



**Health
Information
and Quality
Authority**

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 Fionnan's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Achill Sound, Mayo
Type of inspection:	Unannounced
Date of inspection:	12 January 2024
Centre ID:	OSV-0000650
Fieldwork ID:	MON-0041480

About the designated centre

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

St Fionnan's Community Nursing Unit is a purpose-built single-storey building which is registered to accommodate 30 male and female residents. The centre is located in Achill Sound and overlooks the coastline. It is close to the church and local amenities including hotels, shopping facilities and the library. Care is provided to persons aged 18 years and over who require long-term care or periods of respite care. Residents with dementia care needs and end-of-life care needs are accommodated. The environment is homely, comfortable and well maintained. A safe, well-cultivated courtyard garden is available for residents and this is accessible from several points of the building. Nursing and care staff are available 24 hours per day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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
Friday 12 January 2024	09:00hrs to 17:00hrs	Celine Neary	Lead
Friday 12 January 2024	09:00hrs to 17:00hrs	Ann Wallace	Support

What residents told us and what inspectors observed

Overall residents enjoyed a good quality of life and residents reported to inspectors that they felt safe and well cared for. The inspectors observed staff interactions with residents that were kind, patient and respectful. Residents and staff knew each other well and were relaxed and comfortable in each others company. The inspectors observed that the privacy and dignity of residents during episodes of care was maintained by staff. Residents told the inspectors that they felt safe and were happy with their lives in the centre. This was also supported by relatives visiting the centre on the day of inspection.

However, construction works were in progress in the centre in multiple areas. The delay in the completion of these works was having an impact on the residents comfort and quality of life, especially during mealtimes and when sitting in the day room.

Inspectors arrived at the centre unannounced and were greeted at reception by the Person in Charge. The centre was warm and inviting and there was a calm atmosphere as residents were being assisted by staff and starting their day. The centre was homely and tastefully decorated with local historical photos and paintings on display in the corridors. Following a brief introductory meeting with the person in charge the inspectors went for a walk around the centre and spoke with residents, relatives and staff throughout the day.

The inspectors observed residents sitting in the communal day room, small seating areas along the corridors and also in their bedrooms. Some residents were engaging with an art therapist on the day and were observed to be enjoying this activity. The care staff delivered some small group activities in the afternoon however the staff facilitating the activities were not specifically trained or designated to the role of activities and the activities were limited to what staff felt able to provide. Some residents expressed that they found the day long and that they spent a lot of time watching television or sitting in their bedroom. These comments were validated by the inspector's observations on the day.

The centre had an enclosed courtyard garden which was open and freely accessible to all residents. It contained garden furniture and a mixed shrubbery. There was also a bird feeding station to provide a point of interest for the residents some of whom told the inspectors that they enjoyed watching the birds coming to feed and listening to their songs. The garden was in need of maintenance as it had been left unattended for several months.

St Fionnan's Community nursing Unit is a one storey purpose built premises located overlooking the sea in Achill, County Mayo. A number of staff have worked in the centre for many years and are well known to the residents. The centre is within close proximity to the town and some bedrooms overlook the scenic views within the area. The bedrooms are well laid out and had adequate storage for residents

personal possessions. There were appropriately placed privacy screens in the multi-occupancy rooms and residents had access to their television and personal belongings when the privacy screens were drawn.

Residents had access to local information, newspapers, telephones, televisions and radio. Visitors were made welcome in the centre and were seen coming and going freely to visit friends and family members on the day of the inspection. Although there was an allocated relatives room in the centre, the inspector did not observe any relatives or visitors using this room on the day of inspection. The room was set out comfortably for visitors but inspectors could not be assured that this room was utilised. The inspectors spoke to a relative on the day who mentioned that they would like to be able to visit in an area other than the residents bedroom.

There was sufficient staff on duty to meet the needs of residents and call bells were responded to in a timely manner. The inspectors sat and observed a mealtime in the dining area. Staff were observed sitting beside residents and assisting them with their meals. Residents were observed enjoying their meals and interacting with one another and staff. The food was well presented and residents received their choice from the menu. Residents told the inspectors that they really enjoyed the food. The inspectors observed that the food was fresh, appetizing and portion sizes were generous. However, the dining room was congested and there was limited space available for residents and staff to move around. This was further impacted by the use of large comfort chairs.

