre

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

St Francis Nursing Home is a purpose built nursing home which accommodates a maximum of 25 female residents over the age of 65 years. The centre cares for their religious Sisters and also female residents from the community. The Nursing Home provides 24 hour nursing and residential care to those with medium, high and maximum dependencies. The centre is situated on extensive grounds, 3.2 km North of Dundalk. On the same site as the Mount Oliver Convent the centre has a separate entrance. The accommodation is laid out along two corridors; La Verna and Kevina. All bedrooms are single and have ensuite facilities. There are multiple rooms strategically situated throughout the centre for resident use. The centre also has an enclosed garden for private use. St Francis Nursing Home is a not-for-profit charity set up by the Franciscan Missionary Sisters for Africa.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 12 September 2024	08:30hrs to 16:30hrs	Frank Barrett	Lead
Thursday 12 September 2024	08:30hrs to 16:30hrs	Yvonne O'Loughlin	Lead

What residents told us and what inspectors observed

There was a relaxed and calm atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. The inspectors spoke with five residents and two visitors. The overall feedback from residents was one of high satisfaction with the quality of care in the centre. Residents spoke very positively about the staff and management in the centre.

There was a good variety of activities for residents to choose from. All activities available were displayed on a notice board. On the day of the inspection a group of residents were enjoying watching Mass on the television and there was good interactions between staff and the residents. A selection of daily newspapers were readily available for residents to access and read.

The ancillary facilities supported effective infection prevention and control. The centre had one treatment room for the storage and preparation of medications, clean and sterile supplies. A sluice room was available for the reprocessing of bed pans and urinals on each unit. All of these rooms were organised, clean and tidy. Storage areas for supplies and equipment were organised and tidy. There was a laundry room on site for residents clothing and and linen. This room had a clean and dirty work flow and was clean and organised.

The centre is a large period building, which had extensions added over time. The building was situated on an elevated site within a rural area, surrounded by farmland. The external space available to residents in the centre was vast, and included areas of mature trees, and gardens. The building is shared with an operating convent, with many of the residents within the nursing home, having come from the religious orders. Internally, the layout of the centre, ensured that all residents were accommodated on the ground floor. Each section of corridor was decorated in a way to differentiate it from other corridors, including the use of various colour schemes. There was plenty of natural light coming into every part of the centre, and communal day rooms were noted to be bright and welcoming spaces for residents, their families, and visitors.

Staff spoke of the close relationships that existed between residents at the nursing homes, and nuns that lived in the convent. There appeared to be a close connection between the two with one resident saying that "this was their family" and they were very happy to be in such close proximity to them. Residents were meeting with visitors and attending activities including mass which was being offered during the day. Residents were assisted to the dining room for their meals, however, it was noted during inspection, that the dining room was locked outside of meal times. This was the ongoing practice at the centre to facilitate thorough cleaning and re-arrangement of delph. Inspectors were also informed that this was a safety restriction due to the presence of boiling water dispensers in the servery attached to the dining room.

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

This was an unannounced inspection to review compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013), and to review an area of bedrooms which the provider intended to register as part of the centre. The inspection of the existing centre focused on the arrangements in place to protect the residents from the risk of fire, a review of the premises, and a review of actions taken by the provider to mitigate the risk imposed by legionella in the water system.

St Francis Nursing Home (Mount Oliver) Ltd is the registered provider for St Francis' Nursing Home. There were clear roles and responsibilities outlined with oversight provided by a board of trustees of the Franciscan Missionaries Sisters of Africa (FMSA). The person in charge reported directly into the registered provider representative who attends the nursing home regularly. The person in charge was also supported in her role by a clinical nurse manager. There were no staff vacancies at the time of inspection.

Inspectors reviewed an area of the building footprint, which the provider had submitted an application to register as part of the nursing home. The area presented for registration included five additional en-suite bedrooms, and a tea-station. There were also a number of additional storage spaces, and a corridor. The area had previously been used as accommodation associated with the attached convent. These bedrooms had been refurbished, and were bright and clean on inspection. Inspectors reviewed the escape routes for this new section, and noted that the provider intended to use bed evacuation in the event of a fire. The alternative means of escape from this area was through the existing convent, which was not part of the registered footprint. There was an exit route which was not fitted with an appropriate emergency exit sign, and a lock had been fitted to an escape door from the adjacent enclosed garden. This lock and the exit signage was replaced in the days following the inspection. Overall, the inspection of these rooms found that they would provide suitable accommodation for additional residents in the nursing home. While there was adequate communal space available for residents which included the addition of a further five residents for this area of the centre, the dining room was not available at all times of the day.

