



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

## Issued by the Chief Inspector

Name of designated centre:	St Colmcille's Nursing Home
Name of provider:	Fáinleog Teoranta
Address of centre:	Oldcastle Road, Towns Park, Kells, Meath
Type of inspection:	Unannounced
Date of inspection:	21 September 2022
Centre ID:	OSV-0005531
Fieldwork ID:	MON-0036543

## About the designated centre

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

Fáinleog Teoranta is the registered provider of St Colmcille's Nursing Home. St Colmcille's Nursing Home is a single-storey, purpose-built home in a rural setting overlooking the town of Kells, Co. Meath. According to the centre's statement of purpose, it can provide care for up to 42 residents over the age of 18, with low, medium, high or maximum dependency needs. It is a mixed gender facility, providing long term care, respite, convalescence dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit.

There are a variety of communal spaces within the centre, as well as 21 single rooms, five ensuite single rooms and eight twin rooms.

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

Number of residents on the date of inspection:	37
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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 21 September 2022	09:00hrs to 17:00hrs	Arlene Ryan	Lead

## What residents told us and what inspectors observed

The overall feedback from residents living in St Colmcille's Nursing Home was positive. The centre had a very homely feel and the residents told the inspector that they were happy living there and that they felt safe. The residents appeared relaxed and content in their surroundings and were seen to be interacting well with each other and the staff on duty.

On the day of inspection the inspector was met by the person in charge. The monitoring of temperatures and signs and symptoms of COVID-19 was completed and hand hygiene performed. Following an introductory meeting the inspector did a walk around through the different areas of the nursing home and had the opportunity to speak with residents, visitors and staff.

The Nursing home was divided into two units, the Lloyd unit and the Bective Unit. The linking corridor housed the communal spaces including a spacious sitting room, dining room, activities room and quiet room. The layout of the building was simple and therefore allowed the residents to walk about with ease.

The residents' rooms were neat and tidy. There was adequate storage available for their clothes and personal items. Many residents had pictures and photographs in their rooms and other personal items which gave the room a more homely feel. The residents who spoke with the inspector were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings.

Laundry facilities were provided on site. One of the residents told the inspector about the process for sending their laundry for washing and said that they were very happy with the laundry service. They said that their clothes are labelled and that they always get them back from the laundry. Clean laundry was delivered to a central collection point and the nursing and care staff then brought the clothes to the residents' rooms. One resident told the inspector that they have never had any items of clothing go missing and that the service was great. Residents could also send items of clothing home with their families for washing and this was facilitated.

Throughout the day the inspector observed the residents undertaking various activities. When the activities coordinator was not on duty other staff were assigned to ensure activities took place. Some activities were on an individual one-to-one basis, whilst others were group activities. A holistic therapist was on site on the day of inspection and the residents appeared to be enjoying the therapy sessions. Residents participation was involved and cheerful during the group activities in the afternoon, particularly during a lively game of bingo. A schedule of activities covering seven days a week was located on a notice board outside the main sitting room.

Residents had access to televisions, newspapers radio and Internet. Many residents had their own mobile phone and there were portable phones available to those who

wished to make a call. Video calling was facilitated by staff when the residents wished.

There was a small prayer room in the centre for residents' use. It was also a space where they could come and pray whenever they wanted. In addition, a mass schedule was clearly displayed on the notice board so that the residents knew when they could attend mass in person. This was usually monthly and held in the sitting room and quiet room (which were connected by large double doors) allowing adequate space to accommodate the residents.

The inspector had the opportunity to observe the residents' dining experience at lunch time. A good number of residents had their lunch in the main dining room, whilst others preferred to eat in their bedrooms. This choice was facilitated by the staff. There were two menu options available for the residents on the day of inspection. However one resident said that the chef would prepare something else if they didn't like the food on offer on that particular day and was very complimentary of the catering team.

The residents' meals were plated-up in the kitchen and served hot to the residents when they were ready. The food looked appealing and smelled appetising. Many residents informed the inspector that they liked the food and that it was of good quality. Residents were offered additional portions of food and some were very happy with this. Details of the residents' nutritional requirements and food consistency requirements were available in the kitchen. These were updated by the nursing staff in line with the individual residents' assessments and care plans.

There was an adequate number of staff available to assist the residents during the lunch time meal. Tables were set with place mats and condiments and the inspector observed the residents helping themselves to the condiments available on the tables. A variety of drinks were offered to the residents throughout the day and drinking water was available for residents in their rooms.

Housekeeping staff were busy throughout the day and the residents informed the inspector that their rooms were cleaned every day and that they were very happy with this arrangement. The rooms and corridors were visibly clean throughout the nursing home.