The inspectors found that the works to install sufficient accessible toilets in close proximity to the communal areas had not been completed which meant that residents had to return to their bedrooms to use the toilet before and after meals and when they were using the communal lounge. This was not appropriate for a number of residents whose bedrooms were at considerable distance from the communal areas. A full review of the functional layout and suitability of the changes made to the toilet area was required by the provider to ensure any changes made were fit for purpose and provided suitable facilities for the residents.

The provider was in the process of upgrading and refurbishing a number of facilities in the centre including the sluice room, the communal toilets and the dining room. The day room had been temporarily partitioned off with a sheet as the door to the conservatory had been removed to facilitate planned construction works to extend and increase the size of the dining room. The schedule of works was not well planned and as a result the works were significantly delayed and the inspectors found that a number of rooms were not being used for their registered purpose. These changes were impacting on the quality and safety of the residents daily lives. For example, the ongoing works to refurbish the clinical sluice room and the housekeepers store room meant that a bedroom and a vacant en suite room were temporarily in use as the sluice room and to store housekeeping supplies and equipment. This posed significant infection prevention and control risks which were not being managed effectively.

The next two sections of the report will discuss the findings of the inspection under the relevant regulations which are set out under the two pillars of capacity and capability and quality and safety.

Capacity and capability

The inspectors found that overall the centre was well managed by an experienced management team and the care and services provided to residents was of good quality. However, the registered provider had failed to complete the required improvements in line with their compliance plan submitted following the last inspection. As a result residents were living with unfinished works in a number of areas, including their communal sitting room and dining room, which was impacting on their quality of life.

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. The inspectors found the construction works in the centre to address the lack of space in the dining room and the availability of a wheelchair accessible toilet in close proximity to the communal lounge for resident's use were not complete. Works were underway in the centre however they were significantly delayed and were not well managed. Significant focus and resources were now required to ensure that the outstanding works were appropriately planned and scheduled so that they could be completed in a timely manner and the centre was brought into compliance with the regulations.

The Health Service Executive is the registered provider for St Fionnan's Community Nursing Unit. The centre is registered for 30 beds. The management team in the centre consists of the person in charge, a clinical nurse manager, nurses, health care assistants, housekeeping staff, catering staff and administration. There were ongoing vacancies for a maintenance member of staff and there were no trained activities staff available in the designated centre. The lack of maintenance staff and trained activities staff was impacting on the quality of the lived environment and the daily lives of the residents.

Following an inspection in 2020 and 2023 the Chief Inspector attached additional restrictive conditions 4 and 5 to the designated centres registration which required the provider to increase capacity in the dining room and to provide suitable accessible toilets close to the dining and communal rooms. This inspection found that the provider had failed to complete the improvement works within the time frame set by the Chief Inspector and as a result the provider was in breach of their conditions of registration. This was the second time that the provider was found to be in breach of their conditions of registration which is reflected in the not compliant judgement and findings set out under Regulation 23.

The person in charge is supported in their role by a person participating in management from the Health Service Executive. The centre is managed by an

experienced senior management team. Management meetings are held regularly and the person in charge has good access to their line manager and the provider's resources such as human resources and training. There are management systems in place to monitor the quality and safety of the care and services provided for the residents but audits completed were inconsistent and were not being carried out in line with the centres own four monthly audit plan.

Although there was sufficient levels of nursing and care staff available to residents on the day of inspection there were several staff vacancies in the centre and the provider was not operating in line with the staffing levels as outlined in their statement of purpose.

Staff training and development was available to staff. Staff demonstrated their knowledge regarding complaints, safeguarding and fire emergency procedures when talking with the inspector. There were clear lines of reporting in place and staff were clear about what was expected of them in their roles. However staff providing activities had not received appropriate training to carry out this role effectively. Furthermore some improvements were required in infection prevention and control knowledge to ensure that all staff were consistent in their hand hygiene practices and that staff recognised infection transmission risks such as the inappropriate segregation of cleaning equipment from clean items.