Documentation reviewed relating to water safety provided the assurance that the risk of *Legionella* was being monitored and managed appropriately in the centre. For example, routine water testing for *Legionella* in hot and cold water systems had been undertaken, the provider had identified high counts of *Legionella* bacteria in

some of the samples tested. Further details are discussed under Regulation 23: Governance and Management. Since the inspection the person in charge has given assurances that this bath is able to be flushed properly and is being repaired. A meeting was organised for the end of September 2024 with the external consultants to make a plan to address the risks identified in the risk assessment that was completed in April 2024.

Fire safety was found to be a high priority for management and staff in the centre. An extensive programme of maintenance and testing of fire safety services, and installations within the centre, ensured that staff understood their roles, and how to use the available equipment in the event of a fire. Staff were up-to-date in annual fire safety training, and fire drills were being conducted regularly to ensure that staff understood the various scenarios that may occur in the event of a fire. Staff used personal emergency evacuation plans (PEEPs) to assist in the evacuation of residents, and these were reviewed regularly to ensure that they accurately reflected the dependencies of residents. Floor plans were posted throughout the centre as a guide to staff, residents and visitors, however, the floor plans did not display pertinent evacuation information as outlined in the centres own fire safety policy. This is discussed under regulation 23 Governance and Management.

Audits of the premises were also being undertaken. there was a procedure in place to escalate any maintenance issues which were identified by staff at the centre. On the day of the inspection, there were no outstanding maintenance issues, however, some minor maintenance issues were identified during this inspection as outlined under regulation 17 Premises. While there was adequate communal space available for residents to use, the dining room was closed after mealtimes reducing the space for residents to use.

Regulation 23: Governance and management

Improvement was required on the part of the registered provider to ensure that appropriate management systems were in place to ensure the service provided was safe, appropriate, consistent and effectively monitored by the provider. For example;

- The assisted bathroom had a bath that was not able to be flushed easily. For example, on the day of inspection the water in the bath was brown and had debris, the staff available were not familiar with the system to run the taps. If infrequently used outlets are not flushed weekly water can stagnate and contribute to the formation of bacteria which increased the risk of *Legionella* in the water system.
- The management of the dining room area resulted in the dining being closed outside of meal times. This meant that residents who, for any reason, couldn't attend a meal time, would get their food in their room, or another

communal space. While there was no restriction on the food offered at any time, the choice of a resident to eat in the dining room was limited by this practice.

- The floor plans posted throughout the centre did not have information available which was outlined in the fire safety policy at the centre. The plans were difficult to read as they did not indicate the location of the reader, and did not illustrate the building layout, escape routes, escape direction or compartment boundaries. This would mean that the use of these floor plans would not provide valuable information in the event of a fire as had been set-out in their own fire safety policy.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors were assured that residents living in the centre enjoyed a good quality of life. This was demonstrated by the attention which the staff at the centre gave while interacting with the residents. However, improvements were required in some areas of quality and safety to ensure residents' safety, including the premises, and fire precautions.

While areas of the centre provided a homely environment for residents and was generally clean, further improvements were required in respect of the premises. Some maintenance attention was required to address repairs required to some sections of ceiling. The centre was provided with a range of storage spaces for linen, medical equipment and personal protective equipment (PPE), however, inspectors noted that an area of storage space adjacent to the centre was used for storing of large amounts of stock, including continence wear, PPE, and paper towels. There was also some inappropriate storage in areas of the centre, which housed the central heating boilers and main electrical equipment. This is discussed under Regulation 17: Premises.

Conveniently located alcohol-based product dispensers facilitated staff compliance with hand hygiene requirements. Clinical hand hygiene sinks were available within easy walking distance of resident's bedrooms for staff use. These sinks complied with the recommended specifications for clinical hand wash basins.

Inspectors reviewed arrangements in place at the centre to protect residents from the risk of fire. The centre was equipped with a category L1 fire detection and alarm system. This system was designed to ensure that there was detection in place within all rooms within the centre including storage spaces, ancillary rooms, and attic spaces, however, inspectors noted that detection was not in place within all store rooms.

