



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

Issued by the Chief Inspector

Name of designated centre:	St Fiacc's House
Name of provider:	St Fiacc's House Company Limited by Guarantee
Address of centre:	Killeshin Road, Graiguecullen, Carlow
Type of inspection:	Unannounced
Date of inspection:	23 March 2023
Centre ID:	OSV-0000554
Fieldwork ID:	MON-0037708

About the designated centre

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

St Fiacc's House was established in 1982. It is owned by the Catholic parish of Graiguecullen/Killeshin and run by a voluntary organisation, St Fiacc's House Ltd. It is a 17-bedded, single-storey centre which provides long-term care for residents who are assessed as having low to medium dependency needs and who require minimal assistance. All residents' rooms are single occupancy. There are six toilets, three assisted showers and an assisted bathroom available for residents. Other accommodation includes two large activity rooms, a dining room, a kitchen and a sunroom. There is also an activity centre with a library, oratory and hairdressing salon. The café, which is located in this area, is open to the public. There is adequate communal space, and the design of the building allows freedom of movement for residents to walk around the centre and grounds. Call bells are provided throughout. There are enclosed and external gardens which are spacious and well maintained. Seating is provided for residents and their visitors. There is ample parking space provided for residents, staff and visitors. According to their statement of purpose, the centre aims to provide a happy, safe and healthy home for older people. It also aims to respect the privacy and dignity of the residents and create a homely, warm and compassionate environment where friends and family feel welcome.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15
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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
Thursday 23 March 2023	09:00hrs to 15:30hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

Overall, the inspector found that staff promoted a person-centred approach to care and actively and positively engaged with residents to provide individualised care, supporting residents' independence and autonomy. The residents living in this centre expressed a high level of satisfaction with the service provided. The inspector met with the majority of residents during the inspection and spoke in more detail with six residents to ask them about their experience of living there. Residents informed the inspector they were happy in the centre and felt safe. Residents were complimentary about the care they received and the level of choice on how they wanted to spend their day. One resident said to the inspector that they would go to the nearby shopping centre a couple of times during the week or for a regular walk around the city on a daily basis if the weather permits it.

The inspector walked around the centre and found it to be clean and well organised. There was a calm and relaxed atmosphere in the centre throughout the day of the inspection. There were many communal spaces that were decorated in a homely manner with ample comfortable seating and many decorative ornaments on display. Bedrooms were found to be clean and homely. Each room had adequate storage space, including a locker and a wardrobe. Residents that spoke with the inspector were happy with their rooms.

The inspector observed that staff were visible on the floor, tending to the residents' care needs. Staff were observed to treat residents with kindness, and the inspector observed that staff knew the residents well and residents were seen to be content and relaxed in the company of the staff.

The dining room tables were nicely decorated with flowers, and condiments were available for residents' use. Residents enjoyed home-cooked meals and stated that there was always a choice of meals, and the quality of food was very good. Meals served at dinner and tea time looked very nice, with additional portions being served up where requested.

Activities were scheduled for the residents over seven days per week. The inspector observed staff and residents having good-humoured banter during the activities. Residents' meetings were held regularly, and it was clear from how the minutes were recorded that the voice of the resident was important to the staff.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that St Fiacc's House was a well-governed service which ensured that residents received high-quality, safe care in line with their needs and choices. This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended.

St Fiacc's House Company Limited by Guarantee, which is a limited company with charitable status, was the registered provider. There is currently a board of six directors who are legally required to act in the best interests of the company. One of the board members is the nominated representative for St. Fiacc's House. The centre is a low-dependency supported care home and was registered on the basis that the residents do not require full-time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The person in charge was supported in the centre by an assistant director of nursing who deputised for the person in charge in their absence. The management team were proactive in response to issues as they arose and used regular audits of practice to improve services.

An annual review of the quality and safety of care delivered to residents has been completed for 2022 in consultation with residents and their families.

The registered provider ensured there were sufficient and safe staffing levels to meet the assessed needs of the residents and to support a full social and activity programme.

The training was provided through a combination of in-person and online formats. All staff had completed role-specific training in moving and handling, safeguarding, infection control, fire safety and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

Regulation 15: Staffing

There were sufficient staff on duty day and night, with appropriate knowledge and skills to meet the needs of the residents taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training record showed that staff members were up-to-date with the training requirements according to their roles and responsibilities. A schedule of training was in place for those due for refresher training.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a Directory of residents. This included all the information as specified in Schedule 3 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had an up-to-date contract of insurance in place, as required by the regulations. This provided insurance against injury to residents and loss or damage to residents' property, which is a regulatory requirement.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. The registered provider had a defined governance and management structure in place, with clear lines of authority and accountability established.

The provider had systems in place to monitor and review the quality of the service provided to the residents. The inspector reviewed a sample of completed clinical and environmental audits from 2022 and 2023, which reviewed various elements of the service, such as medication management, infection control, hand washing safety, fire safety, food safety and document control. Where areas for improvement were identified, action plans were developed, and action was taken.

Judgment: Compliant

Quality and safety

The findings of this inspection showed that the management and staff strived to provide a good quality of life for the residents living in the centre. Residents' rights were observed to be upheld, and residents were involved in the organisation and development of the centre. The inspector saw evidence in the documentation reviewed and from conversations with residents that residents were consulted in respect of the quality of the service provided. The management of the centre continued to involve the local community and external entertainers in activity provision. Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available.

The design and layout of the premises were appropriate to support the needs of the residents. The centre was found to be very clean and uncluttered. All areas of the centre were found to be on a cleaning schedule, and clear audits of the practices were provided to the inspector.

There was a thorough assessment of their communication needs and a detailed care plan specifying the individual requirements of a small number of residents.

Residents' end-of-life care needs and wishes were assessed on admission to the centre and reviewed as part of the overall care plan review process at intervals not exceeding four months. End-of-life care plans were developed following a holistic assessment of the resident's physical, emotional, social, psychological and spiritual care needs.

Overall the provider had taken precautions to protect the residents in the event of a fire emergency. There was an effective system of daily and weekly checking of means of escape, fire safety equipment and compartment fire doors.

Regulation 10: Communication difficulties

The inspector saw that the communication abilities of all residents were reviewed. Residents' care plans demonstrated detailed assessments and plans of care for those with communication difficulties to ensure that all residents could communicate freely.

Judgment: Compliant

Regulation 13: End of life

Residents and, where appropriate, their relatives were involved in the decision-making process with regard to end-of-life wishes, preferences and advanced care

plans in consultation with the resident's General Practitioner (GP).

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire and provided suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings. Fire drills were conducted at regular intervals and simulated day and night scenarios.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had provided facilities for occupation and recreation for the residents in the designated centre. Residents' rights were respected, and their choices were promoted in the centre by all staff. Residents were provided with access to independent advocacy services if required. Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
What residents told us and what inspectors observed	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 9: Residents' rights	Compliant