Incidents were recorded appropriately and timely notifications were submitted in writing to the office of the Chief Inspector as required.

The complaints policy and procedure was prominently displayed at reception for residents and relatives to avail of if required.

The inspector reviewed a number of staff files including a recently appointed member of staff. The required documentation was included in all files and they were stored securely in the centre.

Regulation 14: Persons in charge

The person in charge an experienced nurse who holds a management qualification and meets all of the regulatory requirements. The person in charge works full time in the centre and hold responsibility for the day to day management of the service. The person in charge was well known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

The registered provider has not ensured that the staffing resources are appropriate to ensure that the premises was well maintained and that laundry services were adequately resourced at weekends.

- there was no maintenance person available in the centre as the previous member of staff had not been replaced when they left in September 2023.
- at weekends there was no laundry staff on duty on the rosters reviewed by the inspectors.
- there was no member of staff available to drive the centre's bus and ensure that resident's had access to the community and were able to maintain their schedule of day trips. Residents told the inspectors that they missed these opportunities to get out of the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff were appropriately supervised and had access to a copy of the regulations, standards and policies and procedures in the centre to guide their clinical care. However, a number of staff required training on safeguarding and infection prevention and control. A schedule was in place for this training to take place in February 2024.

Staff did not have the skills to support residents to engage in a range of activities in line with their interests and capacities, and no appropriate training was made available to address this knowledge gap.

Judgment: Substantially compliant

Regulation 21: Records

Records in the centre were well maintained and up to date. They contained all the required information as set out in Schedule 2 of the regulations and were stored in a secure location.

The inspector reviewed 5 staff records and all were compliant with the regulations. Garda vetting was in place for all staff, a full employment history and references as required.

Judgment: Compliant

Regulation 23: Governance and management

The provider had failed to ensure there were adequate resources available to ensure the effective delivery of care in accordance with the statement of purpose;

- the registered provider was found to be in breach of Condition 4 of the designated centre's current registration, as they had failed to provide adequate resources to ensure the required improvement works in relation to dining facilities and communal toilet facilities were completed in a timely manner in line with the date of the 31st December 2023 set out by the Chief Inspector following the previous inspection in February 2023. This was a repeated breach of the centre's conditions of registration and the provider remains unable to accept new admissions to the designated centre until their conditions of registration are met. Furthermore the lengthy period of disruption to the residents whilst these works were ongoing was not acceptable.

The governance and management systems in place were not effective and did not ensure that the service provided to residents was safe, appropriate and consistent.

- the schedule of works to bring the centre into compliance was not well managed and as a result residents and staff were living and working with ongoing disruption to the communal areas in the designated centre which was impacting on their daily lives over a prolonged period with no end date. Furthermore the quality of the work completed was not being monitored effectively. For example, some works that had been completed in one of the new accessible toilets did not ensure that the layout of the room was safe and accessible for residents even though the overall size of the room had been increased to safely accommodate a resident needing assistance with mobility or in a wheelchair.
- improvements had been made with auditing in the centre since the previous inspection but further work was required to complete these audits in line with the centres own 4 monthly schedule.
- some risks were not being well managed in the centre. For example the re purposing of an en suite bedroom as a sluice room and cleaner's store had not been risk assessed. As a result a number of risk associated with the transmission of infection were not being managed effectively in order to protect the residents.

Judgment: Not compliant

Regulation 31: Notification of incidents

The person in charge had completed all regulatory notifications as required by the Chief Inspector. There was an open and transparent culture of reporting incidents.

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints procedure was made available to the inspectors for review on the day of inspection. However, it did not include a nominated review officer and there was no reference to independent advocacy services for residents. The complaints procedure required review and amendment to reflect the 2023 changes in the legislation.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Written policies and procedures were in place in the centre and readily available to all staff if required. The complaints procedure required review and up dating to reflect the changes in the legislation the came into effect in 2023. This is addressed under Regulation 34.

Judgment: Compliant

Quality and safety

Overall, residents were provided with good standards of nursing and health care in line with their assessed needs and their rights were mostly respected. However there were outstanding improvements to the premises which were significantly impacting on the quality of their lived environment especially their communal areas. Furthermore the schedule of works had not been adequately resourced leading to significant delays and disruption for the residents. This inspection found that the provider needed to prioritise completion of these works to ensure that the premises met residents' needs, promoted their independence and provided a pleasant lived environment for residents.

