



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

Issued by the Chief Inspector

Name of designated centre:	Holy Family Residence
Name of provider:	Little Sisters of the Poor
Address of centre:	Little Sisters of the Poor, Holy Family Residence, Roebuck Road, Dundrum, Dublin 14
Type of inspection:	Unannounced
Date of inspection:	28 August 2024
Centre ID:	OSV-0000050
Fieldwork ID:	MON-0043152

About the designated centre

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

Holy Family Residence can accommodate 60 residents, both male and female over 65 years of age. The centre can accommodate residents with low to maximum dependency levels. The aim of the centre is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes the health and well-being of all residents.

The centre is located on the outskirts of Dublin City, with nearby bus routes. The centre has pleasant garden which provide enjoyable walks to residents. The centre consists of four floors and contains 60 single en suite bedrooms. There are many communal spaces available to the residents, including a library, a concert hall, a tea rooms, sitting rooms and more.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 28 August 2024	09:10hrs to 16:00hrs	Karen McMahon	Lead

What residents told us and what inspectors observed

This inspection took place in Holy Family Residence, Dundrum, Dublin 14 . During this inspection, the inspector spent time observing and speaking to residents, visitors and staff. The overall feedback the inspector received from residents was that they were happy living in the centre, with particular positive feedback attributed to the staff team and food provided. Visitors spoken with were very complimentary of the quality of care that their family members received.

Shortly after arrival at the designated centre and following an introductory meeting the inspector completed a tour of the designated centre with the person in charge. Many residents were up and dressed participating in the routines of daily living. The inspector observed staff attending to residents needs and requests. The inspector observed numerous interactions where staff were gentle, patient and kind to residents.

The centre can provide accommodation for a maximum of 60 residents and is split over five floors, with bedrooms located on four of these floors. Residents' bedrooms were observed to be bright, spacious and comfortable. Many residents had personalised their rooms with photographs and personal possessions from home. All the rooms had a cosy and homely feel to them and each room was uniquely laid out to meet the needs of the residents living in them.

Overall the centre was clean and well maintained. Recent upgrade works had taken place to the fire safety equipment in the centre including the fire alarm system and emergency lighting. Improved security measures, around the adjacent assisted living apartments, had also been put in place to address the findings of the previous inspection.

Each floor had a variety of communal spaces for residents use. These spaces included sitting rooms, dining rooms and smaller quiet spaces including reflection rooms for quiet prayer and reflection. The ground floor had a varied selection of communal spaces available to residents. These spaces included a large library, with a large choice of books for residents, a large dining room and afternoon tea room, that was used a lot by residents and their visitors and had tea and coffee making facilities. There was a shop located on the ground floor that opened Monday to Friday for an hour in the afternoon. Residents were able to purchase from a range of sweet and savoury snacks, toiletries and small soft furnishing items such as cushions, if they so wished.

A large concert hall was used to facilitate large social activities such as live music and shows. On the afternoon of the inspection the inspector observed a large number of residents attending a live music session in this hall. Music was provided by two musicians who played the fiddle and the accordion and residents were observed enjoying and interacting with the music.

A large chapel was located in the centre and was accessible from both the the first and second floor in the centre. Religious services were held here every morning. The service was live streamed to each bedroom for any residents who did not wish to attend the chapel or were unable to attend due to illness but still wished to participate in the service.

Outside the centre the residents had access to a large well maintained garden with mature plants and trees. There were various pathways around the garden to allow residents with mobility aids utilise the space. Residents had unrestricted access to this space and appropriate risk management plans were in place for any residents who may be prone to wandering and at risk of leaving the grounds.

The inspector observed the dining experience at lunch time and saw that the meals provided were of a high quality and well presented. There were two options for the main meal at lunch time to include fresh cod in cheese sauce or braised sausages and onions. Residents had the option of soup before their main meal and there was the option of lime jelly and ice-cream for dessert on the day of inspection. The tea menu on that day had an option of sandwiches or macaroni and cheese.

There was a large dinning room located on the ground floor that the majority of residents were seen to choose for mealtimes. Smaller dining rooms were located on the 1st to 4th floor and the inspector observed that these were being used by residents who preferred a quieter dining experience. Assistance was provided by staff for residents who required additional support and these interactions were observed to be kind and respectful. The meal time was seen to be a social occasion where both staff and residents spent time talking to each other. Feedback from residents was positive. They reported to enjoy the meals and that portions were plentiful.

The inspector spoke with six residents, all of whom were positive and complimentary about the staff and had only positive feedback about their experiences of living in the centre. One resident said "it's like paradise". Another resident told the inspector that it was wonderful living in the centre.

Visitors were observed visiting, without restriction during the day. One visitor spoke with the inspector and said they felt free to come and visit their relative whenever they wanted and that they were very happy with the level and quality of care provided to their loved one.

