



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

## Issued by the Chief Inspector

Name of designated centre:	St Mary's Residential Care Centre
Name of provider:	St Mary's Nursing Home Unlimited Company
Address of centre:	Shantalla Road, Galway
Type of inspection:	Unannounced
Date of inspection:	12 July 2022
Centre ID:	OSV-0000726
Fieldwork ID:	MON-0037427

## About the designated centre

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

St Mary's Residential Care Centre is a designated centre for Older People. The designated centre is registered to accommodate 62 residents. The accommodation comprised of 60 single and one twin bedroom. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Galway city. Residents have access to an enclosed garden. The service provides care to residents with conditions that affect their physical and psychological function. Resident's dependency needs are regularly assessed to ensure their care needs are met.

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

Number of residents on the date of inspection:	61
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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
Tuesday 12 July 2022	10:00hrs to 18:30hrs	Oliver O'Halloran	Lead
Tuesday 12 July 2022	10:00hrs to 18:30hrs	Una Fitzgerald	Support

## What residents told us and what inspectors observed

Residents and staff welcomed the inspectors into the centre. Residents spoke openly about life in the centre and the feedback was very positive. Residents told the inspector that staff had worked tirelessly over the past two years to keep residents safe and well minded. Despite the challenges faced by the COVID-19 pandemic, every person who communicated with the inspectors had a positive outlook to the future and expressed confidence in the service and supports available to them. Staff morale was good which helped to create a positive and happy environment for the residents.

On the morning of the inspection, residents were seen to be up and about, some having their breakfast in the dining rooms while others were relaxing in the main communal rooms on the ground and first floor. Residents reported that the food was very good and that they were happy with the choice and variety of food offered. Resident accommodation is set out along four corridors. Each corridor has a small kitchenette area which has a microwave, toaster and kettle. These facilities were for resident and family use and enabled tea and toast to be served hot as it did not have a distance to travel from the main kitchen.

Throughout the day, residents were observed partaking and enjoying a number of group activities. The inspectors observed that on the day of inspection the main communal sitting rooms on both floors were supervised by staff at all times. The activities staff were seen to encourage participation and stimulate conversation. The observation and interaction between residents and staff was positive, engaging, patient and kind. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident.

The centre had a dedicated team of activities staff and activities were held seven days a week. Resident meetings recorded that residents were happy with the activities held in the centre. Residents told inspectors that activities were important to them. Residents told inspectors about how it was great to see the centre opened up again to visitors. A live music session had been held in the centre the week previous to the inspection and staff were overheard talking to residents about how enjoyable the event had been. Inspectors, were also told about a day trip that had taken place to Salthill and Furbo beach. Residents described having thoroughly enjoyed the day and were looking forward to the next day trip.

Residents were seen moving about the centre without restriction. Residents with dementia who wandered with purpose were not restricted. As a result of their cognitive impairment these residents sometimes entered the bedrooms of other residents. The management team had introduced a red ribbon system that was drawn across open bedroom door entrances. This system was effective in that it signalled any resident with dementia who wandered with purpose to not enter the space, while also allowing for the residents in their bedrooms to sit and be aware of activity in the corridors and avoid the feeling of isolation that can occur when sitting

in a bedroom with the door closed.

The residents in this centre placed high value on religious services and mass was held daily in the centre with a large attendance noted. In the downstairs main communal room, the layout of the furniture was observed to change multiple times to suit the activity being held. For example, when mass was held, resident chairs were lined up in rows. When the sing song was held the chairs were positioned in a large circle . This enabled all residents to actively partake, and sit and enjoy the interactions of their fellow residents. During one of the music sessions, inspectors observed activities staff and residents enjoy dancing to the music.

Inspectors observed that residents in the centre were not rushed. Staff availed of opportunities to engage at a social level with residents. For example; a resident was observed walking along the corridor from their bedroom to attend the dining room. Inspectors observed three different staff members slow down their pace of walking and chat with the resident. Each member of staff addressed the resident and enquired as to how they were feeling. The interactions observed evidence that the residents were well known to the staff. Staff in attendance chatted openly and freely. It was evident that the staff knew the residents well and had very good knowledge of their likes and dislikes.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered. Inspectors found a high level of compliance with the regulations reviewed.

## Capacity and capability

The findings of this inspection were that the management structure and resources in the centre ensured that residents received a high standard of person-centred care, in response to their assessed needs. This inspection was facilitated by the person in charge. Information requested was made available in a timely manner and presented in an easily understood format.

This was an unannounced risk inspection, carried out over one day, by inspectors 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), and to inform decision making in relation to the application for the renewal of the registration of the centre.

The registered provider of this centre is St Mary's Nursing Home Unlimited Company. The provider had a clear governance structure in place, with lines of authority and accountability clearly defined. The person in charge was supported by the provider organisation's clinical lead and development officer. On site, the person in charge was supported by a human resources officer, and a clinical nurse manager who worked full-time in a supervisory capacity. The clinical nurse manager

deputised in the absence of the person in charge. There was a team of nursing, care and support staff in place. A review of the centre's staffing rostered on the day of inspection found that the staffing levels and skill mix were adequate to meet the assessed needs of the residents and the size and layout of the building.

The provider had systems in place to ensure that the service provided was safe and effectively monitored. An audit schedule was in place, which included audit activity across clinical and environmental aspects of the service. Audit activity examples include, falls audit and analysis of falls incidents, call bell waiting times audit, medication management audit, use of psychotropic medications audit and care plan audits. On review, there was evidence that audit findings led to quality improvements in the service. An annual review, informed by resident feedback had taken place for the year 2021, which identified areas for improvement in 2022. Inspectors found that the centre's transition from a paper based system of documentation to a computerised documentation system was being monitored by the centre's management team. The provider also had effective systems of communication in place. Staff departmental meeting minutes evidenced that there was appropriate management communication and dissemination of information to all staff.

The centre had experienced two COVID-19 outbreaks. A comprehensive post COVID-19 outbreak review had been undertaken. The review identified learning from the outbreak experience, guiding the management of future potential outbreaks.

A review of staff training records identified that staff had access to mandatory training at appropriate intervals. Staff who spoke with inspectors were knowledgeable about their role. Staff knew who to report to and many stated to the inspectors that they felt supported by the management team.

A review of a sample of staff files found that they contained all the required documentation, as set out in Schedule 2 of the regulations.

The centre had a complaints policy. A complaints procedure was prominently displayed in the centre. Inspectors reviewed complaints records and found that they contained sufficient detail of the nature of the complaint and the investigation carried out. The records also evidenced communication with the complainant, and that the complainant's satisfaction with the outcome was clearly documented. Residents who spoke with inspectors indicated that they knew how to go about making a complaint should the need to do so arise.

A record of incidents was maintained in the centre and on review inspectors found that the Chief Inspector had been informed of notifiable incidents in line with regulatory requirements.

## Registration Regulation 4: Application for registration or renewal of registration

The application for renewal of registration was made in line with regulatory requirements.

Judgment: Compliant

### 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 had access to appropriate training and were appropriately supervised. However, inspectors were not assured in relation to staff knowledge of fire safety procedures. This issue is addressed under Regulation 28, Fire precautions.

Judgment: Compliant

### Regulation 21: Records

Inspectors reviewed a number of staff files which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure, with identified clear lines of authority and accountability in the centre. There were systems in place to ensure the service provided was safe, appropriate, consistent and effectively monitored.

On the day of inspection, the management team demonstrated the ongoing quality improvement actions being implemented in the centre. There were sufficient staffing resources in place on the day of inspection to ensure effective delivery of care, in accordance with the centre's statement of purpose.



Judgment: Compliant

### Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements .

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place. There was a complaints procedure prominently displayed in the centre. Complaints were managed in line with regulatory requirements.

Judgment: Compliant

## Quality and safety

Inspectors found that the residents were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Residents indicated that they felt safe living in the centre and knew the staff. However, the findings of this inspection was that action was required to ensure the safety of residents and compliance with regulation 28, Fire precautions.

