



# 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:	06 June 2024
Centre ID:	OSV-0000650
Fieldwork ID:	MON-0043276

## 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:	18
--	----

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 6 June 2024	09:30hrs to 14:00hrs	Celine Neary	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and responsive to their needs. The overall feedback from residents was that they were content with the care they received and that staff looked after them very well. Residents who expressed a view told the inspector that they liked where they lived.

The inspector observed that residents living in St Fionnan's Community Nursing Unit were supported by staff to attend to their personal care requirements throughout the morning time. These tasks were carried out in a friendly unhurried manner. It was clear that staff were familiar with residents' care needs and that residents felt safe and secure in their presence. A number of other residents were observed to be following their own routines, while others were supported to attend the main communal room.

This was an unannounced inspection to follow up on the providers compliance plan following the last inspection and to inspect construction works that were completed to improve the lived environment in the dining room and communal toilets. On arrival the inspector met with the person in charge. Following an introductory meeting the inspector did a walk around of the centre with the person in charge. The inspector observed that residents were supported and assisted by staff. The inspector met and spoke with many residents during the morning of inspection. One resident proudly told the inspector that they would be voting in the upcoming election and that they had had a visit in the centre from a local politician who they knew from their local community.

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. Both twin and triple rooms were well laid out and provided a comfortable space for each resident with various levels of dependency.

The sluice room had been recently refurbished to a good standard and the macerator had been reinstalled in its correct location within the original sluice room. These facilities were fit for purpose and in use on the morning of inspection.

The inspector observed that there was a relaxed and calm atmosphere in the centre. Some residents were enjoying breakfast in the dining room or in their own bedrooms. Other residents were still sleeping and staff confirmed that this was in

line with these residents' individual routines and preferences. Residents were well-dressed and were neat and tidy in their appearance.

During lunchtime the inspector observed 13 residents attending the dining room. A number of residents were sitting in the newly extended conservatory area of the dining room and were observed chatting and enjoying their lunch with other residents. This extension to the dining room into the previous conservatory area afforded more space for residents using the dining room and better access for staff to provide assistance to residents. The inspector counted 28 place settings available for residents to sit at mealtimes. As some residents were accommodated in large comfort chairs the extension allowed more space and enhanced the residents dining experience as it appeared less crowded. Some residents chose to have their meals delivered to their rooms and did not attend the dining room. This was facilitated by staff and all meals were served hot and well presented.

The provider had also installed a spacious assisted toilet facility in close proximity to the dining room and the communal lounge. The new facility included appropriate hand rails, an emergency call bell and a wash hand basin. Staff informed the inspector that 11 residents use this toilet facility when they are sitting in the day room or after meal times in the dining room. This facility ensured that residents could access toilet facilities in a timely manner without having to walk a long distance back to their bedroom to use their en suite toilet. This meant that residents' independence in toileting was promoted.

There were a range of activities provided in the day room and a sensory based activity in the multi sensory room was observed taking place by the inspector in the afternoon. Health care staff had received additional training in providing activities for residents and they were observed engaging and supporting residents with several activities that morning. This was a significant improvement from the last inspection.

Handrails were in place along all the corridors to support residents with their safe mobility. The inspector observed that residents who required assistance with mobilising were well supported by staff.

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

## Capacity and capability

This inspection found that there was good management and oversight of the quality and safety of the service by the provider and that the care and services provided were safe and appropriate.

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). During the service's previous inspection in January 2024, a number of non-compliances had been identified. The compliance plan submitted by the provider to address those findings was reviewed on this inspection to determine whether all actions had been completed within the time frames given by the provider. This inspection was also carried out to inform an application submitted by the provider to have a restrictive condition removed from their registration which required the provider to close to admissions until the works to the toilet facilities and the dining room had been completed.

The person in charge works full-time in the centre and is supported in their role by a clinical nurse manager. The remainder of the staff team consists of staff nurses, health care assistants, household, catering and administration staff. There has been no maintenance person reappointed to the centre since September 2023 and the role remained vacant at the time of the inspection. The daily maintenance of the centre is provided from an off site facilities department which requires a referral. This arrangement did not ensure that maintenance issues were addressed in a timely manner and prevents a consistent and timely resolution to any maintenance required in the centre for residents comfort and safety. Furthermore, it has led to a reduction in the amount of outings available to residents as the role incorporates driving the centre's minibus. As a result the centre does not have a designated driver to bring residents for day trips.

In spite of the number of vacancies that had not been filled rosters showed that the provider maintained adequate staffing resources in place to meet the residents' clinical and social care needs, for the most part. However there was an over reliance on agency staff to fulfil vacant positions and long term sick leave. This was unsustainable and required review by the provider.

Staff meetings included discussions on a range of topics including clinical care and environmental safety. There was evidence that where issues had been identified, an appropriate action plan had been put in place.

### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider had applied to remove a restrictive condition from the registration of the designated centre and this application included full and satisfactory information as required by the regulations.

Judgment: Compliant

### 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 23: Governance and management

The management systems in place were sufficient to ensure that the service was safe, appropriate and effectively monitored through the use of a comprehensive audit programme. There were sufficient staff resources in place on the day of the inspection and the centre had a clearly defined management structure in place with appropriate lines of authority.

Judgment: Compliant

### Quality and safety

Overall the residents living in this centre were provided with care and support to achieve a high quality of living and were encouraged and offered choice in their day to day activities. The inspector observed that residents were relaxed and comfortable in the presence of staff and seeking assistance and support. Staff interacted and spoke with residents in a respectful and kind manner. They were well known to the residents and familiar with their likes and dislikes.