Storage arrangements required review as they were impacting on fire safety at the centre. An electrical services room which was an inner room at the rear of the boiler

room, was used as a storage spaces for some flammable and combustible items such as chemicals, and some boxes of maintenance materials. Further cleaning materials were stored in the main electrical room. The provider committed to removing these materials on the day of inspection.

The means of escape required some review. The primary method of evacuation was through bed-evacuation, which meant that in the event of a fire, residents would remain in their bed, and would be evacuated on the wheeled bed. Inspectors noted that one alternative means of escape was into an internal courtyard. This courtyard did not provide an exit route through which a bed could fit. In this particular location, there remained 2 other alternative means of escape, and inspectors were informed that staff would not use this courtyard route for beds as other routes were available. However, this was not clear on the evacuation procedure, or identified in fire drills which were conducted in the area of this escape route.

Measures in place to prevent the spread of fires in the centre was reviewed. While there were containment measures in place to assist horizontal evacuation, for example, compartment fire doors, and compartment walls, there were some areas that required remedial works to ensure that fire smoke, and fumes would be restricted from travelling across compartment lines. An electrical and communication services room, which is a room with a high risk of fire, had service penetrations which crossed over compartment lines. The service penetration were not adequately fire stopped, which meant the fire smoke and fumes could spread from this room to the adjoining escape corridor. Additionally, within this room, inspectors could not be assured of the fire rating of a section of the wall between the room and the corridor. There was large holes in the wall, which allowed inspectors, to view its construction. The wall did not appear to be constructed of appropriate fire rated materials to reflect the high fire safety risk of this type of room. The provider undertook to have this reviewed following the inspection. These issues are discussed further under regulation 28: Fire Precautions.

Regulation 17: Premises

Improvement were required of the registered provider to ensure that the premises is in line with the Statement of Purpose and the floor plans for which it is registered. For example:

- A storage space adjacent to another storage area within the designated centre was not outlined on the floor plans for the centre. This storage space was used for items required within the designated centre only.
- While the overall building was shared between the existing religious order and the designated centre, the main entrance to the nursing home section was not outlined as part of the designated centre. This entrance was

identified for the use of the designated centre only, and was not used as a shared entrance.

Improvements were required from the registered provider, having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example some areas of the premises required maintenance attention internally:

- A section of ceiling which had been damaged previously as a result of a leak, was damaged. This ceiling was in the area of the staff changing, and laundry.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Improvement was required from the registered provider, to take adequate precautions against the risk of fire and to provide suitable fire fighting equipment, for example:

- Storage of cleaning chemicals, maintenance equipment and other flammable items was identified in the electrical services room and another inner room at the rear of the boiler room which also housed electrical mains equipment. This increased the risk of fire in these areas.

A review of the escape procedure was required to provide adequate means of escape for example:

- The potential use of an internal courtyard as a means of escape required review as the preferred method of evacuating dependant residents was through the use of bed evacuation. The onward exit out of the courtyard could not facilitate bed evacuation.

Improvements were required to make adequate arrangements for detecting or containing fires. For example:

- While the centre was fitted with a category L1 fire detection and alarm system, a number of rooms did not have fire detection as required by this category of alarm. Examples included:
 - A cleaners store within the laundry area
 - A cleaners room in the dining room lobby.

Containment of fire, smoke and fumes was compromised in some areas of the centre, for example

- The communications and electrical services room had multiple services which penetrated the compartment lines. These services were not adequately fire

stopped to prevent fire smoke and fumes spreading across compartment lines.

- The wall between the communications room and the corridor, did not appear to be constructed of appropriate fire rated materials. This would impact on the containment of fires within this high fire-risk room.
- The fire stopping materials at the top of the wall in the treatment room was dislodged due to remedial works to an extractor duct. The extract duct also did not appear to have an appropriate fire collar in place where it passed over the wall. This would impact on the containment of fire, smoke and fumes within this rooms.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for St. Francis' Nursing Home OSV-0000168