When asked about complaints the residents who spoke with the inspector, said that they had nothing to complain about. They were happy living there, they liked the staff, and said that it was a good place to live.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

At the centre, the inspector found that residents were well-supported and facilitated in living a good quality life. Residents of this centre benefited from well-managed resources and facilities. There were good leadership, governance and management arrangements in place which contributed to the centre's high level of regulatory compliance.

This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The compliance plan from the previous inspection carried out in June 2021 was followed up. The inspector found that the compliance plan responses had all been implemented. The centre was well-resourced. It was clean and tidy and furnished to a high standard.

The provider was Fáinleog Teoranta and the service was run and managed by Complete Healthcare Services Limited, part of the Mowlam Healthcare group. The management structure was clear. The person in charge was supported by a regional manager, clinical nurse manager, a team of nurses, healthcare assistants, catering, housekeeping and maintenance staff. A dedicated activity coordinator was there to ensure that the residents social and spiritual needs were met.

The inspector saw that there were systems in place to deliver quality care to residents and this was continuously monitored with oversight from the person in charge and management team. The systems included a comprehensive auditing programme and improvement action plans were in place and overseen by the person in charge. There was also a good oversight of these audits and quality improvement plans at management level. Follow up of both clinical and non-clinical items were discussed at the senior management meetings and this was evident in the minutes of these meetings.

There were an adequate number of staff on duty on the day of inspection and the staff roster showed that all shifts were covered. There was a low staff vacancy level in the nursing home and two new staff were awaiting their An Garda Síochána Vetting prior to commencing employment. Staff were seen tending to residents' needs in a caring and respectful manner throughout the day of inspection. Call bells were answered in a timely manner. All nurses working in the centre held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Staff told the inspector that they had access to training and this was either online or in person. They were reminded if any updates in training were due and training sessions were arranged by the management team. All staff had completed their safeguarding training and some were able to share this knowledge to the inspector.

Resident and family satisfaction surveys had been completed and were available for the inspector to review. These also formed part of the annual quality and safety review completed by the centre for 2021. This review was comprehensive and showed audit summaries and improvements action plans undertaken in the centre.

## Regulation 15: Staffing

There was a sufficient number of staff and skill-mixes to meet the needs of the residents. The centre had a low number of staff vacancies.

There was a minimum of one qualified nurse on duty at all times.

Judgment: Compliant

## Regulation 16: Training and staff development

Training records showed that staff had received their training and staff informed the inspector that they were facilitated to attend mandatory training and other training appropriate to their roles. There was an ongoing schedule of training in place to support staff.

Judgment: Compliant

## Regulation 19: Directory of residents

The Directory of residents was available to the inspector and included all the required information outlined in part 3 of Schedule 3 of the regulations.

Judgment: Compliant

## Regulation 21: Records

A sample of staff files showed that the required information under Schedule 2 of the regulations was in place. All staff had received An Garda Siochana vetting prior to commencing employment.

All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Resident's files were stored safely in a secure room. They were organised and tracked and appropriate arrangements were in place for destruction when required.

Judgment: Compliant

## Regulation 22: Insurance

A certificate of insurance was in place to cover against injury to residents.

Insurance for loss or damage to residents' property was also in place and this was communicated in the centre's residents' guide.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well-established and maintained system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

## Regulation 24: Contract for the provision of services

A sample of contracts for the provision of services were examined. These included details of the service provided and the fees to be charged for such services; however, the transitional care contracts did not outline all services provided in a clear and concise way.

The wording relating to the additional fees required review and was not easy to understand. This was being reviewed on the day of inspection.

Judgment: Substantially compliant

## Quality and safety

Overall, the inspector was assured that residents were receiving a good standard of

care and service in the nursing home. Residents informed the inspector that they were happy living in the centre, they liked living there and were well looked after. However, some improvements were required with infection control practices as detailed under Regulation 27; Infection control to further enhance the quality and safety of the service for the benefit of the residents.

The inspector reviewed a sample of residents' care records and saw that a variety of validated tools were used to appropriately assess the residents. These had been completed within 48 hours of admission and care plans were prepared based on these assessments. Care plans were updated within four months or more frequently where required. A system was in place to alert staff when updates to assessments or care plans were required and this was monitored by the person in charge and clinical nurse manager.

Residents had good access to their general practitioner (GP) and to allied health professionals. There was evidence of residents' access to other allied health professionals such as tissue viability nurse, dietitian, speech and language therapist, physiotherapist, occupational therapist, palliative care services, and other medical consultants. Arrangements were in place for optician and dental referrals. A process was in place for referrals to these services and this was evident in the residents' plans of care.