Residents had unrestricted access to all area's of the centre including the internal courtyard. The inspector observed residents mobilising freely around their home and enjoying how they spent their day.

The centre is a purpose built and is a one storey building with 30 beds. Overall bedrooms are well proportioned with ease of access for residents. Inspectors observed that some residents had brought in personal items and photographs from home to decorate their bedrooms. Rooms had moving and handling equipment installed in the ceilings in all bedrooms and the rooms were warm and bright. The layout of these bedrooms allowed sufficient space to have a bedside chair so they could sit beside their bed if they wished and residents had access and control over their personal possessions. The bedroom accommodation comprised of 15 single rooms, three twin rooms and three triple rooms, all of which are en suite with toilet and shower facilities.

The provider had completed the required construction works in the centre as set out in their compliance plan from the January 2024 inspection and the provider's



conditions of registration. This work had increased the size of the dining room area and installed an assisted toilet for residents who were independently mobile or who needed the assistance of one person which was in close proximity to their communal sitting room and dining room. However, due to the maximum dependency needs of some residents, these residents returned to their bedrooms and en suite facilities to attend to their toileting needs.

The centre was exceptionally clean throughout. There were sufficient cleaning staff on duty and they could clearly explain what extra cleaning procedures they would carry out in the event of an infectious outbreak. Cleaning schedules were consistently completed and there was a deep cleaning schedule in place for all areas of the centre. There was appropriate separation of clean and unclean items during cleaning and laundry processes. The inspector noted that staff had a good working knowledge of infection, prevention and control and overall hand hygiene practices were adequate.

The laundering of clothes was of a high standard and residents were very satisfied with this service. Laundry staff were familiar with each resident's personal items and spoke with the residents when collecting and returning their laundry.

Comprehensive assessments had been completed for all residents on admission and person centred care plans were in place to reflect the information obtained from each assessment. Improvements were found on this inspection in relation to documentation and ensuring care plans were accurately up to date with any changes in the residents treatment plan or change of condition. Care plans relating to residents that displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical or psychological discomfort with their social or physical environment) captured personalised intervention strategies to help and support residents that exhibit these types of behaviour. Residents were consulted as part of the care planning process especially when obtaining information in relation to the key to me section.

There was greater oversight of fire safety precautions since the previous inspection in January 2024. Records showed that there was regular fire safety training on site for staff which included simulated fire drills. Daily and weekly fire safety checks of doors and laundering facilities were consistently completed and signed for accordingly. Fire evacuation plans were displayed throughout the centre and staff who spoke with the inspectors were knowledgeable of the steps to take in the event of a fire emergency. The fire panel had been checked that week and fire equipment was serviced and up to date. Fire doors in the centre were randomly checked during the inspectors walk around and closed fully and contained appropriate fire seals to contain a fire in the event of a fire emergency. Door closure mechanisms were in full working order and fire exits were clearly signposted and unobstructed.

## Regulation 17: Premises

The provider had addressed actions as outlined in their compliance plan following the previous inspection. The provider had completed the construction works in the designated centre to increase the size of the dining room which can now accommodate all residents. The new toilet facility was accessible to residents in close proximity to their communal and dining area's and staff told the inspector of several residents that benefited from having the use of this facility during the day. The suitability of the new toilet facility had been assessed by an occupational therapist and deemed fit for purpose.

The sluicing facilities had been relocated back to the original sluice room from a temporary location in an en suite bathroom of one of the bedrooms. The newly refurbished sluice had all the appropriate equipment installed and was in use by staff on the day of inspection.

The multi sensory room was no longer used to store furniture or equipment and was in use by a resident receiving aromatherapy and hand massage during the day.

Storage of health care equipment and supplies had improved and there was appropriate segregation of clean supplies and equipment in place. The provider had made arrangements for further storage facilities on the grounds of the premises.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider had ensured that procedures were in place to ensure the prevention and control of health care associated infections in the centre. These were in line with the National Standards for Infection prevention and control in community services. The registered provider had completed the refurbishment works in the sluice room and the appropriate equipment had been installed. The housekeepers room was fit for purpose and in use.

The inspector observed good hand hygiene practice by staff throughout the day of inspection. The centre was clean and housekeeping staff were knowledgeable in their roles and what specific cleaning measures to carry out in the event of an outbreak of infection.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had taken adequate precautions against the risk of fire, and had provided suitable fire fighting equipment, suitable building services and suitable bedding and furnishings. The provider had ensured that there were adequate

arrangements in place to maintain all fire equipment in the centre. All fire equipment had been serviced in a timely manner and weekly testing of the fire alarm was in place, completed and appropriately signed.

The registered provider had made arrangements for all staff in the centre to attend fire training and they could tell the inspector what they would do in the event of a fire emergency. Simulated fire drills were now completed regularly in the centre and times of the evacuations were recorded. These fire drills had included ski sheet evacuations. The fire evacuation floor plans were prominently displayed around the centre to guide residents and staff in the event of a fire emergency.

Fire doors checked by the inspector during the walk around were closing fully and had appropriate fire seals in place to contain the spread of a fire in the event of an emergency.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and found improvements in relation to the systems in place to ensure these were revised at the required intervals. A schedule and a named nurse system was now in place to ensure staff completed regular reviews of all care plans. Pre admission assessments carried out were reflected in each residents' care plan and clearly detailed the medical and nursing needs accurately for each resident. One resident had been seen recently by a medical specialist and the recommendations and changes to their care had been outlined and updated in the appropriate care plan to reflect the change in treatment. There was evidence that relatives had been consulted as part of the care planning process and each care plan reviewed was person centred.

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
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant