



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:	29 May 2024
Centre ID:	OSV-0000554
Fieldwork ID:	MON-0043201

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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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 29 May 2024	09:20hrs to 16:55hrs	Aislinn Kenny	Lead

What residents told us and what inspectors observed

Residents living in St Fiacc's House described being well looked after to the inspector. Residents spoken with said 'I love it here, I don't think you could find a place anything like it anywhere else.' Another resident said 'All is great here, I can come and go as I please, it's really nice and we're really well looked after'. Feedback from residents' was that this was a very good place to live, they felt safe and they were very well cared for by staff who were kind and caring. Staff were observed to deliver care and support to residents which was respectful, and in line with their assessed needs.

The atmosphere in the centre was lively and jovial. There were activities taking place throughout the day and most residents were participating in the activities, socialising with each other and other people who had arrived for the day service. The centre was clean, nicely decorated and suitable to the needs of the residents. There were various areas for residents to sit and relax outside of their rooms such as a quiet room and sun room, residents were observed resting and relaxing in these rooms. Residents and staff were enjoying kind and respectful interactions. The centre had a large communal dining area, a large lounge and an activities area for residents to socialise in and participate in the activities offered. Residents were seen enjoying playing ball games and bingo here on the day of inspection.

St Fiacc's House provided care for residents with low to medium dependency care needs. Residents came and went from the centre with their family and friends in the local community. Residents were well connected with the local community, linking in with local activities and were independent in making choices about how they lived their lives.

The inspector walked around the centre and found that it was clean and well organised. Residents' bedrooms were nicely decorated and each resident had adequate storage space, all residents spoken with were happy with their bedrooms. The centre was well maintained and well laid out to suit the needs of residents with directional signage and free access to come and go from the centre as residents wished. There was an internal courtyard with a brightly coloured table that was used for barbecues in the summer time and recent landscaping work had taken place in the rear garden. This space was nicely decorated with flowers and stonework and had brightly coloured tables and chairs with a picnic area for residents' use. Residents told the inspector they were delighted with the change and were looking forward to sitting out in the longer evenings. An information board outside the day room detailed the activities schedule available throughout the week and the inspector was told there was regular Mass and a hairdresser visited the centre every Thursday. Residents' meetings took place in the centre where residents' rights were discussed.

The large dining room was nicely decorated with a variety of condiments on the tables. Residents sat together in groups to enjoy their meal. There was a choice of

meals available and residents told the inspector there was never a problem asking for something else. The meals were observed to be nutritious and wholesome with large portions served. The atmosphere during mealtimes was unhurried and sociable with residents chatting with each other and also with staff. A choice of drinks was available throughout the meal and refreshments were served throughout the day also. An area of the dining room required review in relation to fire containment and this is discussed further in the report.

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, residents living in the centre were well supported to live as independently as they desired. 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.

This was an unannounced 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, is the registered provider. There is a board of 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 by an assistant manager, a team of staff nurses, health care assistants, housekeepers, multi-task assistants, catering staff and maintenance staff. As this is a low dependency designated centre the role of the health care assistant also involved being the only person on duty at night time. The person in charge informed the inspector that there was an on-call rota should additional support be required during the night time. The person in charge was well established in their role, was a registered nurse and met the criteria of the regulations. They were well known throughout the centre to residents, visitors and staff.

An annual review had been completed for 2023 and included input from residents and their families.

There was an established governance and management structure in place. The systems in place to monitor the quality and safety of the service and residents' quality of life were effective. The inspector reviewed governance and management

documentation including audit records, meeting minutes and complaints. There was a comprehensive audit schedule which included audits of food and nutrition, safeguarding, falls and care plans. Staff meetings and health and safety meetings took place regularly.

There were effective governance and management structures in place in the centre and clear lines of authority and accountability. Sufficient resources were in place to provide care to residents and the management team was well established in the centre.

There was sufficient staff on duty on the day of the inspection to meet the needs of the residents and staff worked well together to provide care and support for residents. A sample of staff files were reviewed and all staff were found to have up-to-date garda vetting certificates in place.

The inspector reviewed details of three incidents which had had not been submitted to Chief Inspector of Social Services as per the requirements of Regulation 31: Notification of Incidents. The person in charge submitted these notifications retrospectively, following the inspection.

The inspector reviewed policies and procedures which had recently been updated and included all of the requirements as set out in Schedule 5 of the regulations.

The inspector reviewed the complaints log and found that complaints were appropriately managed in the centre. The complaints policy and procedure had been updated and reviewed recently.

Staff training records and inspector's observations showed that staff had appropriate access to all mandatory trainings. There was a comprehensive training schedule in place and all staff had up-to-date training.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and met the requirements of the regulation.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff were appropriately supervised. All staff were up to date with mandatory training.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good governance and management arrangements in place, the management systems to oversee the reporting and oversight of accidents and incidents that required notification to the Chief Inspector required to be strengthened.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the incident log found that there were three incidents where residents had fallen requiring immediate medical attention. These were not notified to the office of the Chief Inspector. The person in charge submitted the notifications retrospectively at the request of the inspector.

Judgment: Not compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints procedure which contained all the requirements of Regulation 34. All complaints were accurately recorded and promptly investigated.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured that all policies had been updated in line with the requirements of Schedule 5 of the regulations.

Judgment: Compliant

Quality and safety

The inspector observed that the interactions between residents and staff were kind, jovial and respectful throughout the inspection. The residents were satisfied with the quality of care they received.

Overall, residents in the centre lived in an unrestricted manner according to their needs and capabilities. Residents' health, social care and spiritual needs were well catered for. The centre itself was well-maintained, comfortable and appropriate to residents' needs. The person in charge and staff team were well-known to residents and were seen to provide person-centred care. However, some fire safety concerns were identified on this inspection.

Visitors were not restricted and visitors were observed coming and going on the day of inspection. There were plenty of spaces available for residents to meet with visitors in areas other than their rooms and there was a coffee shop in the centre where residents could meet with friends and family. The centre had a laundry system in place and residents' laundry was returned to them promptly, residents had storage areas to store their clothing and personal items.

A residents' guide was available in the centre and it contained information on the service and facilities available, it contained a copy of the complaints procedure and contact details for independent advocacy services.

Residents were provided with nutritious and wholesome meals that were cooked in the centre. Mealtimes were sociable occasions with all residents choosing to dine in the dining room together. Residents were very complimentary of the food and there was choice offered at mealtimes. Refreshments and drinks were served throughout the day and the inspector observed the dietary needs of residents were being met.

Fire safety precautions were in place throughout the centre, fire safety checks were completed daily, weekly and monthly as required. All staff had completed fire safety training and there was evidence of fire drills taking place in the centre. These included simulated night time evacuation drills which provided assurance that appropriate contingency arrangements were in place to ensure that in the event of fire, all residents could be safely evacuated from the designated centre. The inspector reviewed service documents and found they were up-to-date. During the walk around of the centre the inspector saw that there was a large open space between the kitchen and dining room, this was an open area with large gaps observed under the bain marie, used for serving food to the dining room. The lack of shutters or alternative fire precautions in place to close off this area meant that it lacked adequate arrangements for containing fire within a high risk area. As

well as this, the door into the kitchen that was beside the open space was not a fire door further increasing the containment risk. This was identified to the person in charge on the day of inspection. The inspector also found emergency lighting required review in areas of the centre to ensure they were functioning correctly. Assurances were received immediately following the inspection that this was undertaken and there was a plan in place to address it.

The restraint register was maintained in the centre. The centre included key-pad locks as part of the environmental restrictive practices. Risk assessments were completed to ensure that the use of restrictive practices remained appropriate and proportionate to the assessed needs of the residents.

Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' clothes were laundered in the centre's laundry and returned to them without delay. Residents had access to and were supported to maintain control of their own personal clothing and possessions. Each resident had enough space to store their clothes and personal possessions in their bedrooms as they wished.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents who spoke with the inspector were complimentary regarding the quality, quantity and variety of food. Food was nutritious and well presented. Drinks and snacks were provided to residents throughout the day of inspection.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide set out the requirements under the regulations including the complaints procedure and details of advocacy services.

Judgment: Compliant

Regulation 28: Fire precautions

Emergency lighting in some areas of the centre required review, as the directional signage was not illuminated in all areas. Assurances were received following the inspection that a review had taken place and one sign required repair.

The registered provider did not make adequate arrangements for detecting, containing and extinguishing fires in all areas. For example:

- There was a large open space located in the wall between the kitchen and dining area. This meant the wall separating the kitchen, which was a compartment wall, was not fully intact as it contained a bain marie for serving. In addition, there were no fire protection measures in place to prevent the spread of fire between the kitchen and dining room. The floor plans submitted to the Chief Inspector of Social Services described this area as a hatch, such hatch was not in place on the day of inspection and no shutters or alternative means to contain this space was provided.
- The door between the kitchen and dining room was not a fire door and the inspector was not assured that there were appropriate containment measures in this area.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Compliance Plan for St Fiacc's House OSV-0000554

Inspection ID: MON-0043201

Date of inspection: 29/05/2024

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>NF03's will now be sent in the event of all incidents when a precautionary decision is made that requires the resident to leave the center even in the event that no serious injury has occurred. NFO3's were always completed and submitted in the event of a serious injury.</p> <p>Action completed: 29/05/2024</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>Following our most recent inspection we were ruled to be none compliant in relation to three incidents in our incident report file that had not been reported to HIQA on NF03's. These three incidents were reported retrospectively on NF03's the evening the inspector left St Fiacc's House.</p> <p>When each incident occurred, there was no serious injury to report</p> <p>Following a nursing assessment, and as a precautionary measure, on all three occasions the three residents were transferred directly to the acute services for assessment and Xray's.</p> <p>No serious injuries occurred to residents in any of these three incidents, hence the rationale at the time for not reporting these incidents.</p> <p>Actions completed: 29/05/2024</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All emergency lighting is fully operational, the fire door in the kitchen has a new fire seal, both actions were taken immediately and completed 30/05/2024. The Fire safety system in place has been risk assessed and reviewed annually and deemed at the highest standard possible to protect our residents, service users and staff. Following health and safety meetings, discussion with our fire consultant and the BOD it was agreed that a shutter-in front of the hatch in the event of a fire would enhance the system in place and will be implemented, a fire shutter will be custom made to cover the hatch. Action completion date: 31/08/2024.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	29/05/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/05/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in	Not Compliant	Orange	29/05/2024

	charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
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