



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

## Issued by the Chief Inspector

Name of designated centre:	St Fiacc's House
Name of provider:	St Fiacc's House Company Limited by Guarantee
Address of centre:	Killeshin Road, Graiguecullen, Carlow
Type of inspection:	Unannounced
Date of inspection:	25 May 2022
Centre ID:	OSV-0000554
Fieldwork ID:	MON-0034402

## About the designated centre

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

St Fiacc's House was established in 1982. It is owned by the Catholic parish of Graiguecullen/Killeshin and run by a voluntary organisation, St Fiacc's House Ltd. It is a 17-bedded, single-storey centre which provides long-term care for residents who are assessed as having low to medium dependency needs and who require minimal assistance. All residents' rooms are single occupancy. There are six toilets, three assisted showers and an assisted bathroom available for residents. Other accommodation includes two large activity rooms, a dining room, kitchen and sunroom. There is also an activity centre with a library, oratory and hairdressing salon. The café which is located in this area is open to the public. There is adequate communal space, and the design of the building allows freedom of movement for residents to walk around the centre and grounds. Call bells are provided throughout. There are enclosed and external gardens which are spacious and well maintained. Seating is provided for residents and their visitors. There is ample parking space provided for residents, staff and visitors. According to their statement of purpose, the centre aims to provide a happy, safe and healthy home for older people. It also aims to respect the privacy and dignity of the residents and create a homely, warm and compassionate environment where friends and family feel welcome.

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

Number of residents on the date of inspection:	15
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 25 May 2022	09:30hrs to 15:20hrs	Helena Budzicz	Lead

## What residents told us and what inspectors observed

Overall, it was evident that residents were happy living in St Fiacc's House and their rights were promoted and respected. Staff had implemented a person-centred approach to care and were observed by the inspector to be kind and caring towards residents during the inspection. Several residents spoken with told the inspector that the staff were lovely and that they were treated very well in the designated centre.

The inspector was welcomed to the centre on arrival and guided through the infection prevention and control measures in place. Following an introductory opening meeting with the person in charge, the inspector was guided around the premises.

On the walk around of the centre, the inspector observed a friendly, relaxed and calm atmosphere. The design and layout of the centre enhanced the quality of residents' lives. There was a variety of communal areas for residents to use depending on their choice and preference, including day rooms, a sunroom, a library, an oratory and a quiet room, a sitting room and a coffee shop for residents and visitors. The centre was registered to accommodate 17 residents. There were 15 residents accommodated in the centre on the day of inspection.

Residents' bedrooms were clean and bright, and most were furnished with personal items such as photographs and ornaments to create a comfortable, homely environment. The inspector observed that the residents' bedrooms were neatly presented and had sufficient personal storage space available for residents. The centre was visibly clean, and residents complimented the standard of cleanliness of their bedrooms and communal areas.

The inspector observed that the food served in the centre was wholesome and served hot in the dining room or wherever the residents chose to take their meals. The meals served were well presented, and there was a good choice of nutritious meals available. Residents told the inspector that they enjoyed mealtimes and they had a choice that they could get an alternative to the menu if they did not like what was offered. Staff members and residents were observed to chat happily together throughout the lunchtime meal, and all interactions were respectful.

Residents were provided with opportunities to participate in recreational activities of their choice and ability seven days a week. The inspector observed a number of residents were actively involved in group activities in the main sitting room. Residents had unlimited access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Visiting was facilitated in line with current guidance, and there were no restrictions on visitors.

The staff who spoke with the inspector were knowledgeable about the residents and their needs. Residents moved around the centre freely, and the inspector observed residents walking around the centre and outside of the centre independently.

The following sections of the report present the findings of this inspection in relation to the governance and management of the centre and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

This centre had effective management systems in place, ensuring good quality care was delivered to the residents. There was a commitment to promoting a rights-based approach to care where the resident was central to service delivery. This inspection was an unannounced risk inspection completed by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

St. Fiacc's House was established in 1982 for the provision of supported care for older people with low dependency needs, from the local and surrounding areas. The centre is operated by St Fiacc's House Company Limited by Guarantee. The centre is run by a voluntary board of management. Funding for the service is granted under a service level agreement with the Health Service Executive (HSE) under section 39 of the Health Act, 2004, voluntary fundraising, and residents' own contributions. This centre caters for low dependent residents, and if the dependency needs of residents change, alternative accommodation is sought for the resident. The centre was granted registration under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations which stipulated that if the centre provided care only to residents who do not require full-time nursing care, the person in charge is not required to be registered as a nurse. The centre operates on a social model of care.

The person in charge was working in the centre full-time and was supported in their role by four staff nurses and a house supervisor. Other staff resources included healthcare assistants, an account administrator, housekeeping, drivers and catering staff. Staffing and skill-mix were appropriate to meet the needs of the residents on the day of the inspection. There was a system in place to ensure clear and effective communication between the management and staff. Staff training records showed that staff had good access to mandatory training, and additional training was provided online and on-site in order to meet the needs of individual residents.

There was good evidence of effective collection of information within the centre on the safety and quality of the services provided for residents. The auditing system and weekly data were being collected on information such as falls, weight loss, wounds and restraint. Findings of these audits informed ongoing quality improvement in the centre.

Requested records were made available to the inspector and were seen to be well maintained. An Garda Siochana (police) vetting disclosures were completed prior to commencing employment. All policies and procedures as required under Schedule 5 of the Care & Welfare Regulations 2013 (as amended) were available and regularly reviewed.

An annual review of the quality and safety of care provided to residents for 2021 was completed in consultation with residents and their families.

A review of the complaints records found that residents' complaints and concerns were responded to promptly and managed in line with the requirements of Regulation 34.