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

Overall, the findings of this inspection were that Holy Family residence was a well-managed centre where there was a focus on ongoing quality improvement to enhance the lived experience of residents. The inspector found that residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

This was an unannounced inspection conducted over one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The centre is owned and operated by Little Sisters of the Poor, who is the registered provider. There were clear lines of accountability and responsibility in relation to governance and management arrangements for the centre. The person in charge was supported by a named provider representative and an assistant director of nursing. Other staff members include clinical nurse managers, nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

The person in charge is a registered nurse who works full time in the post and has the necessary experience and qualifications, as required by the regulations. They engaged positively with the inspector during this inspection.

The centre was well-resourced. Staffing levels on the day of this inspection were adequate to meet the needs of the sixty residents during the day and night. Staff were supported to attend mandatory training such as fire safety, manual handling and safeguarding vulnerable adults from abuse. A training plan was developed for the coming months to ensure that staff were up-to-date with their training. Supplementary training was also offered to staff in areas such as responsive behaviour (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment), restrictive practices and end of life care.

Management systems in place included meetings, committees, service reports and auditing. Key data was seen to be discussed during meetings attended by senior management in areas such as, staffing, clinical care, incidents, complaints, risk management, infection control and quality improvement.

There was a comprehensive schedule of clinical audits in place to monitor the quality and safety of care provided to residents. Records of audits showed that any areas identified as needing improvement had been addressed with plans for completion or were already completed. A comprehensive annual review of the quality of the service in 2023 had been completed by the registered provider, and there was evidence of consultation with residents and their families.

A selection of staff files were reviewed on the days of inspection. All files inspected were observed to contain all relevant documents, as set out in the regulations. There was evidence of Garda vetting and relevant training in all files, as well as relevant proof of identification and references.

Notifications of incidents were recorded and reported, as per the regulations. Three-day notifications and quarterly notifications were being appropriately reported and submitted within the regulation's time frame.

Regulation 14: Persons in charge

The person in charge was a registered nurse with experience in the care of older persons in a residential setting. They held a post registration management qualification in healthcare services and worked full-time in the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty to meet the needs of the residents and taking into account the size and layout of the designated centre. There was at least one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. There was good supervision of staff across all disciplines.

Judgment: Compliant

Regulation 21: Records

Records required under Schedules 2, 3 & 4 were maintained in line with the regulation, stored safely and were accessible on request.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge and wider management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They supported each other through an established and maintained system of communication.

The provider ensured that there were adequate resources available to ensure care and facilities were provided in line with the statement of purpose.

The quality assurance systems that were in place ensured that the service provided was safe, appropriate, consistent and effectively monitored.

The annual review for 2023 was reviewed and it met the regulatory requirements. The review included feedback from residents and families.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were notified to the Chief Inspector in accordance with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The inspector found that the residents were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Dedicated staff working in the centre were committed to providing quality care to residents. The inspector observed that the staff treated residents with respect and kindness throughout the inspection.

Staff had relevant training in management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care plans were reflective of trigger factors for individual residents and methods of de-escalation that had a history of being effective for the resident. There was a low level of restraint

use within the centre and, were it was in use, it was used in line with national policy.

The centre was clean and well-maintained and the premises was suitable for the needs of the residents living there. The registered provider had addressed all issues, with premises, identified on the previous inspection.

Residents reported positively regarding the food on offer in the centre and inspectors found that residents' nutritional and hydration needs were being met. Residents' nutritional status was assessed every month and health care professionals, such as general practitioners, speech and language and dieticians, were consulted when required.

Pharmacy services were provided by an external contractor and there was a digital system for medication administration in place. Both the GP and pharmacy had relevant access to this system and all nursing staff received relevant training on using the system. Fridge storage for medication had a record of daily temperature recordings.

Regulation 17: Premises

The registered provider had ensured the premises was appropriate to the needs of the residents and was in accordance with the statement of purpose. The premises conformed to Schedule 6 of the regulations.

Judgment: Compliant

Regulation 18: Food and nutrition

All residents had access to fresh drinking water. Choice was offered at all mealtimes and adequate quantities of food and drink were provided. Food was freshly prepared and cooked on site. The meals were served hot and in the consistency outlined in residents' individualised nutritional care plan. Residents' dietary needs were met. There was adequate supervision and assistance provided to those who required it at mealtimes. Regular drinks and snacks were provided throughout the day.

Judgment: Compliant

Regulation 26: Risk management

An appropriate risk management policy was in place and in accordance with the regulations.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The person in charge had ensured that all staff had up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging. There was a low level of restraint in use in the centre and restraint was only used in accordance with national policy.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant