



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

## Issued by the Chief Inspector

Name of designated centre:	St. Dominic Savio Nursing Home
Name of provider:	Smith Hall Limited
Address of centre:	Cahilly, Liscannor, Clare
Type of inspection:	Unannounced
Date of inspection:	15 January 2025
Centre ID:	OSV-0000450
Fieldwork ID:	MON-0044274

## About the designated centre

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

St. Dominic Savio nursing home is a purpose-built single-storey nursing home that provides 24-hour nursing care. It can accommodate up to 28 residents both male and female over the age of 18 years. Care is provided for people with a range of needs: low, medium, high and maximum dependency. It is located in a rural area close to the coastal village of Liscannor. It provides short and long-term care primarily to older persons. There are nurses and care assistants on duty covering day and night shifts. Accommodation is provided in both single and shared bedrooms. There are separate dining, day and visitors' rooms as well as a garden patio area available for residents use.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	28
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## How we inspect

To prepare for this inspection the inspector or 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 15 January 2025	10:00hrs to 17:00hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

The inspector found that residents living in this centre were very well cared for, and well supported to live a good quality of life, by a dedicated team of staff who knew them well. Feedback from residents was that they were satisfied with life in the centre. Residents reported feeling safe and comfortable in the care of staff, who they described as kind and caring. The atmosphere in the centre was very warm and welcoming throughout the day.

This unannounced monitoring inspection was carried out over one day. There were 28 residents accommodated in the centre on the day of the inspection, and no vacancies.

Following an introductory meeting with the clinical nurse manager on duty, the inspector spent time walking through the centre, giving an opportunity to meet with residents and staff and to review the living environment. Residents were observed to be up and about in the various areas of the centre. Some residents were having breakfast, some residents were relaxing in the communal areas, while other residents were having their care needs attended to by staff.

St Dominic Savio Nursing Home is situated outside the village of Liscannor, County Clare. The designated centre is a purpose-built, single-storey facility and is registered to provide accommodation for 28 residents. Accommodation is comprised of single and twin bedrooms, a number of which are ensuite. The inspector saw that residents' bedrooms were suitably styled and provided adequate space to store personal belongings. Residents were encouraged to personalise their bedrooms and many rooms were decorated with items of significance, such as ornaments and photographs. Residents had access to homely communal areas including a sitting room, a sun room and a dining room. There was sufficient space available for residents to meet with friends and relatives in private. All areas of the centre were designed and furnished to create a comfortable and accessible living environment for residents.

An enclosed garden, which included a variety of suitable garden furnishings, provided accessible outdoor space for residents.

The centre was warm and well-ventilated throughout. There were appropriate handrails available and corridors were unobstructed to allow residents with walking aids to mobilise safely. There was a sufficient number of toilets and bathroom facilities available to residents. Call-bells were available in all areas and residents told the inspector that they were answered in a timely manner. There were appropriate sluicing facilities in the centre. An onsite laundry service for residents' personal clothing was available which was appropriate for the size of the centre. All areas of the centre were very clean, tidy, and well-maintained.

The inspector spent time observing staff and residents' interaction in the various areas of the centre. The majority of residents sat together in the communal areas. Some residents were watching television, listening to music, reading and chatting with each other and staff. Other residents were observed sitting quietly, watching the comings and goings in the centre. A small number of residents remained in their bedrooms. Throughout the day, residents were observed moving freely around the centre, and were observed to be socially engaged with each other and staff. Residents were relaxed and familiar with one another and their environment. Staff who spoke with the inspector were knowledgeable about residents and their needs. Staff were observed to be kind and respectful in their interactions with residents, and care was delivered in a relaxed manner. Communal areas were appropriately supervised and those residents who chose to remain in their rooms were supported by staff. The inspector observed that personal care needs were met to a very good standard.

The inspector chatted with a number of residents about life in St Dominic Savio. Residents spoke positively about their experience of living in the centre. Residents commented that they were well cared for, comfortable and happy. One resident told the inspector 'It's lovely here, staff are very good to me'. Another resident said that they 'would highly recommend the place'. A number of residents chatted about how they spent their day. Some residents described how they liked to spend their time between the communal rooms and their bedrooms, other residents explained that they preferred to relax in the comfort of their own bedrooms. Residents said that they could speak freely with staff if they had any concerns or worries. Residents who were unable to speak with the inspector were observed to be content.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day.

There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities throughout the day. The inspector observed residents engaging in various activities on the day including music, exercises and ball games. The inspector observed that staff made great efforts to ensure that all residents were facilitated to be as actively involved in the recreational programme as they wished. One resident told the inspector that there was 'plenty to do' and others chatted about enjoying various activities available including music and singing.

Residents had access to adequate quantities of food and drink. There was a choice of wholesome and nutritious food at each meal, and snacks and refreshments were available throughout the day. Residents were well supported by staff during mealtimes. Those residents who required help were provided with assistance in a respectful and dignified manner. Residents were very complimentary about the quality of the food provided in the centre. One resident told the inspector 'the food is always excellent, every day'.

In summary, this was a good centre with a responsive team of staff, delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability of the provider to support the service and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced monitoring inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector reviewed the action taken by the provider to address areas of non-compliance found on the last inspection in April 2024. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to achieve positive outcomes for residents who lived in the centre. The inspector found good compliance across all regulations reviewed. The provider had addressed the actions required in relation to Regulation 23: Governance and management

The registered provider of St Dominic Savio is Smith Hall Limited. The inspector found that there was an established and clear management structure in place. The company has two directors, both of whom worked full-time in the centre in a management capacity. The management team within the centre consisted of a person in charge, a general manager and a human resources manager. The person in charge was supported by clinical nurse managers, nursing and support staff. The governance and management was well-organised to ensure that residents were supported to have a good quality of life. The management team were a visible presence in the centre and were well known to the residents and staff. The person in charge facilitated the inspection and demonstrated a good understanding of their role and responsibility. There were systems in place to ensure deputising arrangements in the absence of the person in charge.

The designated centre had adequate resources available to ensure residents received a good standard of care and support. The centre had a stable team which ensured that residents benefited from continuity of care from staff who knew them well. The inspector found that the staffing number and skill mix on the day of inspection were appropriate to meet the care needs of the residents who were living in the centre. Staff had the required qualifications, competencies, and experience to fulfil their roles. Staff were observed working together as a team to ensure residents' needs were addressed and, were observed to be interacting in a positive and supportive way with residents. The person in charge provided clinical supervision and support to all staff.

There were management systems in place to monitor the quality of the service provided. A range of clinical and environmental audits had been completed which reviewed practices such as infection control, medication management and falls management. There was evidence of effective communication systems in the centre.

Key information relating to aspects of the service including weight loss, infections, use of restraint, hospital transfers, safeguarding and complaints, were collected and reviewed by the person in charge on a weekly basis and communicated to staff at daily handover meetings. The management team met with each other and staff on a regular basis. Records of meetings were maintained and showed that a range of agenda items were discussed, including clinical documentation, medication management, infection control, staff rosters and resident issues.

Policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing guidance on how to deliver safe care to the residents.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

The provider had systems in place to ensure the records, set out in the regulations, were available, safe and accessible.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services, as required.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre. A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

### Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant



<b>Regulation 21: Records</b>
Records were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
Residents and their property was appropriately insured in the centre, in line with regulatory requirements.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
Inspectors found that there were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. There was a clearly defined management structure in place with identified lines of authority and accountability. The provider had management systems in place to ensure the quality of the service was effectively monitored.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>

There was an effective complaints procedure in place, which met the requirements of Regulation 34.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place, available to staff and updated, in line with regulatory requirements.

Judgment: Compliant

### Quality and safety

The inspector found that residents living in this designated centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were complimentary about the service, and confirmed that their experience of living in the centre was positive.

Nursing and care staff were knowledgeable about residents' care needs and this was reflected in the nursing documentation. The inspector reviewed a sample of four residents' care records. Prior to admission to the centre, residents had a comprehensive assessment of their needs completed to ensure the service could meet their health and social care needs. Residents' care plans were developed within 48 hours following admission to the centre. Care plans were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity and malnutrition. The care plans reviewed were person-centred, holistic and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents had access to medical and health care services. Systems were in place for residents to access the expertise of health and social care professionals, when required.

There was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments and care plans were in place.

The inspector observed that management and staff made efforts to ensure residents' rights were respected and upheld. Residents' choice was respected and facilitated in the centre. Residents could retire to bed and get up when they chose. Opportunities to participate in recreational activities in line with residents' choice and

ability were provided. Residents had access to an independent advocacy service. Residents had the opportunity to meet together and discuss management issues in the centre, including nutrition and menu choices.

There was an up-to-date residents' guide available which contained a summary of the services and facilities in the centre, the terms and conditions relating to living in the centre, the complaints procedure, and the arrangements for visits.

Residents who were assessed to be at risk of malnutrition were appropriately monitored. Appropriate referral pathways were established to ensure residents identified as being at risk of malnutrition were referred for further assessment by an appropriate health care professional.

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

### Regulation 11: Visits

Visiting arrangements were flexible, with visitors being welcomed into the centre throughout the day of the inspection. Residents who spoke with inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

### Regulation 18: Food and nutrition

There were sufficient amounts of food and drink available to residents at all times. Residents were provided with a choice of meals from a menu that was updated daily. Food was properly and safely prepared, cooked and served, including specialist consistency meals. Residents were assisted with their meals in a respectful and dignified manner when necessary.

Judgment: Compliant

Regulation 20: Information for residents
The provider had prepared a guide for residents which contained the requirements of the regulation.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.
Judgment: Compliant
Regulation 6: Health care
Residents were provided with timely access to a medical practitioner and health and social care professional services in line with their assessed needs.
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging
The provider had systems in place to monitor restrictive practices to ensure that they were appropriate.
Judgment: Compliant
Regulation 9: Residents' rights
Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Judgment: Compliant

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

Regulation Title	Judgment
<b>What residents told us and what inspectors observed</b>	
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant