Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Attracta's Residence
Name of provider:	St. Attracta's Nursing Home Unlimited Company
Address of centre:	Hagfield, Charlestown, Mayo
Type of inspection:	Unannounced
Date of inspection:	23 November 2021
Centre ID:	OSV-0000386
Fieldwork ID:	MON-0034626

About the designated centre

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

St. Attracta's Residence is made up of a large bright reception area, a bright spacious dining room with additional seating overlooking the gardens, and a number of large day rooms that enable quiet time and group gatherings, a private family meeting room, training room, offices and meeting rooms, nurses station, treatment room, a Chapel, a hair and beauty salon, laundering and sluicing facilities as well as landscaped gardens overlooking the surrounding countryside. Car parking facilities are available for visitor use. There are 52 bedrooms in the centre. All bedrooms are equipped with nurse-call alarm, televisions, private telephone point and electronically adjusted orthopaedic beds.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65

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
Tuesday 23 November 2021	10:00hrs to 18:00hrs	Catherine Sweeney	Lead
Tuesday 23 November 2021	10:00hrs to 18:00hrs	Ruth Waldron	Support

What residents told us and what inspectors observed

Residents spoken with, and observed on the day of this inspection, confirmed that they enjoyed a good quality of life in the centre. Residents were observed partaking in numerous and varied activities throughout the day of the inspection. The atmosphere in the centre was active and vibrant. Residents were observed mobilising independently around the communal areas of the centre. The communal rooms were supervised at all times. There were also a number of quiet communal rooms available.

Residents were observed to be socially engaged with each other and with staff. Staff were observed to communicate with residents in a kind and respectful manner. Residents appeared comfortable and relaxed in the company of staff.

The centre was clean and in a good state of repair. Two shower rooms had been refurbished and were seen to be in regular use. Residents bedrooms were appropriately decorated in a person-centred way. Each resident had a personalised name plate on their bedroom door.

Most of the residents were observed to enjoy their meals in the large dining room in the centre. Residents who preferred to have their meals in the communal areas or their bedrooms were facilitated to do so. Menu boards with large pictures of the meals on offer for each meal were prominently displayed in the dining room. Residents were offered a choice at meal times and meals were observed to be appetising and nutritious.

Inspectors observed families and friends of residents attending the centre throughout the day of the inspection. Visiting was seen to be facilitated in a safe manner, in line with the national guidelines.

Capacity and capability

Overall, the findings of this inspection were positive and inspectors were assured that the residents in the centre enjoyed a good quality of life and received a high standard of care.

This was an unannounced risk inspection conducted by inspectors 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).

Inspectors followed up on the action taken by the provider to address the non-compliance in governance and management, risk management, fire precautions and

residents' rights found on the last inspection in February 2020. Following the last inspection the Chief Inspector had attached a condition to the registration of the centre which stated

'Condition 4
The provider shall address the regulatory non compliance on inspection on 10 February 2020 to the satisfaction of the Chief Inspector no later than 31 August 2020.'

The findings of this inspection was that the provider had made significant improvements in the centre since the last inspection and were therefore in compliance with condition 4 of the centres' registration.

The provider had reviewed and strengthened the governance systems in the centre and work had been carried out to address issues identified in a fire risk assessment completed since the last inspection.

The provider of the designated centre is St. Attracta's Nursing Home Unlimited Company. There is a clearly understood organisational structure, with clear lines of authority and accountability identified. A general manager oversees the day-to-day running of the centre. The person in charge, the director of nursing, is supported by a team of three clinical nurse managers to provide nursing guidance and supervision to the nurse and care teams. Staff spoken with told inspectors that they were well supported by the management team.

The centre had adequate staffing to meet the assessed needs of the residents and for the size and layout of the building. A review of the rosters found that staff were supported and supervised by a clinical nurse manager or a senior nurse at all times. Inspectors observed that residents needs were met in a timely manner on the day of the inspection.

