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

Issued by the Chief Inspector

Name of designated centre:	Holy Family Nursing Home
Name of provider:	Holy Family Nursing Home Limited
Address of centre:	Magheramore, Killimor, Ballinasloe, Galway
Type of inspection:	Unannounced
Date of inspection:	11 January 2024
Centre ID:	OSV-0000349
Fieldwork ID:	MON-0038155

About the designated centre

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

The centre is located in a rural area near the village of Killimor near Ballinasloe in County Galway. It accommodates 70 residents requiring long-term care, or who have respite, convalescent or palliative care needs. The ethos of the centre is to provide a warm, welcoming, friendly and caring home, with a home from home atmosphere, where staff provide loving care and treat residents with dignity and respect making them feel valued.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 11 January 2024	10:30hrs to 19:30hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

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. There was evidence that residents were provided with good standards of care and support by staff who were kind, caring and familiar with their needs. Residents told the inspector that they were satisfied with the quality of the service they received.

This unannounced risk inspection was carried out over one day. There were 63 residents accommodated in the centre on the day of the inspection and seven vacancies.

Following an introductory meeting, the inspector completed a walk around of the centre. The centre was a purpose-built facility situated near the village of Killimor, County Galway. The living and accommodation areas were spread over two floors which were serviced by an accessible lift. Accommodation was provided for 70 residents, and comprised of single and twin bedrooms, a number of which had ensuite bathroom facilities.

The premises had recently undergone an extensive programme of refurbishment. A new extension was opened in 2022 and a large part of the original building was refurbished to provide additional bedroom accommodation and communal spaces for residents. The décor was modern throughout the new extension and refurbished areas, and communal rooms were suitably styled and furnished to create a homely environment for residents. Communal areas included lounges and dining rooms. Visitors' rooms were also available, providing residents with a choice of comfortable spaces to meet with friends and family members in private. Residents' bedrooms were bright and spacious, and provided residents with sufficient space to live comfortably, and with adequate space to store personal belongings. Many bedrooms were decorated with items of personal significance, including ornaments and pictures.

The premises was laid out to meet the needs of residents, and to encourage and aid independence. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. The centre was bright, warm, and well-ventilated throughout. The centre was clean, tidy and generally well maintained. There was a sufficient number of toilets and bathroom facilities available to residents. Call bells were available in all areas of the centre and the inspector observed that these were responded to in a timely manner. There was safe, unrestricted access to an outdoor area for residents to use which contained a variety of suitable seating areas and seasonal plants.

One remaining corridor on the ground floor of the old building which contained a number of resident bedrooms was not yet refurbished. This corridor also contained a smoking area for residents. On the day of the inspection, the inspector found that this area was not decorated or maintained to the same standard as the rest of the

centre. There was also a very strong smell of tobacco smoke along the corridor which was also evident in the bedrooms in this area. The provider informed the inspector that there was a plan to have this remaining area refurbished in the coming months.

There was a relaxed atmosphere throughout the centre on the day of the inspection. Residents were observed to be up and about in the various communal areas of the building. Some residents were in the lounges watching TV and chatting, some were have meals in and snack in the dining rooms, while other residents were relaxing in their bedrooms. Residents moved freely around the centre throughout the day. It was evident that staff respected residents' choices and preferences in their daily routines.

The inspector observed staff providing care to residents in an unhurried fashion. Personal care was attended to a satisfactory standard. Friendly, respectful conversations between residents and staff could be overheard in various areas of the centre throughout the day. Residents were observed to be content as they went about their daily lives.

The inspector chatted and interacted with a large number of residents during the course of the inspection. Residents' feedback provided an insight of their lived experience in the centre. Residents told the inspector that they felt safe in the centre, and that they could freely raise any concerns with staff. They said that staff were very kind and always provided them with everything they needed to live comfortably. When asked what it was like to live in the centre, one resident told the inspector said 'it's a grand place, it's very clean and everybody is very good to me', while another resident said 'it is home from home'. Another resident told the inspector 'we're lucky to have a place like this'. One resident, who was staying in the centre for respite, told the inspector that they were in no rush to get home. Residents told the inspector that they had plenty of choice in how they spent their days. A small number of residents described how they preferred to spend their day in their bedroom, listening to the radio, reading or watching TV, and that staff always came to provide assistance when it was needed. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day.