### Regulation 15: Staffing

A review of the roster found that there was an adequate number of staff available with the required skill-mix to provide timely support to the residents taking into account their assessed needs and the layout of the centre. Staff were observed assisting residents with their individual care needs in a timely manner. There was a registered nurse on duty on the day of the inspection.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to mandatory training, including fire safety, safeguarding of vulnerable adults, manual handling and infection control. The training matrix was regularly reviewed and planned according to the needs of the service.

Judgment: Compliant

### Regulation 21: Records

All records as set out in schedules 2, 3 and 4 were available to the inspector on request. A sample of staff files, nursing documentation and maintenance records were reviewed during the inspection and found to contain all the required information.

Judgment: Compliant

## Regulation 23: Governance and management

There was a well-established governance and management structure in place. The registered provider had sufficient resources to ensure that care and services were provided in accordance with the centre's own statement of purpose. There were management systems in place to oversee the service and ensure safe and quality care was delivered.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

Contracts of care were in place and set out the terms of each resident's accommodation, services to be provided and the fees, if any, to be charged for such services.

Judgment: Compliant

## Regulation 30: Volunteers

The inspector reviewed a sample of files for volunteers in the centre. They had their roles and responsibilities set out in writing, and a vetting disclosure was available for each volunteer in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

## Regulation 31: Notification of incidents

A record of accidents and incidents involving residents that occurred in the centre was maintained. Notifications and quarterly reports were submitted within the specified time-frames and as required by the regulations.

Judgment: Compliant



## Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints procedure identified the nominated complaints officer and also included an independent appeals process, as required by the regulation. Records of complaints reviewed contained details on the nature of the complaint, the investigation and outcome of a complaint and outlined the complainant's level of satisfaction with the result.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the systems in place to monitor and improve the quality and safety of the care provided to residents were effective. There was evidence of consultation with residents in the planning and running of the centre, and their needs were being met through timely access to healthcare services and good opportunities for social engagement.

A review of residents' care plans indicated that these documents incorporated residents' views and described how they wanted care interventions to be delivered. The inspector reviewed a sample of residents' care records to ensure that their health, social and personal needs were being met. Each resident's needs were comprehensively assessed on admission and regularly thereafter, using a variety of accredited assessment tools.

Infection control practices were good. Staff were adhering to best practices in relation to uniform policy and the wearing of FFP2 facial masks where appropriate. Staff had access to infection control and prevention training and were knowledgeable in the signs and symptoms of COVID-19 and the necessary precautions required. The inspector acknowledged that the centre managed to keep the centre free from the COVID-19 outbreak throughout the pandemic. Residents told inspector that staff had worked tirelessly to keep residents safe and well-looked after.

Residents' rights were protected and promoted. There was adequate space and facilities for residents to undertake activities in groups and in private. The inspector found that residents had opportunities to participate in meaningful activities on a day-to-day basis within the centre.

Residents were protected from abuse while living in the centre. The registered provider had developed a clear policy for preventing and responding to allegations of abuse. All residents had access to independent advocacy services.

## Regulation 11: Visits

There were arrangements in place for residents to receive their visitors in the designated centre in line with the current national visiting guidance. Visitors were asked to complete a COVID-19 declaration that they had no symptoms and underwent a temperature check before entering the centre.

Judgment: Compliant

## Regulation 12: Personal possessions

The inspector saw that residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents were supported to maintain control of their clothing and personal belongings.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents had access to a good choice of food, and they confirmed they could access a variety of food, snacks and drinks whenever they wanted. Residents gave positive feedback about their meals, and the inspector observed the choices residents had and how well meals were presented.

Systems were in place to ensure residents' nutritional needs were met and that they did not experience poor hydration. A validated assessment tool was used to screen residents regularly for risk of malnutrition and dehydration.

Judgment: Compliant

## Regulation 20: Information for residents

The centre had a residents' guide in respect of the designated centre available for residents. It contained information as required in the regulation, such as a summary of the service and facilities available for residents in the centre, the terms and conditions relating to a residence in the centre, the complaints procedure and visiting arrangements.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider had measures in place to mitigate against the spread of infection into the care centre, which were set out in the comprehensive preparedness plan. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre. Housekeeping procedures were enhanced, and housekeeping staff were competent in the correct cleaning procedures to maintain a safe environment for residents and staff.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of the clinical care records, including assessments and care plans in place to manage residents' care needs. Each resident had an assessment completed on admission to identify their care needs using a variety of validated assessment tools, including risks of malnutrition, pressure ulcers and falls. Care plans had been developed with the support of residents and family members.

Judgment: Compliant

### Regulation 6: Health care

Residents had a choice of general practitioner (GP). The inspector noted that residents had timely access to health and social care professionals and medical and nursing services specialists. All recommendations made by these specialists were integrated into the care given to residents.

Judgment: Compliant

### Regulation 8: Protection

Staff were knowledgeable regarding safeguarding residents and were aware of their responsibility to report any allegations, disclosures or suspicions of abuse. The

provider did not act as a pension agent for any residents living in the centre at the time of this inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choices were promoted and respected in the centre. The inspector observed that interactions between staff and residents were courteous and relaxed. There were no restrictions on residents' movements within the centre, and residents were encouraged and supported to visit family outside the centre. There were various activities available to residents, including group and one-to-one sessions. Residents' views on the quality of the service were accessed through planned satisfaction surveys and through day-to-day feedback from residents.

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>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Fiacc's House OSV-0000554

Inspection ID: MON-0034402

Date of inspection: 25/05/2022

## 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:**

<b>Regulation Heading</b>	<b>Judgment</b>
Outline how you are going to come into compliance with :	

**Section 2:**

**Regulations to be complied with**

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>