These improvement works included the installation of sufficient accessible toilets close to the resident's communal areas and ensuring that the dining room was of a suitable size to accommodate residents comfortably. The works were required to be completed by 31 December 2023. However the inspectors found that these

improvement works had not been completed and that there was no end date available for their completion. Furthermore the works that had been completed to one accessible toilet were not to a good standard and did not ensure residents using a wheelchair or other mobility aids could use the new facility safely.

The centre was clean and infection prevention and control policies and procedures were in place. However inspectors observed a small number of staff not completing hand hygiene in line with best practice. This was partly due to the lack of hand wash sinks at the point of care of residents. There were sufficient cleaning staff on duty and they were knowledgeable of infection prevention and control measures required in the event of an outbreak of infection. There was personal protective equipment available and staff were observed using it correctly.

There was also a lack of storage throughout the centre and inspectors found that various items of equipment were stored in residents areas throughout the centre including the therapy room and a resident bedroom. Inspectors found that the en suite facilities in this bedroom were currently being used as the sluice facility which was not in line with the provider's statement of purpose. Furthermore this arrangement had not been appropriately risk assessed which meant that the current arrangements did not adequately protect the residents from the risk of transmission of infection. The provider was not able to give clear time frames for the works to be completed to restore the original sluice facility and return the room to it's original purpose as a single en suite bedroom.

Residents were provided with good standards of nursing care and timely access to medical care to meet their needs. Residents' records and their feedback to the inspector confirmed that they had timely access to their general practitioners (G.P's), specialist medical and nursing services including psychiatry of older age and community palliative care. However records showed that residents did not have timely access to occupational therapists and dietitians. This is a repeat finding from previous inspections.

All residents had an assessment of their needs prior to and on admission. Care plans were developed to meet residents' assessed needs in line with their individual preferences and usual routines. However, some actions were necessary to ensure residents had care plans in place for all of their needs.

There were clear procedures in place to protect vulnerable residents, for example all staff had a garda vetting certificate in place. Residents told the inspector that they felt safe and were able to talk with a member of staff if they had any concerns. Residents were clearly comfortable in the presence of staff and staff and resident interactions were respectful and empathetic.

Fire exits were clear and fire equipment serviced accordingly. Staff spoken with by the inspectors were able to detail what they would do in the event of a fire. Personal emergency evacuation plans were discreetly displayed in each resident's room and up dated accordingly. The provider had fire safety processes in place, however the oversight of fire safety processes required significant improvement to ensure

residents were adequately protected. These findings are set out under Regulation 28.

Residents' bedroom accommodation was provided in single, twin and three bedded rooms. All bedrooms had en suite shower and toilet facilities. Bedrooms and en-suites were well proportioned and accessible for residents. Bedrooms had overhead hoists installed which supported safe moving and handling procedures for those residents who required hoist transfer for their personal care needs.

Resident's bedrooms were well laid out and residents had enough personal storage space for their belongings. Some bedrooms lacked items of interest such as pictures on the walls to create a more homely environment for the residents accommodated in these rooms. Bedroom one had a small family room adjacent to it and was designed for end of life care so that family members could stay with the resident if they wished to do so. However at the time of the inspection this bedroom was being used a general store room and a cleaner's store. Equipment items were stored on the bed and on the bedroom furniture as well as on the floor making it difficult to clean the floor thoroughly. In addition the housekeeping staff were using bedroom one to store their cleaning trolleys and floor cleaning equipment. There was no appropriate segregation of clean and dirty items and the mix of clean and dirty equipment significantly increased the risk of cross contamination and transmission of infection to residents.

The provider did have a number of quality checks in place in relation to the standard of environmental hygiene and infection prevention and control. These included cleaning specifications and checklists, a flat mop cleaning system and colour coded cloths to reduce the risk of cross infection.

There were systems in place to check resident's equipment items such as wheelchairs and portable hoists were cleaned and tagged after each use. Alcohol hand gel dispensers and personal protective equipment (P.P.E) were readily available along corridors for staff use.

The current provision of activities and recreation for residents did not ensure that all residents had access to meaningful activities and recreation in line with their preferences and capacities. The provision of art therapy sessions delivered by a qualified art therapist was in place three days a week and was well received by residents. The inspectors observed a number of residents working with the therapist on the day of the inspection. Residents were engaged and were clearly enjoying the session which was delivered on a one to one or small group session. However apart from these sessions and a weekly physiotherapy session there was little in the way of meaningful engagement available for the residents.

The designated centre was an integral part of the local community and was well supported by local businesses and groups. The centre was located close to local shops and amenities. Residents told the inspectors that they were no longer accessing the local facilities for outings as there was no driver for the bus.

There was an open visiting policy outside of meal times. Residents were observed coming and going throughout the day of the inspection. However some residents

and visitors said that they did not have access to a visitor's room other than the resident's bedroom. Those visitors who spoke with the inspectors expressed high levels of satisfaction with the care their loved ones received. Residents were supported to maintain contact with their families and friends and where residents expressed a wish to visit their previous homes and communities this was facilitated.

Residents had access to religious services and were supported to practice their religious faiths in the centre and had access to local and national newspapers and radios. Residents' meetings were convened on a regular basis and issues raised were addressed.

Regulation 12: Personal possessions

Residents had access to and could control their own personal possessions including their clothes and had adequate space to store and maintain them. Clothes were laundered regularly during the week and returned correctly to residents.

Judgment: Compliant

Regulation 17: Premises

While building works were underway, it continued to be the case that the layout of the premises did not meet the needs of the residents. For example;

- There were not enough accessible toilets for residents' convenience within close proximity of the dining room and communal sitting room.
- The new toilet facility that had been installed since the last inspection was not accessible for residents due to the proximity of the washbasin to the toilet which were so close together the residents using the facility would not be able to sit on the toilet without making contact with the hand wash basin causing a risk of injury or falls. In addition the hand wash basin was too small to avoid splash back of water when used which also increased the risks of slips and falls. This was highlighted to the person in charge on the day.
- The communal sitting room and the dining room did not provide sufficient comfortable space for residents. The provider was addressing this with the removal of a wall between these rooms and the adjacent conservatory. This work should have been completed by the 31 December 2023. However this work was not nearing completion on the day of the inspection and the person in charge did not have completion date for the works. This was causing significant disruption for the residents.
- The layout of the lounge did not provide a comfortable social space for residents. Residents' chairs were set out in rows facing the television. This did not promote conversation and social interaction between residents.

Furthermore those residents sat towards the back of the room could not see the television because their view was blocked by large comfort chairs set out in rows in front of them.

The premises did not meet the requirements of Schedule 6 of the regulations;

- There was insufficient storage for equipment. Boxes of equipment were being stored in bedroom one and the staff education room. In addition a wheelchair and bedding was being stored in the main bathroom. Various items of furniture and activities equipment were being stored in the small therapy room. This rendered the room in accessible for residents.
- The sluice facility was not fit for purpose. There was no assurance provided that the outflow from the ensuite toilet in which the sluice facility was temporarily located was adequate to facilitate safe waste disposal from a macerator.
- The premises was not kept in a good state of repair. The inspectors identified a number of areas where walls were scuffed and needed repair and painting. In other areas the skirting boards needed repair. The entrance door to the main lounge was damaged in a number of areas and did not close effectively. This was a fire door and needed to be replaced or repaired.

Judgment: Not compliant

Regulation 18: Food and nutrition

Each resident had access to fresh drinking water and choice at mealtimes. Adequate quantities of food and drink was provided. Meals appeared wholesome and nutritious and residents were observed enjoying their food during the day. There was adequate staff available to assist residents during this mealtime.

Judgment: Compliant

Regulation 27: Infection control

Notwithstanding a number of improvements made by the provider to address infection prevention and control issues, significant actions were still necessary. This was evidenced by the following findings;

- The sluice facility had been relocated to an en suite bathroom and was not fit for purpose. The infection prevention and control risks associated with this arrangement had not been identified and effectively managed.

- Boxes of supplies and other items were stored directly on the floor in a number of rooms creating dust and preventing effective floor cleaning.
- Storage was not appropriately segregated to ensure clean disposable equipment and other clean items were not stored in the same area as housekeeping equipment to mitigate risk of cross infection.
- The en suite in which the cleaner's store was temporarily located did not have a janitorial sink for housekeeping staff to empty cleaning buckets and clean and dry their equipment appropriately.
- A small number of staff did not perform appropriate hand hygiene practices following the delivery of resident care.
- There was a lack of clinical hand wash sinks outside of residents' bedrooms.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had not taken adequate precautions to contain a fire in the event of a fire emergency;

- The fire door at the main entrance to the communal sitting room was damaged and did not close. The door closure mechanism had been detached at the top of the door.

The provider had not ensured that there were adequate arrangements in place to maintain all fire equipment in the centre;

- The fire alarm had not been checked the week of the inspection in line with the provider's own policy.
- The weekly fire door checks had not identified that the fire door leading from the main communal room was damaged and did not close.
- The lint collector drawer in the dryer in the laundry was full of lint and there was no process in place to ensure that the lint was removed on a daily basis which increased the risk of overheating.

The provider had not taken adequate precautions to ensure safe evacuation of all residents in the event of a fire emergency;

- Two external fire exit routes were not wide enough to facilitate bed evacuations and may inhibit a ski sheet evacuation. This had not been identified as a potential risk and fire drills had not practiced evacuations via these external routes.
- Not all staff had practiced ski sheet evacuations even though a number of residents required this type of evacuation in the event of a fire emergency.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of resident's care records and found that some improvements were required to ensure all residents had care plans in place for all of their needs. For example;

- Two residents did not have a care plan in place for all needs that were identified on their admission assessment.
- Two residents did not have a care plan in place for meaningful activities.
- One resident's needs had changed to ensure they were safeguarded from harm but their safeguarding plan had not been updated since August 2022.

Judgment: Substantially compliant

Regulation 6: Health care

Residents did not have timely access to dietetic and occupational therapy services. This meant that some residents were waiting for long periods to be seen by a specialist. This is a repeat finding from the previous inspection.

Judgment: Not compliant

Regulation 8: Protection

Not all staff were up to date with their mandatory training requirements in protecting vulnerable adults from abuse.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents had access to an activities programme which was mostly provided by care staff. The staff providing daily activities did not have training in providing activities for residents. As a result the daily programme was not well organised or

implemented and residents spent a lot of time with little to do other than watch television.

Residents' community outings were limited as the centre did not currently have a driver for the centre's accessible bus.

Due to the ongoing premises improvement works in the centre residents were not able to access the conservatory area or the visitors'/family room.

There was a lack of staff available to provide support with meaningful activities. As a result the daily programme was not well organised or implemented and residents spent a lot of time with little to do other than watch television. Furthermore residents were not being facilitated to access to their local community and to go on day trips as had been previously available using centre's accessible minibus.

Resident's movement around their home and to their communal space was impacted by the ongoing building works in the designated centre.

Judgment: Not 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 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Not compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Fionnan's Community Nursing Unit OSV-0000650

Inspection ID: MON-0041480

Date of inspection: 12/01/2024

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Approval has been secured to fill this post once Recruitment embargo has been lifted. A National Derogation has been sought 27/02/24.</p> <p>Staff in Laundry at weekends 27/02/24.</p> <p>New Mini Bus anyone holding a full license can drive 27/02/24</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: IPC and Safeguarding training will be up to date by 19/03/24.</p> <p>Sourcing activity staff training via Imagination gym, Sonas and CarePals, 31/03/24</p>	
Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
 All scheduled works are complete, 27/02/24.

4 monthly Audits as per schedule will be complete by 19/03/24

All areas have reverted back to normal i.e., Sluice , Cleaners Room and Bedroom , 27/02/24

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
 The Complaints Procedure has been amended 15/01/24

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 This toilet facility has been in use by residents since its completion and we have had no issues or complaints to date.
 The small therapy room has been cleared see picture attached.
 A request has been sent to Maintenance please see email attached.