A system was in place to identify clean and decontaminated equipment. The inspector observed that this was consistently used throughout the nursing home on the day of inspection. Storage rooms were organised and all items were stored off the floor to facilitate cleaning. The housekeeping trolleys were clean and organised and there was adequate space to store them in the cleaners room. Cleaning checklists were completed and available to the inspector.

Clinical waste was disposed of in large yellow bins at the back of the nursing home. On the day of inspection, one of the bin locks was broken. The person in charge took immediate action by sealing the bin and arranging for its removal.

Visitors were seen visiting residents in the nursing home. There were no restrictions on visiting and this was confirmed by both residents and visitors. Some family members were complimentary of the nursing home and staff and said they were able to come and go as they pleased.

The administration staff maintained a list for registering residents to vote in local and national elections. Some residents went to the local polling station if able, whilst a ballot box was brought on site for those unable to travel out for this purpose.

## Regulation 11: Visits

Visiting with the residents was unrestricted. This was confirmed by both residents and visitors.

Judgment: Compliant

### Regulation 17: Premises

Overall the premises was clean and tidy, appropriate and well laid out to meet residents' needs. A system was in place to ensure maintenance was undertaken in a timely manner. Regulatory requirements of Schedule 6 were met.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was available and included a summary of services available, terms and conditions for residing in the nursing home, the complaints procedure and visiting arrangements. Other information for residents was available on notice boards throughout the centre.

Judgment: Compliant

### Regulation 27: Infection control

Overall, the centre was clean and there was good adherence to the National Standards for infection prevention and control (IPC) in community services (2018), with the exception of the following issues identified:

- Some paintwork was chipped in a number of areas, preventing effective cleaning; for example around some of the door frames and the nurses' station.
- There were rusty screws on bathroom grab rails preventing effective cleaning.
- The seals around some sinks was worn providing a medium for bacteria to grow.
- The flooring in multiple toilets was detaching from the walls preventing effective cleaning.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents' needs were assessed using a variety of validated assessment tools. Care plans were person-centred to reflect the individual residents' care requirements and to assist staff in providing their individual needs. Care plans were well maintained and were subject to four monthly reviews or sooner if changes had occurred. The contents of these care plans was up-to-date and reflected the person-centred care being delivered for residents on the day of the inspection.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with a good standard of healthcare and support in the centre. They had access to general practitioner (GP), who attended the centre regularly. Allied health services were easily accessible to the residents.

Judgment: Compliant

### Regulation 8: Protection

There was a safeguarding policy in place and staff had received training and residents were protected from abuse. Staff spoken with were knowledgeable about what constitutes abuse and what action to take following an allegation of abuse.

The provider was a pension-agent for some residents. A policy and procedure was in place and a separated dedicated residents' bank account was available for this purpose. Petty cash was managed in line with the centre's policy and cash balances were audited and recorded on a monthly basis.

Judgment: Compliant

### Regulation 9: Residents' rights

There were facilities in place for recreational activities, and residents were observed participating in individual and group activities.

The minutes of the residents' meetings and the residents who spoke with the inspector identified that they were consulted in the running of the service.

An independent advocacy group was available to residents and information posted on the notice board for staff. Evidence of some residents utilising advocacy services

was evident is their care plans.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire drills were undertaken weekly and a tracking system was in place to record each member of staffs participation in these drills. Drills were undertaken by the person in charge and fire training was delivered by an external fire consultant. The fire consultant undertook additional drills when on site. Evacuation drills of the largest compartment with minimal staffing levels were completed to ensure staff were practiced in evacuation procedures, especially in a night time situation.

Quarterly certificates for emergency lighting and the fire detection and alarm system were available for inspection. Annual fire safety equipment had been serviced in April 2022. Oxygen storage was appropriate with cylinders stored upright in a locked cage outside the building.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 28: Fire precautions	Compliant

# Compliance Plan for St Colmcille's Nursing Home OSV-0005531

Inspection ID: MON-0036543

Date of inspection: 21/09/2022

## 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 24: Contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: <ul style="list-style-type: none"> <li>• The wording in the text of the transitional care contracts will be reviewed to clearly and concisely outline any additional costs the resident might incur during their stay.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> <li>• The PIC will ensure there is a programme of remedial works in place to address the Infection Control issues identified.</li> <li>• The chipped paintwork will be repaired, and a maintenance programme will be scheduled to ensure paintwork is maintained in a sound condition for cleaning purposes.</li> <li>• The rusty screws on bathroom grab rails will be replaced.</li> <li>• The seals around the identified sinks will be replaced.</li> <li>• The flooring in the identified toilets will be repaired.</li> </ul>	



## 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 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	31/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2022

