



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

Issued by the Chief Inspector

Name of designated centre:	St David's Nursing Home
Name of provider:	St. Davids Nursing Home Limited
Address of centre:	Gentian Hill, Knocknacarra, Salthill, Galway
Type of inspection:	Unannounced
Date of inspection:	22 February 2023
Centre ID:	OSV-0000391
Fieldwork ID:	MON-0038888

About the designated centre

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

St. David's is a residential home situated in Gention Hill, a quiet area of Salthill, Galway. As St. David's is a small home, every resident is assured of individual attention to their needs. St. David's is committed to providing a safe and secure environment for our residents. We endeavour to provide high quality care in a homely environment. The centre comprises of 16 single bedrooms and one double. The living area comprises of a communal day and dining room and a conservatory with views of Galway Bay.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	18
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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 22 February 2023	09:50hrs to 17:50hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were very well cared for and very well supported to live a good quality of life by a dedicated team of staff who knew them well. Feedback from residents was that this was a good place to live, and that staff were kind, caring and attentive to their needs. Staff were observed to deliver care and support to residents which was kind and respectful and in line with their assessed needs.

This unannounced risk inspection took place over one day. There were 18 residents accommodated in the centre on the day of the inspection and no vacancies.

Following an introductory meeting, the inspector completed a tour of the building with the person in charge. Residents were observed to be up and about in the various areas of the centre. Some residents were having breakfast, others were relaxing in the lounge. The inspector observed that other residents were having their care needs attended to by staff. It was evident that residents' choices and preferences in their daily routines were respected. As the day progressed, the majority of residents were observed in the communal areas, watching TV, reading, chatting to one another and staff or enjoying quiet time. While staff were seen to be busy assisting residents with their care needs, the inspector observed that care and support was delivered in an unhurried manner. Friendly conversations were overheard between residents and staff and there was a relaxed, happy atmosphere in the centre throughout the day. The inspector observed that personal care was attended to a high standard.

The centre was a two-storey building providing accommodation for 18 residents, located in a quiet area of Salthill, Galway. The building was found to be laid out to meet the needs of residents. The living and accommodation areas were spread over both floors which were serviced by an accessible stairlift. Bedrooms were suitably styled, with many residents decorating their rooms with personal items such as furniture, ornaments and pictures. All areas of the centre were appropriately furnished to create a homely environment. Residents had access to bright communal spaces including a conservatory which provided pleasant views. There was a sufficient number of toilets and bathroom facilities available to residents. The centre was warm and well ventilated throughout. Corridors were equipped with appropriate handrails to assist residents to mobilise safely. Call-bells were available in all areas and answered in a timely manner. There was safe, unrestricted access to an outdoor area for residents to use.

Throughout the inspection, the inspector interacted with a large number of residents, and spoke in detail with a total of twelve residents. Those residents who spoke with the inspector were delighted to chat about life in the centre. When asked what it was like to live in the centre, one resident told the inspector that 'you couldn't find better'. 'A fantastic place with a wonderful crew' was how another resident described the centre adding that it was 'a wonderful operation' and they

(the residents) were 'gifted to be there'. Another resident outlined how they liked to spend their day and told the inspector that everything was 'very good' and that they got everything they needed. Other residents told the inspector that there was plenty to do every day, that the food was good and that they got all the help they needed. There were a number of residents who sat quietly observing their surroundings, and who were unable to speak with the inspector. These residents were observed to be comfortable and content.

Residents were provided with opportunities to participate in recreational activities of their choice and ability. There was a schedule of activities in place and residents told the inspector that they were free to choose whether or not they participated.

Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of food. The dining experience was observed to be a social, relaxed occasion, and the inspector saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently.

Throughout the day, staff supervised communal areas, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were monitored by staff throughout the day. Staff who spoke with inspectors were knowledgeable about the residents and their needs.

Friends and families were facilitated to visit residents, and inspectors observed many visitors coming and going throughout the day. Inspectors spoke with two visitors who were both complimentary about staff and the care received by their loved ones in the centre.

Residents had unlimited access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available.

In summary, residents were receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The inspector also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in March 2022.

Overall, this was a well-managed centre where residents were enjoying a good quality of life. The quality and safety of the services provided were of a good standard. The provider demonstrated a commitment to continuous quality improvement to achieve positive outcomes for residents who lived in the centre. The findings of this inspection were that the provider had taken some action to address issues found on the last inspection. However, the inspector noted that further action was required in relation to the governance and management of the centre, as there were a small number of areas of repeated non-compliance in care planning and notification of incidents. Some action was also required to ensure full compliance with the regulations in respect of staff training and premises.

St David's Nursing Home Ltd was the registered provider of this designated centre. The company had two directors both of whom were involved in the day-to-day operation of the centre. One director was also the person nominated to represent the provider. There was a clearly defined management structure in place with identified lines of authority and accountability. There was a person in charge who demonstrated a clear understanding of their role and responsibility. They were supported in this role by a full complement of staff including nursing and care staff, housekeeping, activity and catering staff. The provider representative also provided a high level of management support to the person in charge. Both the person in charge and the provider representative were well known to the residents and were observed to have a very strong presence in the centre.

There were sufficient resources in place in the centre to ensure effective delivery of high quality care and support to residents. Staffing and skill mix were appropriate to meet the assessed needs of the residents. The team providing direct care to residents consisted of one registered nurse on duty at all times and a team of healthcare assistants. Communal areas were appropriately supervised, and staff were observed to be interacting in a kind and respectful way with the residents. The person in charge provided clinical supervision and support to all the staff.

There were policies and procedures available to guide and support staff in the safe delivery of care.

The person in charge informed the inspector that a number of required training sessions had not taken place since the previous inspection, including infection protection and control, manual handling and fire safety training. However, the inspector found that staff demonstrated appropriate knowledge, commensurate to their role. The inspector was informed that all required training was scheduled in the weeks following the inspection.

There was evidence that there was effective communication systems in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of topics were discussed such as staffing rosters, communication, fire knowledge, resident issues, policies and other relevant management issues.

The provider had systems of monitoring and oversight of the service in place. There

was a schedule of audits which reviewed areas of the service such as, medication management, wound management, infection prevention and control, food and nutrition and pain management. An annual review of the quality and safety of the services had been completed for 2022 and included a quality improvement plan for 2023.

The inspector reviewed a sample of staff personnel files and found that a small number of records were incomplete.

There was an effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

The centre had a complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were not provided with access to training appropriate to their role. For example, staff did not have up to date training in infection prevention and control, fire safety and manual handling training.

Judgment: Substantially compliant

Regulation 21: Records

Staff records reviewed did not contain the documents, as set out in Schedule 2 of the regulations. For example;

- there was no evidence of relevant qualifications in one staff member's record

- a full employment history was not available in one staff member's record
- the required written references were not available in two staff members' records.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality and safety of care were not implemented effectively and, as a result, a number of repeated non-compliances found on the day of the inspection had not been identified by the provider. For example;

- the supervision and oversight of the nursing documentation systems. For example, the inspector found that nursing documentation was not reviewed by the nursing management to ensure that it accurately reflected the residents' needs.
- notifications of incidents were not submitted to the Chief Inspector, in line with regulatory requirements
- poor oversight of the system of record-keeping in place did not ensure that the documents kept in respect of each member of staff were in place in accordance with the regulations.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not submitted the required monitoring notifications for notifiable events in the centre, in line with regulation 31. For example the Chief Inspector was not notified of the following;

- an outbreak of a notifiable infectious disease within three days of its occurrence
- all expected deaths in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of

Regulation 34.

A review of the complaints records found that resident's complaints and concerns were managed and responded to in line with the regulatory requirements.

This issue had been addressed since the last inspection

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Staff were observed to be kind and respectful to residents. Residents were complimentary about the service and confirmed that their experience of living in the centre was positive. Notwithstanding this positive feedback, findings from the inspection found that action was required to ensure compliance with assessment and care planning and premises.

The inspector was assured that the care delivered to the residents was of a good standard. Nursing staff spoken with were knowledgeable regarding the care needs of the residents. However, this was not consistently reflected in the nursing documentation reviewed during the inspection. The inspector reviewed a sample of five residents' files as part of the inspection process. Residents' care plans and daily nursing notes were recorded through an electronic record system. The inspector found that assessments were not carried out immediately prior to or on admission of residents to the centre, and that care plans were not consistently developed within 48 hours of admission. This is discussed further under Regulation 5: Individual assessment and care plans.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals, in line with their assessed need.

The inspector observed that on the day of the inspection, the centre was clean and tidy. Cleaning schedules were in place and equipment was cleaned after each use.

However, the inspector noted that there was no appropriate housekeeping room in the centre that contained the required facilities. As a result, the sluice room was used to prepare cleaning product and to store cleaning equipment. The laundry facility was a large well-ventilated area with a clear one way system to maintain segregation of clean and dirty linen. However, there was no hand wash basin available for staff to use in this area. A small number of maintenance issues were also observed. The provider informed the inspector that there were planned improvement works scheduled to take place.

The person in charge monitored the use of restrictive practices in the centre, such as bedrails. Restrictive practices were only initiated following an appropriate risk assessment. There was a low level of restrictive practice in place on the day of the inspection.

Residents were free to exercise choice about how to spend their day, and a number of residents described the activities that were available to them. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Residents had access to an independent advocacy service.

Fire procedures and evacuation plans were prominently displayed throughout the centre. Personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed, and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Staff with whom the inspector spoke with were knowledgeable about what to do in the event of a fire.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found that residents living in the centre had appropriate access to and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

Inspectors found that, on the day of the inspection, the premises was found not to conform to the matters set out Schedule 6. For example;

- there was no dedicated housekeeping room in the centre. The housekeeping staff used the sluice room to prepare cleaning products and store cleaning equipment. This arrangement increased the risk of environmental contamination and cross infection.
- there was inadequate storage facilities in the centre. For example, nutritional supplements were inappropriately stored in the nurses office and supplies of residents' toiletries was stored in the sluice room.
- the laundry facility did not have handwash basin
- the nurses office was very cluttered and also served as a clinical room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes .

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 .

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety management systems in place to ensure the safety of

residents, visitors and staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector observed that action was required to ensure care plans were developed and reviewed in line with the assessed needs of the residents and as required by the regulation. For example;

- three residents' did not have a comprehensive assessment of their needs prior to or on admission to the centre
- two residents' care plans were not developed within 48 hours of their admission
- four residents' care plans were not reviewed at intervals exceeding four months or revised where appropriate

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP), and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as, physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after, and that they had a choice about how they spent their day.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St David's Nursing Home OSV-0000391

Inspection ID: MON-0038888

Date of inspection: 22/02/2023

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training has now been complete on Fire Training, CPR ,and Safeguarding for 2023. Dates have been set for Moving and Handling. All staff have been given an account on NETS (Nurse education, and training solutions). Online platform training. Staff have been guided on courses they need to complete, on HSE Land , eg:Assisted Decision Making ,and Supporting a Person to make Decisions.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>To come into compliance with Regulation 21. All staff must supply relevant qualification records, before commencing employment. A full employment history will be available in their records. Each member of staff will be required to provide two written references.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

Nurse Manager will review care plans more promptly, to ensure the current needs of the residents are reflected. Regular audit of care plans will continue. Notification of incidents will be submitted to the Chief Inspector in line with regulatory requirements. All staff working in the centre ,will have up to date Garda Vetting Disclosures. All staff will provide a CV with suitable Qualification Certs.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 Notification of Incidents, will be submitted to the Chief Inspector in line with regulatory requirements.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:
 A separate room is being designated for Housekeeping.: Timescale June 2023. Nursing Office has been decluttered, and separate storage areas established: Timescale May 2023. Separate hand basin installed in laundry: Timescale April 2023

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 The Nurse Manager will ensure that all residents care plans are reviewed every quarter, and more frequently as residents needs change. Care plans for new residents will be developed within 48 hours of admission. A more comprehensive pre-admission assessment be put in place: All Care Plans will be person centred ,and will reflect residents current presentation.



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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/04/2023
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/04/2023

	systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	07/04/2023
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/05/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a	Substantially Compliant	Yellow	31/05/2023

	designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/04/2023
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	31/05/2023