Residents were provided with opportunities to participate in recreational activities of their choice and ability. There was a schedule of activities in place, including board games, physical therapy, music, pampering and sensory activities. Residents told the inspector that they were free to choose whether or not they participated. On the day of the inspection, the inspector observed residents participating in a sing along, and a quiz which they appeared to enjoy. Residents also had access to television, radio, newspapers and books.

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

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. 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 the food provided.

In summary, the inspector observed 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.

Capacity and capability

This was an unannounced monitoring 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 reviewed the action taken by the provider to address previously identified areas of non-compliance found on the previous inspection in February 2023.

Overall, the findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to achieve positive outcomes for residents who lived in the centre. The inspector found that this was a well-managed centre, and that the quality and safety of the services provided were of a good standard. The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life.

The provider had addressed the majority of actions of the compliance plan following the last inspection. A review of a sample of staff personnel files found that a small number of records were incomplete. This was a repeated finding from the inspection in February 2023.

Holy Family Nursing Home Limited was the registered provider of this designated centre. The company had one director who was the person nominated to represent the provider and who was also actively involved in the day-to-day operation of the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. The person in charge was present throughout

the inspection and demonstrated an understanding of their role and responsibility. Both the person in charge and the provider representative were well known to the residents and were observed to be a strong presence in the centre. The person in charge was supported in this role by an operations manager, two clinical nurse managers and a full complement of staff including nursing and care staff, activity staff, housekeeping, catering, administrative and maintenance staff. The person representing the provider also provided a high level of management support to the person in charge.There were deputising arrangements in place for when the person in charge was absent.

On the day of the inspection, there were sufficient resources in place to ensure effective delivery of high quality care and support to residents. Staffing and skill mix were appropriate to meet the assessed needs of residents, and teamwork was evident throughout the day. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with residents. Staff, whom the inspector spoke with, demonstrated an understanding of their roles and responsibilities. The person in charge and clinical nurse managers provided clinical supervision and support to all staff.

Staff had access to education and training, appropriate to their role. This included fire safety, manual handling, safeguarding, managing behaviour that is challenging, and infection prevention and control training.

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

The provider had management systems in place to monitor and review the quality of the service provided for the residents. A variety of clinical and environmental audits had been completed which reviewed practices such as infection control practices, medication management and environmental cleaning. Where areas for improvement were identified, action plans were developed and completed. An annual review of the quality and safety of the services in 2023 had been completed. There was a quality improvement plan in place for 2024.

There were effective communication systems in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of topics were discussed such as resident care issues, incidents, complaints, staffing, training, and other relevant management issues.

A complaints log was maintained with a record of complaints received. A review of the complaints log found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant.

Regulation 15: Staffing

The staffing number and skill mix were appropriate to meet the needs of the residents in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff had access to training appropriate to their role.

Judgment: Compliant

Regulation 21: Records

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

- a full employment history was not available in four staff files
- the required written references were not available in one staff file

This is a repeated non-compliance

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that there were effective governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to monitor the quality of the service. However, the system in place to provide oversight of records management and care planning required strengthening to ensure full compliance with the regulations.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints policy and procedure in place outlined the management of complaints in the centre. A review of the complaints register found that complaints were managed in line with the centre's policy and in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

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

Judgment: Compliant

Quality and safety

The inspector observed that residents living in this centre received a good standard of care and support which ensured that they were safe. There was a person-centred approach to care, and residents' wellbeing and independence were promoted. Staff were observed to be kind and respectful to residents. Residents who spoke with the inspector said that they felt safe and that they were well cared for by staff in the centre. However, a review of the documentation of resident care found that some action was required to ensure full compliance with the regulations.

Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission, a range of validated clinical assessment tools were used to determine the needs of residents. These assessments included level of dependency, skin integrity, nutrition and manual handling needs. This information was used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. The inspector reviewed a sample of eight residents' care records and found that while most care plans were developed to reflect the assessed needs of the residents, a small number of care plans did not contain up-to-date information to guide staff in their care needs. This is described further under Regulation 5: Individual assessment and care plans. Overall, daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided. Nursing staff were knowledgeable regarding the care needs of the residents.

Residents had access to medical and healthcare services. Residents were reviewed by their general practitioner (GP) as required or requested. Systems were in place

for residents to access the expertise of health and social care professionals when required.

There were a number of residents who required the use of bedrails and the inspector found that there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. Records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and resident concerned.

Residents were free to exercise choice about how they spent their day. There were opportunities for residents to consult with management and staff on how the centre was run. Topics discussed included the level of care provided, the standard of the environment, the quality of the food and activities. Residents' satisfaction surveys were carried out and feedback was acted upon. Residents had access to an independent advocacy service.

Arrangements were in place to monitor residents' nutritional status and residents who were at risk of malnutrition. Residents' needs in relation to their nutrition and hydration were well documented and were known to the staff. Appropriate referral pathways were in place to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health and social care professional.

The care environment met the needs of the residents. The provider had a plan in place to complete the refurbishment of the centre and to address the smell of smoke from the smoking area.

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. Evacuation drills were undertaken regularly, and staff were knowledgeable about what to do in the event of a fire.

Risk was found to be effectively managed in the centre. The management of risk in the centre was guided by the risk management policy and associated policies that addressed specific issues of risk to residents' safety and wellbeing. The centre had a comprehensive 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.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 12: Personal possessions

Residents living in the centre had appropriate access to safe storage in their bedrooms and maintained control over their personal possessions.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. There was choice of meals available to residents from a varied menu that was on display and updated daily. The menu provided a range of choices to all residents including those on a modified diet. 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 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;

- four residents who were assessed as at risk of malnutrition did not have their care plans updated to reflect the plan of care in place to address this risk.
- two residents' care plans were not reviewed at intervals exceeding four months or revised where appropriate
- one resident's care plan was not updated to reflect the resident's current healthcare needs in relation to wound management.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had 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

A restraint-free environment was promoted in the centre, in line with local and national policy. Each residents had a risk assessment completed prior to any use of restrictive practices. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the designated centre. and that their privacy and dignity was respected. Residents told inspectors that they were received good care and support from staff 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	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	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	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	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 Holy Family Nursing Home OSV-0000349

Inspection ID: MON-0038155

Date of inspection: 11/01/2024

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 21: Records</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 21: Records:
All the staff files will be reviewed to ensure the following:
- all staff have up to date CV with explanation of any gaps in employment, details of experience (if any). Including month and year details
- All staff files have the required written employment references

Going forward, a process is in place to ensure all new staff files will be reviewed continuously for 3 months for completion and will ensure all the documents are in place by using the audit tool for compliance with regulation 21 (schedule 2).

Compliance is managed by the in-house management team and PIC.
- Over-seen by RPR
- Completion date 30.04.2024</td></tr>
<tr><td>Regulation 23: Governance and management</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:
• Monthly management meetings will include agenda item and checklist review of critical compliance outstanding items and review risk of same to ensure management prevention and detection systems are enhanced

Overseen by: RPR and PIC
Completion Date: 30/4/2024</td></tr>
</table>

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
• All assessments and care plans are to be checked to ensure all elements of a comprehensive assessment/care plans are current and reflect individual care needs
• A monthly checklist is in place to monitor the status of comprehensive assessments and their reflection in individual care plans
• Training is to be refreshed for all staff to ensure they are fully capable and aware of the requirements of regulation 5
• A new care plan audit process is to be implemented which will ensure a systematic and regular review of care plan compliance. This will be a monthly sampling process and any resulting training or other learnings will be identified and actioned.

- Over-seen by RPR & PIC
- Completion date 30.04.2024

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 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	30/04/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2024
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	Substantially Compliant	Yellow	30/04/2024

	necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			