The provider had introduced a number of new governance systems in the centre. These systems facilitated a review of how the service was monitored and improved. For example, all governance meetings were now documented using the HIQA (2016) National Standards for Residential Care Settings for Older People in Ireland as a framework to ensure all areas of management were discussed and documented. This meant that there was a clear improvement plan documented to address issues identified through audits, incidents and accidents and complaints management.

On-going improvement to the auditing system was observed. There was an auditing schedule in place. Audits had been completed in line with the schedule. Some further improvement was required to ensure all audits completed had a clear action plan developed from the findings and that the action plan was reviewed and communicated to staff in a timely and effective manner. This issue also arose in the review of staff meetings and resident feedback surveys.

A review of the staff training records in the centre found that all staff had completed mandatory training in safeguarding, fire safety, manual handing and infection prevention and control. Staff spoke with demonstrated a good knowledge of fire

safety procedures. This was a completed action from the last inspection.

The complaint management system ensured that the provider was responsive to the all the concerns, complaints and dissatisfaction of service reported. There was a clear complaints procedure which was displayed in prominent areas of the centre. Residents were also offered the opportunity to raise concerns at the monthly resident forum, chaired by an independent resident advocate. The complaints policy was robust and in line with the requirements under regulation 34. A review of the complaints register found that complaints were well documented and investigated and that the satisfaction of the complainant was documented in line with the centre's policy.

Regulation 15: Staffing

A review of the rosters found that staffing levels and skill mix were appropriate to meet the needs of the residents. Staffing remained under constant review. There was a staffing contingency plan in place to ensure safe staffing levels were maintained in the event of an COVID-19 outbreak or any other emergency.

Judgment: Compliant

Regulation 16: Training and staff development

Staff demonstrated appropriate knowledge of their role and a review of the training record and staff files found that appropriate training had been delivered to each member of staff.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clear organisation structure that was recognised by all staff. The general manager and the person in charge had a strong presence in the centre and were well known to all the residents and visitors.

A review of the governance systems such as audits, residents surveys and meeting notes was required to ensure that all quality improvement actions plans were clearly documented, reviewed and communicated to the appropriate staff.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The provider had a robust system of complaints management in place. The complaints procedure was clearly communicated to residents and families and complaints were managed in line with the requirements under Regulation 34.

Judgment: Compliant

Quality and safety

Overall, inspectors found that the assessed needs of the residents were met to a high standard. Significant improvements were noted in overall risk management, residents rights and fire safety systems in the centre.

Since the last inspection the centre had recovered from an outbreak of COVID-19. Inspectors acknowledged that both residents and staff had been through a very difficult time and had worked hard to ensure the health and safety of everyone in the centre. The provider had managed the outbreak well, clearly following the Health Protection Surveillance Centre (HPSC) national guidelines.

The provider had completed a review with staff in relation to the outbreak and had identified areas of good practice and areas of learning. This learning was used to update the centres' COVID-19 contingency plan in the event of any future outbreaks.

The provider had reviewed and improved how risk was managed in the centre. A review of the risk management policy, the risk register and the centre's accident and incident log found that hazards were appropriately identified, interventions and controls were documented, and all risks were reviewed with appropriate time-lines.

Significant issues in relation to the fire safety systems had been identified on the last inspection and subsequently on a fire safety risk assessment commissioned by the provider. A review of the work completed since the last inspection found that the majority of the fire safety improvement actions identified in the risk assessment had been completed.The provider had a clear, time-bound action plan in place for the completion of outstanding actions. Furthermore, the provider had reviewed night-time staffing levels, compartment occupancy, and staff training requirements in an effort to mitigate the outstanding risk to residents until the fire safety work had been completed.

All residents had an assessment of their care needs completed and a care plan

documented. Some improvement was required to ensure that the quality of some of the care plans reflected the quality of care observed by inspectors on the day of the inspection. While some care plans, such as the wound care plans were detailed, person-centred and provided clear evidence-based nursing guidance for the delivery of care, others lacked the detail required to ensure care delivery was consistent and person-centred.

Residents had appropriate access to a doctor of their choice and were supported by a number of allied health care professionals including physiotherapist, dietitian, speech and language therapist and chiropodist.

Residents' rights were found to be respected in the centre. Residents were observed to be socially engaged throughout the day of the inspection. There was an interesting and varied activities schedule in place. In between scheduled activities, the activity coordinator facilitated chat in relation to the daily news headlines and other local news of interest.

The provider produced a colourful and accessible newsletter to inform residents of upcoming activities and events, local news and to keep them updated of any changes made to the visiting or the infection control arrangements in place to manage COVID-19.

Advocacy and support services were easily accessible to all residents. Contact details for an advocacy service were on display at reception. Residents were facilitated to attend monthly resident meetings where they were encouraged to 'have a voice in the centre'.

Issues in relation to the the privacy and dignity of residents had been reviewed since the last inspection. The provider had updated the policy in relation to the use of closed circuit television (CCTV) cameras.

Regulation 26: Risk management

The provider had a system in place to ensure that both clinical and environmental risks to residents were identified, documented and reviewed to ensure safe delivery of care. The risk management policy contained all the detail required under regulation 26 and was seen to be implemented in practice.

Judgment: Compliant

Regulation 28: Fire precautions

Some fire safety work remains outstanding. This included

- replacement of fire-proof glazing
- installation of a repeater panel
- further assurances in relation to fire containment.

The provider has committed to completing these works with a time-bound action plan.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The quality of individual assessment and care plans was not consistent and did not reflect the quality of care delivered. For example, it was evident that care staff were familiar with the distraction and therapeutic interventions that were needed to support those residents displaying agitated behaviours. Care staff were observed using gentle reassurance, redirection, distraction or quiet one-to-one time with the resident. Care staff were also familiar with the potential triggers for feelings of anxiety or agitation in these residents. However a review of the residents' care plans found that this was not well documented and instead the care plans for these residents were focused on the physical needs of the resident rather than the holistic approach to care that was observed being delivered in practice.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to appropriate health care supports including regular access to a doctor of their choice and a team of allied health care professionals. Recommendations from this team were observed to be integrated into the residents plan of care. and communicated to appropriate staff.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were well supported in the centre. Residents were encourage and facilitated to be actively involved in a rich programme of activities. The provider had systems in place to ensure that the voice of each resident was represented in the centre.

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 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Attracta's Residence OSV-0000386

Inspection ID: MON-0034626

Date of inspection: 23/11/2021

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 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: Quality improvement action plans will be compiled, communicated to appropriate staff and reviewed to ensure all aspects of the service provided is safe, appropriate, consistent and effectively monitored. This will apply to following up and closing out of audits, meeting minutes and surveys to ensure clarity of follow through on actions. This is put into immediate effect from 1st December 2021.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: St. Attractas remains committed to focusing on the highest standards of fire safety management. Some aspects of fire safety work remains outstanding: 1. Replacement of fire-proof glazing – will be complete by 31st Jan 2022 2. Installation of a repeater panel – We are awaiting delivery for past 22 months of 2 additional repeater panels. We have contacted all involved in supply chain again to rehighlight the importance of this and also to consider alternatives. Aspire to have this complete by 31st Jan 2022. 3. Further assurances in relation to fire containment have been completed on 15th December 2021 and submitted. These specifically relate to sign off from an external competent fire assessor.	

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 residents have up to date assessments and care plans. The context and style in which they are documented will be reviewed to ensure they accurately reflect the holistic psychosocial care that is provided. This is an ongoing process which will focus on education of staff who primarily complete the care plans and assessments. This will commence with immediate effect on 1st December 2021.	

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 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	17/12/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	31/01/2022
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	Substantially Compliant	Yellow	31/01/2022

	designated centre concerned.			