Inspection ID: MON-0044862

Date of inspection: 12/09/2024

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>St Francis Nursing home has a board of trustees who provides oversight to the service. The home has a designated Registered provider Representative who works closely with the PIC to ensure that quality, safe and person-centred service is delivered. The PIC is in the Home 5 days a week and actively plans and supervises the service provision on a day to day. Each of the key staffs have clear roles and scope to work.</p> <p>The nursing home has a clear Statement of purposes, and services provided adheres with what is stated in the Statement of purpose</p> <p>Regular clinical governance and management meetings are held to plan and monitor service delivery.</p> <p>The identified Risk of assisted bath not being able to be flushed easily which may increase the risk of Legionella. To come to compliance, the Registered Provider has engaged a Maintenance company to assess and repair the bath. Spare parts were ordered from Sweden, we await delivery. In the meantime, the bath is closed- Out of Use. When fixed, to limit the risk of legionella, the bath will be run before use, shower heads will be disinfected. There after as per legionella guidelines- weekly flushing will continue. We realistically see this completed by 31 January 2025.</p> <p>The Management of Dining room was reviewed by PIC and RPR. After Risk assessing the dining room, the issue of Closed Dining room outside mealtimes was resolved with immediate effect on 12 September 2024, The Dining room door is now always left open.</p> <p>Indication of the location of the reader in the floor plans posted in the Home- to align with our fire policy and procedures- Architect has been engaged to update the floor plans and include the location of the reader, building layout, escape routes, escape direction and compartment boundaries, the work is in progress and is expected to be complete by 30 November 2024.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The registered provider is working with architect and a contractor to ensure that the premises is in line with Statement of Purpose and floor plans for the nursing home</p> <p>1. A storage space adjacent to another storage area within the designated centre was not outlined on the floor plans for the centre. This storage space was used for items required within the designated centre only. Architect has been engaged to update the floor plans and outline the storage area by 30/11/2024</p> <p>While the overall building was shared between the existing religious order and the designated centre, the main entrance to the nursing home section was not outlined as part of the designated centre. Architect has been engaged to update the floor plans and outline the main nursing home entrance by 30/11/2024</p> <p>A section of ceiling which had been damaged previously as a result of a leak, was damaged. This ceiling was in the area of the staff changing, and laundry. The Leak had been repaired before the inspection, In house Painting by the nursing home staff has started and is expected to complete by 30 November 2024</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Registered Provider endeavours to ensure a fire safe environment for our residents and all users, we have a sound Fire safety management policy & procedures to guide our practise. We review fire safety needs and risks for our residents and other users and proactively manage them. The registered provider engaged the support of a fire safety expert and architect to assess our buildings and guide our improvement. All staffs are fire safety trained using a reputable fire trainer. We conduct regular fire drills. All rooms are fitted with fire retarded beddings, chairs and floor coverings and have been fitted with fire detectors that are linked to the fire panel. There is regular service of the fire panels and emergency lighting.</p> <p>On the risk of Storage of cleaning chemicals, maintenance equipment and other flammable items was identified in the electrical services room and another inner room at the rear of the boiler room which also housed electrical mains equipment. This increased the risk of fire in these areas. All cleaning chemicals, maintenance equipment and other inflammables which were stored in electrical service room and the inner room were removed immediately on day of inspection 12/9/2024. This issue is resolved. This was discussed in handover meeting with staffs and maintenance staffs to avoid risk</p>	

of repetition.

The potential use of an internal courtyard as a means of escape required review as the preferred method of evacuating dependant residents was through the use of bed evacuation. The onward exit out of the courtyard could not facilitate bed evacuation. An exit light up sign was put on the door exiting to the courtyard. A thumb lock was put on the door entrance to the nursing home from the courtyard. This has been resolved on 16/9/2024

A number of rooms did not have fire detection as required by this category of alarm.

A cleaners store within the laundry area

A cleaners room in the dining room lobby. Fire detectors were put in these rooms and were linked to fire alarm. On 16/9/2024. This is now resolved.

- The communications and electrical services room had multiple services which penetrated the compartment lines. These services were not adequately fire stopped to prevent fire smoke and fumes spreading across compartment lines.

Fire expert and Architect are already engaged. Work in progress we expect it to complete by 30/4/2025

- The wall between the communications room and the corridor, did not appear to be constructed of appropriate fire rated materials. This would impact on the containment of fires within this high fire-risk room. Fire expert and Architect are already engaged. Our Architect has assessed the area, work is on progress to be complete by 30/4/2025

- The fire stopping materials at the top of the wall in the treatment room was dislodged due to remedial works to an extractor duct. The extract duct also did not appear to have an appropriate fire collar in place where it passed over the wall. This would impact on the containment of fire, smoke and fumes within this rooms. Fire expert and Architect are already engaged. Work in progress 30 December 2024

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/11/2024
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	30/11/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	31/01/2025

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/11/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	16/09/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/04/2025