Works have been completed 27/02/24

The distance between the hand basin and toilet meet the specific dimensions for a disabled toilet.27/02/24

Residents have their own preferences on where they like to sit in the lounge. Staff will continue to promote conversation and social interaction between residents.27/02/24.

'The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations'

Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Works are completed 27/02/24 Hand Hygiene refresher training to be completed by all staff, 07/03/24.</p> <p>There are Alcohol Gel dispensers and PPE readily available along the corridors for staff use 27/02/24.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>All staff (including agency) completed Fire Training in Nov /Dec 2023. We do not do bed evacuations via these exits as part of our fire plan.</p> <p>Damaged Fire Door fixed 15/01/24. Extensive remedial fire door works was carried out by HSE appointed competent contractor in St Fionnans which were signed off in late 2023.</p> <p>Lint in dryer is checked daily by staff in Laundry 15/02/24.</p> <p>Fire safety training was conducted, namely,</p> <ul style="list-style-type: none"> • Fire Lecture • Fire Extinguishers(External Demonstration) • Evacuation Aid(As per their PEEPs) • Evacuation & Fire Alarm Panel.(Compartmentation & Sub Compartments) • 32 staff members completed fire safety training on the 30th November. (Two training sessions, morning and afternoon) • 10 staff completed fire safety training on the 12th December <p>There has been no material alteration to fire exit routes as per the approved fire safety certificate of the unit issued by the local fire authority. The provider is satisfied the exits can facilitate safe evacuation as planned and trained for in the event of fire.</p> <p>Fire door and alarm checks are completed weekly and recorded in onsite fire register.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care Plans are now reviewed with the residents and updated.27/02/24.	
Regulation 6: Health care	Not Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: Referral arrangements are in place, as required 27/02/24.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Safeguarding training is up to date, 27/02/24.	
Regulation 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Works are complete, residents can move freely and safely around unit 27/02/24. Activity training is being sourced for staff through, Imagination gym, Care pals and Sonas.31/03/24. Mini bus can be driven by staff with a full license. 27/02/24	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	27/02/2024
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2024
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that	Not Compliant	Orange	27/02/2024

	centre and in accordance with the statement of purpose prepared under Regulation 3.			
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.	Not Compliant	Orange	27/02/2024
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	27/02/2024
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	19/03/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Not Compliant	Orange	07/03/2024

	healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	19/01/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	12/01/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	19/01/2024
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	19/01/2024
Regulation 28(1)(c)(iii)	The registered provider shall make adequate arrangements for testing fire equipment.	Not Compliant	Orange	19/01/2024

Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Not Compliant	Orange	12/01/2024
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	12/01/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	19/01/2024

	detecting, containing and extinguishing fires.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	12/01/2024
Regulation 34(2)(d)	The registered provider shall ensure that the complaints procedure provides for the nomination of a review officer to review, at the request of a complainant, the decision referred to at paragraph (c).	Substantially Compliant	Yellow	15/01/2024
Regulation 34(5)(a)(i)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to understand the complaints process.	Substantially Compliant	Yellow	15/01/2024
Regulation 34(5)(a)(ii)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to (ii) make a complaint in	Substantially Compliant	Yellow	15/01/2024

	accordance with the designated centre's complaints procedure.			
Regulation 34(5)(a)(iii)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to (iii) request a review in a case where he or she is dissatisfied with the decision made in relation to his or her complaint.	Substantially Compliant	Yellow	15/01/2024
Regulation 34(5)(a)(iv)	The registered provider shall offer or otherwise arrange for such practical assistance to a complainant, as is necessary, for the complainant to refer the matter to an external complaints process, such as the Ombudsman.	Substantially Compliant	Yellow	15/01/2024
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	27/02/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in	Substantially Compliant	Yellow	27/02/2024

	paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	27/02/2024
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Not Compliant	Orange	27/02/2024
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make	Not Compliant	Orange	27/02/2024

	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.			
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	27/02/2024
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Orange	27/02/2024
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Not Compliant	Orange	27/02/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	29/02/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as	Substantially Compliant	Yellow	27/02/2024

	such exercise does not interfere with the rights of other residents.			
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