



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	St Augustine's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Cathedral Road, Abbeyhalfquarter, Ballina, Mayo
Type of inspection:	Announced
Date of inspection:	01 February 2024
Centre ID:	OSV-0000649
Fieldwork ID:	MON-0033980

## About the designated centre

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

St Augustine's Community Nursing Unit is a 33-bedded community nursing unit which is under the management of the Health Service Executive (HSE). It is situated in the town of Ballina close to St. Muradech's Cathedral. Nursing care is provided to long stay and respite residents who have increasing physical frailty, some living with dementia and others requiring assistance with mental health or palliative care needs. The environment is stimulating and friendly. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to their care and support. The service promotes independence, health and well being. Accommodation includes single and twin rooms. An internal courtyard garden and a further garden to the front of the building was available.

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

Number of residents on the date of inspection:	27
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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 1 February 2024	09:00hrs to 15:00hrs	Lorraine Wall	Lead

## What residents told us and what inspectors observed

On the day of the inspection, the inspector observed resident and staff interactions and found that residents appeared to be content and relaxed in the company of staff. The overall feedback from residents was that they were generally happy with their life in the centre and were well cared for.

This was an announced inspection and on arrival to the centre, the inspector met with the Person in Charge. An introductory meeting was commenced followed by a walkabout of the centre. This gave the inspector the opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. There was a relaxed and calm atmosphere in the centre. Residents were being assisted to get up from bed and were being supported by staff to the dining and communal rooms.

St Augustine's Community Nursing Unit provides long term care for both male and female adults with a range of dependencies and needs. The designated centre is a two storey, purpose built nursing home that can accommodate a maximum of 33 residents in single bedrooms. The centre is located close to local amenities in Ballina, Co. Mayo.

The premises was warm and bright. Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. Alcohol hand gel dispensers were available for use on the corridors and staff were seen to use good hand hygiene techniques.

Bedrooms were nicely decorated and were personalised with residents' belongings such as photos, artwork and ornaments. Residents' bedrooms had sufficient personal storage space available for residents to store their belongings. However, the inspector observed that most residents did not have a comfortable bedside chair to relax in if they wished to stay in their bedrooms.

The inspector observed that staff were working hard to provide care and support to the residents and were kind and empathetic in their interactions with the residents they cared for. Residents who spoke with the inspector said that "staff are lovely", "staff take great interest" and "cant do enough for you". Residents told the inspector how much they enjoy the activities and outings that they go on.

One resident told the inspector how a member of staff had ensured she was facilitated to watch her siblings funeral online by providing a laptop for her to use.

The inspector observed residents during mealtime and found that staff assisted residents in a respectful manner. Some residents were observed to eat their meals in their bedrooms. The residents were complimentary about the food provided in the centre. Pictorial menus had been provided since the last inspection, to better facilitate residents with cognitive and communication needs to choose their meals

each day.

Residents' visitors were made welcome and were seen by the inspector coming and going throughout the day of the inspection. The inspector spoke with a number of residents' visitors on the day of the inspection who all spoke positively about the centre and the care provided by staff. One visitor told the inspector that their relative had passed away in the nursing home and that the staff had "cared so well" for them, saying "there is nothing like the care here".

There were a range of activities taking place on the day of the inspection, including art and the making of St. Bridget's crosses. The inspector observed residents enjoying this social experience and laughter could be heard coming from the dayroom. The centre had a varied schedule including bingo, mass, singing, bingo and aromatherapy. The inspector was informed that a group of transition year students attend the centre weekly and spend time chatting to the residents.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

This inspection found that some improvements had been implemented since the last inspection and there was good oversight of the day to day care and services provided for the residents. However, more focus and resources were now required to ensure that the non compliances identified on this and on previous inspections were addressed in full.

This was an announced inspection completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The registered provider of St Augustine's Community Nursing Unit is the Health Service Executive.

The management team consisted of a person in charge, who works full time in the centre and a clinical nurse manager, however the latter post had been vacant since 2020. A team of nursing staff provided clinical support for staff and supported the person in charge in their role. However, the failure to appoint to the long standing clinical nurse manager vacancy significantly reduced the clinical leadership team available in the centre and did not ensure that the person in charge was adequately supported in their role. Furthermore, the current cover provided by nursing staff when the person in charge was absent from the centre was not in line with the deputising arrangements set out by the provider in their statement of purpose against which the centre is currently registered. This was a repeated finding from the previous inspection.

Along with the nursing and health care staff, there was an activity coordinator,

household, catering and maintenance staff making up the full complement of the staff team.

The inspector reviewed minutes of staff meetings and found that staff were appropriately supervised in their roles. Staff meetings included discussions on a range of topics including clinical care and environmental safety. The inspector reviewed the audit schedule and found that the audit system was not being utilised in line with the centre's audit schedule. These findings are discussed further under Regulation 23: Governance and Management.

A review of training records found that all staff were up to date with the completion of their mandatory training.

Policies and procedures to guide staff were available for staff, however a number of policies had not been updated. Furthermore, a number of policies were not specific to the designated centre and therefore did not provide appropriate guidance for staff working in the centre.

Complaints were managed appropriately and to the satisfaction of the complainant. However, the complaints policy and procedure required updating to ensure that all residents have access to advocacy services, and are aware of the support available, should they require this assistance when making a complaint.

### Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. The inspector found that the person in charge had ensured that staff were appropriately supervised.

Judgment: Compliant

## Regulation 23: Governance and management

- While there were quality assurance processes in place these had not addressed some key areas that were impacting on the quality and safety of care and services for the residents. In particular, the lack of occupational therapy services was a known deficit in care provision and the provider did not have a plan in place to resource this service for those residents who needed it. In addition, the provider had failed to ensure the resources were made available to install sufficient accessible bathrooms for the residents accommodated in the centre.
- Some monthly audits had not been completed in line with centre's audit schedule. For example, the most recent restraint audit was completed in February 2023 and the most recent health and safety audit was completed in April 2023. Both of these audits should have been repeated in 2023 in line with the audit schedule to ensure that the deficits identified in February and March had been fully addressed to ensure the safety of all residents.
- The provider had failed to appoint to the clinical nurse manager post which had been vacant since 2020. Furthermore, there was no evidence that the provider was actively recruiting to this post. This meant that the provider did not have appropriate deputising arrangements in place for when the person in charge was absent. In addition, this reduced the clinical leadership team from two managers to one manager, the person in charge, who was working without support.

Judgment: Not compliant

## Regulation 34: Complaints procedure

The complaints policy and procedure had not been updated in line with changes in legislation that came into effect in March 2023, in relation to residents' access to advocacy services for the purposes of making a complaint. This was a repeat finding from the previous inspection.

Judgment: Substantially compliant

## Regulation 4: Written policies and procedures

The provider had not ensured that up-to-date evidence based policies and procedures were available to guide staff on their practices and procedures in the



centre. This was evidenced by the following findings;

- Most of the policies and procedures available in the centre were not centre-specific to St Augustine's Community Nursing Unit.
- The majority of the policies available had not been reviewed within the past three years as required by the regulations.

Judgment: Not compliant

## Quality and safety

Residents living in this centre experienced a good quality of life and received timely support from a caring staff team. However, the inspectors found there were a number of actions that the provider needed to take to reach full compliance with these regulations including addressing the lack of accessible bathroom facilities for 33 residents. .

For the most part, residents' health care needs were being met. Residents had timely access to their general practitioners (GPs), and a range of allied healthcare professionals. However, the lack of timely access to occupational therapy was negatively impacting on a number of residents' health and well being. The inspector found that some residents had been waiting a prolonged period of time for an occupational therapy assessment and to be provided with adequate seating to ensure their comfort. Some of these residents were using specialist chairs which belonged to the centre, but for which the resident had not received a seating assessment by an occupational therapist. As a result the inspector was not assured that these residents were using equipment that met their needs.

The inspector reviewed a number of residents' assessments and care plans and found residents had an assessment of their needs completed on admission. Care plans had been reviewed in a timely manner and effectively guided staff on the delivery of care.

Residents had access to local television, radio and newspapers. The inspector observed that residents would have benefited from an extra newspaper being provided as some residents were waiting quite a long time for the newspaper to become available during the day. Some residents told the inspector that they have the option to buy their own newspaper.

Residents' rights were protected and promoted and individuals' choices and preferences were seen to be respected, however, the inspector was not assured that residents who spent the majority of their days in their bedrooms were offered the opportunity to take part in meaningful activities in line with their interests and capacities.

There was a good programme of individualised and group activities available in the

centre and most residents who occupied communal areas were observed to take part in some form of activity on the day of the inspection, including an art class by an external provider and the making of St. Bridget's crosses.

While feedback from residents about activities and outings confirmed that there was a range of activities on offer weekly, these activities were not recorded and there were no records available for review, which indicated residents' levels of engagement or participation, which meant that this aspect of the residents' care could not be easily reviewed.

The inspector observed a meal time sitting and found that the residents were supported in a patient and respectful manner. Residents were adequately supported to make choices in relation to their meal time options. Residents were aware what they were having for dinner on the day of the inspection. There was a menu with the daily choices available displayed for the residents in addition to pictorial menu for residents who required this support.

The inspector found that the registered provider had ensured visiting arrangements were in place for residents to meet with their visitors as they wished. Visits were observed to be happening in both communal rooms and residents' bedrooms. There was also sufficient private visiting rooms for residents to use if they wished.

The centre was found to be clean and warm. Corridors around the centre were wide and contained hand rails fixed to the walls to assist residents with their mobility. Residents' bedroom accommodation was individually personalised. The communal bathrooms did not meet the needs of 33 residents with a range of dependencies and mobility needs. Communal rooms were nicely set out and encouraged residents to relax and to converse with each other and with staff.

The inspector observed that the person in charge had ensured there were good infection prevention and control measures in place. There was evidence of good practice in relation to infection control and staff were observed using good hand hygiene techniques throughout the day of the inspection.

Residents were provided with information to support their day to day lives in the centre. A residents' guide was available for review, and was written in plain English, setting out the facilities and services that were available for residents. There was a resident's notice board with information about the activities programme, the complaints procedure and various health leaflets. There was also information about independent advocacy services. The inspector reviewed residents' meetings and found that residents suggestions were acted upon.

## Regulation 11: Visits

Inspectors observed visits taking place in line with national infection prevention and control guidelines. The centre had suitable areas for visiting to take place in private.

Judgment: Compliant

### Regulation 17: Premises

- The layout of some bedrooms in the centre did not comply with the regulations and required reconfiguration. For example, residents in these rooms did not have sufficient space around their bed to contain a chair and bedside storage. This meant that these residents could not sit in a comfortable chair whilst resting in their bedroom, if this was their wish.
- The chairs that were provided in the majority of residents' bedrooms were dining chairs and were not comfortable for residents to relax in their room if they so wished.
- There were not sufficient accessible bath and shower facilities for 33 residents. This was identified at the previous two inspections. A restrictive condition has been placed on the centres' registration which requires the provider to address this issue by May 2024, to ensure there are sufficient sanitary facilities for all residents. However at the time of the inspection the works had not commenced.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents were provided with wholesome and nutritious food and were given adequate choice in relation to their mealtime options.

Judgment: Compliant

### Regulation 20: Information for residents

The residents guide was available for residents and met the requirements of Regulation 20.

Judgment: Compliant

### Regulation 27: Infection control

The centre was visibly clean and the inspector observed good infection prevention

and control practices in use by staff.
Judgment: Compliant
<b>Regulation 5: Individual assessment and care plan</b>
The inspector reviewed a sample of residents' care plans and found that they met the requirements of Regulation 5.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Residents did not have adequate access to occupational therapy services in line with their needs. The inspector found three residents who had been referred for occupational therapy assessment between May 2023 and November 2023 had not been assessed by an occupational therapist at the time of the inspection and had no appointments to be seen.
Judgment: Not compliant
<b>Regulation 9: Residents' rights</b>
The inspector did not observe residents who spent time in their bedrooms, being offered the opportunity to participate in any meaningful activities on the day of the inspection. In addition, the activities programme did not schedule activities for residents who spent their time in their bedrooms. Furthermore, there were no records kept of the activities that residents took part in to show that these residents were offered appropriate activities in line with their preferences and capacities and where relevant to record that the resident declined the activities that were offered.
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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Not compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St Augustine's Community Nursing Unit OSV-0000649

Inspection ID: MON-0033980

Date of inspection: 01/02/2024

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> <li>• Occupational Therapy have been contacted- OT assessments will be carried out by Occupational Therapist 01-04-2024 at 10am</li> <li>• Restraint audit Completed 12-03-2024</li> <li>• Health and Safety will be completed by end of March</li> <li>• CNM 2 was offered within the unit, also offered to other CNU's, offered to agencies and it has been approved for filling when embargo is lifted.</li> </ul> <p>At present the off duty would reflect a 3rd nurse on 5 days a week who would be supernumerary and take charge on the floor.</p> <p>Maintenance have informed us that the tender for the new assisted bathroom will go out in mid July 2024. Tendering will be completed by mid August 2024</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Complaints updated</p>	

Regulation 4: Written policies and procedures	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Policies will be updated by end May</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.</p> <p>Most residents don't stay in their rooms during the day and if they go down to their rooms during the day they go for a rest The rooms have been reviewed are in line with regulations size. A business case has been submitted nationally for a replacement CNU in Ballina. Residents were asked if they would like an armchair, some residents said they were happy with chair they had but the DON has ordered some armchairs for the residents</p> <p>Maintenance have informed us that the tender for the new assisted bathroom will go out in mid July 2024. Tendering will be completed by Mid august 2024</p>	
Regulation 6: Health care	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: Occupational Therapy- date organized for 01-04-2024 4 residents will have their seating assessments completed</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The inspector has reviewed the provider compliance plan. This action proposed to</p>	



address the regulatory non-compliance does not adequately assure the chief inspector that the actions will result in compliance with the regulations.

Residents activity record will be in place by 01-04-2024

All residents are welcome to come up to day room to participate in activities if they wish.

Residents can avail of Physio, reflexology and aromatherapy in their rooms

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/12/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/12/2024
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability,	Substantially Compliant	Orange	31/12/2024

	specifies roles, and details responsibilities for all areas of care provision.			
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.	Not Compliant	Orange	31/12/2024
Regulation 34(5)(b)	The registered provider may, where appropriate assist a person making or seeking to make a complaint, subject to his or her agreement, to identify another person or independent advocacy service who could assist with the making of the complaint.	Substantially Compliant	Yellow	30/04/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/05/2024

Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	30/04/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	30/04/2024