The design and layout of the centre was suitable to meet the residents' individual and collective needs. The centre was visibly clean and was kept in a good state of repair, externally and internally. The centre was laid out over two floors, with lift access between floors. There was an outdoor garden area accessible to residents at ground floor level and an outdoor terrace area accessible to residents at first floor level. Resident's bedrooms were seen to have personal items such as ornaments, photographs and plants. There was call bell access in each resident bedroom and in the communal areas. All residents had access to shower facilities, which were available in all resident en suites. Inspectors found that although facilities for having a bath in the centre were identified in the statement of purpose, residents did not have access to a bath.

There were maintenance and servicing records which illustrated that all fire detection and fighting equipment was maintained and serviced in line with regulatory requirements. Staff had up-to-date fire safety training and simulated fire

drills were completed in the centre. However, inspectors found that staff responses to what action to take when the fire alarm was triggered were inconsistent, resulting in the potential risk of confusion and delay in the event of a fire.

While fire drills were scheduled frequently in the centre, there was no recorded fire drill that simulated the evacuation of the largest compartment, with night time staffing levels. This meant that the provider did not have a system in place to ensure that the residents could be safely evacuated from areas of danger in the event of an emergency at all times.

A review of residents care records evidenced that residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. Care plans were sufficiently detailed to guide the staff in the provision of person-centred care to residents. Care plan reviews were carried out at intervals not exceeding four months and residents and their relatives were involved in the review process. Residents' medical needs were met through timely access to their general practitioner (GP) and, where necessary, onward referral to allied health and social care professionals for further expertise and assessment.

A review of nursing care documentation found that the care needs of residents were documented and updated daily, in line with professional guidelines.

The management of restrictive practices was appropriate and there was good evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy. Records showed that where restrictive practices were used, these were implemented following robust risk assessments.

### Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

### Regulation 17: Premises

The premises did not contain all the requirements under Schedule 6 of the regulations:

- There was no bath available in the centre.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Fire safety management in the centre did not meet regulation requirements. This is a repeated non compliance found from the last inspection. For example;

- Staff responses on the actions and procedures to follow in the event of the fire alarm being triggered were inconsistent.
- The staff roster did not consistently identify the nurse in charge in the evening, night time and at weekends. This posed a risk in the event of a fire.
- While staff had been involved in fire evacuation drills, the fire drill scenarios did not include a drill where residents were evacuated from the largest compartment with night time staffing levels.
- There were fire doors being kept open with wedges, in the event of a fire this practice would render these doors ineffective in preventing the spread of fire.

Judgment: Not compliant

## Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with residents' and their families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

## Regulation 6: Health care

Residents were provided with timely access to health and social care professional services, as necessary. There was evidence that recommendations made were followed, having a positive impact on resident outcomes.

Inspectors found that the system in place to record the advanced care planning needs of residents was in line with the residents preferences. This information was retrievable in a timely manner to ensure best outcome for residents receiving end of life care.

Judgment: Compliant

### Regulation 9: Residents' rights

Interactions between residents and staff were observed to be kind, dignified and respectful. Residents were encouraged to exercise choice and had control over how they spend their day and their right to privacy was upheld.

Residents were supported to maintain their individual style and appearance. Residents had the choice to participate in a variety of activities or spend time in their bedrooms reading and watching television.

Residents had access to an independent advocacy service.

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 4: Application for registration or renewal of registration	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
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Mary's Residential Care Centre OSV-0000726

Inspection ID: MON-0037427

Date of inspection: 12/07/2022

## 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:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Centre had a bath which was not used by the Residents. The bath was removed to create a fully accessible assisted toilet. The Residents all have shower ensuite bedrooms.</p> <p>A Residents' Meeting was held on the 16th August 2022 and at that meeting the Residents' indicated that they did not wish to have the Bath put back into operation as a shower was preferable.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All staff have received Fire Training. Fire drills have been carried out to assess the staffs' response to a fire scenario. This included simulated night time evacuation drills from the largest fire compartment with night time staffing levels. Any learning outcomes have been fully implemented.</p> <p>The Rosters now indicate that the Lead Nurse is the nurse stationed on the ground floor.</p> <p>Wedging open fire doors is not in accordance with the Fire Policy. The implementation of the Fire Policy has been reviewed and the use of door wedges stopped.</p>	





## 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 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	08/09/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	08/09/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is	Not Compliant	Orange	08/09/2022

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	08/09/2022