



**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 Augustine's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Cathedral Road, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	03 August 2023
Centre ID:	OSV-0000649
Fieldwork ID:	MON-0036901

About the designated centre

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

St Augustine's Community Nursing Unit is a 33-bedded community nursing unit which is under the management of the Health Service Executive (HSE). It is situated in the town of Ballina close to St. Muradech's Cathedral. Nursing care is provided to long stay and respite residents who have increasing physical frailty, some living with dementia and others requiring assistance with mental health or palliative care needs. The environment is stimulating and friendly. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to their care and support. The service promotes independence, health and well being. Accommodation includes single and twin rooms. An internal courtyard garden and a further garden to the front of the building was available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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
Thursday 3 August 2023	09:00hrs to 17:00hrs	Lorraine Wall	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live and that staff were kind and considerate. Residents were observed to be content and relaxed in the company of staff. Although some actions were needed to bring the premises into compliance with the regulations, the environment was homely and welcoming.

On arrival to the centre, the inspector met with members of the administration and nursing team. The person in charge was on annual leave but attended the designated centre when staff notified them that the inspection was in progress.

Following an introductory meeting with the senior staff nurse in charge, the inspector walked around the centre which gave them an opportunity to meet with residents and observe staff and resident interactions. Residents were observed being assisted to the communal rooms while others were being assisted with their care needs.

The inspector found that there were sufficient staff on duty to meet the needs of residents. Residents' call bells were answered promptly by staff and residents were being supported with their care needs in a respectful manner. Staff were patient and respectful towards residents carrying out care and support tasks in an unhurried manner.

Residents told inspectors that they were well cared for, while complimenting the food they received and the staff caring for them. The inspector observed interactions between residents and staff and found that staff were warm and empathetic in their interactions with residents. Residents told the inspector that the "staff were brilliant" and "they will get you anything you ask for". It was evident that residents knew the person in charge and they told the inspector that they would talk to "any of the staff" if they were worried about anything or needed to raise a concern. Residents said that they were always listened to and any issues they ever raised were addressed.

Residents' meals were provided in two dining rooms. Residents who required assistance with their meals were assisted discreetly to eat their meals. The inspector observed that there was a choice at meal times, with the options for the day displayed on a menu board in the dining room. Residents' meal times were protected with lunch taking place between 12.15pm and 1.30pm.

On the day of the inspection, one activity coordinator was assigned to the provision of activities for the 27 residents living in the centre. The inspector observed that an activities schedule was displayed in the communal area and the programme of activities included reflexology once weekly, music every week, which was provided by an external provider and aromatherapy once weekly. An art class was also facilitated by an external provider once weekly. Throughout the inspection, the

inspector observed residents taking part in various activities including art and bingo and residents told the inspector that they enjoy these activities. A motorised exercise bike was also available for resident use in the communal area should they wish to use this. Residents' birthdays were celebrated and the inspector reviewed a scrapbook with pictures of various celebrations in the centre and outings that residents had been on.

Some residents told the inspector that they miss going out as the bus has been broken for a number of months and that they had previously enjoyed going out for tea or to visit the local garden centre. One resident told the inspector, "I look forward to going out again, I used to love going to the garden centre. I don't think we will ever get another bus".

Some residents told the inspector that they would enjoy more outdoor activities. One resident told the inspector that she enjoys pruning the roses in the courtyard garden and would like if there were more gardening activities.

Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. Many residents' bedrooms were personalised with photographs and personal belongings, including their photographs and artwork. Each residents' door had the residents name on it.

Residents' rights were protected and promoted for the most part and individuals' choices and preferences were seen to be respected; however, residents did not have access to the internet should they have wished to use this, as the designated centre has an extremely poor WIFI connection. One resident told the inspector that they liked to watch mass on the live stream but the internet connection is too poor to facilitate this. Additionally, residents in twin rooms shared one television, which meant that they did not have individual choice of television viewing and listening.

The inspector reviewed minutes of residents' meetings and found that there was evidence of consultation with residents about the day to day running of the centre. Residents had recently asked for staff to wear name badges so they could identify them more easily and this had been addressed and the inspector observed that all staff were wearing name badges throughout the inspection.

Residents' visitors were made welcome and were seen by the inspectors coming and going throughout the day of the inspection.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

Overall, this is a well-managed centre with a clear commitment to providing good standards of care and support for the residents. The registered provider had made improvements since the last inspection; however, there were some areas which required improvement and these are discussed under the relevant regulations.

This was an unannounced inspection completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The Health Service Executive is the registered provider for this designated centre. There was a clearly defined management structure in place that were responsible for the delivery and monitoring of effective health and social care support to the residents. The management team consisted of a person in charge and a clinical nurse manager, however the latter post had been vacant since 2020. A team of nursing staff provided clinical support along with an activity coordinator, health care assistants, household, catering and maintenance staff making up the full complement of the staff team. The inspector found that adequate resources were provided to ensure residents' needs were met

There were deputising arrangements in place, however; as there was no clinical nurse manager in post the person in charge appointed senior staff nurses to be responsible for the oversight of the service when they were not available in the designated centre. This was not in line with the management structure set out by the provider in their statement of purpose against which the centre is currently registered.

The systems in place to monitor the quality and safety of the service and residents' quality of life were effective. Through the use of a comprehensive audit schedule of clinical care and environmental safety, service deficits had been effectively identified and quality improvement plans had been developed and acted upon.

Through a review of minutes of both management and staff meetings and observations on the day of the inspection, the inspector found that staff were appropriately supervised in their roles. Staff meetings included discussions on a range of topics including health and safety, infection prevention and control, falls prevention and fire safety. There was evidence that issues identified had appropriate action plans in place.

The inspector reviewed a sample of staff files and found that they contained all of the information required by Schedule 2 of the regulations. The provider had ensured that adequate staffing resources with the appropriate skill mix were in place to meet the residents' clinical and social care needs. The person in charge met the requirements of the regulations and was knowledgeable about the residents living in the centre.

While the majority of staff had completed their mandatory training, the inspector found that there were some gaps in fire safety training, training in the management of responsive behaviour and safeguarding of vulnerable adults.

The inspector reviewed a sample of residents' contracts and found that they were in compliance with the requirements of Regulation 24.

A directory of residents was available for review and met the requirements of Regulation 19. A review of the complaints log found that the centre had a low level of complaints. Complaints were managed appropriately and to the satisfaction of the complaint. However, the complaints policy and procedure required review to ensure that all residents had access to advocacy services, and were aware of the support available, should they require this assistance when making a complaint.

Regulation 14: Persons in charge

There is a person in charge who is a registered nurse and who meets the requirements of the regulations. The person in charge demonstrated a good understanding of the legislation and of their regulatory responsibilities. They work full time in the centre and have overall responsibility for the day to day care of residents and the management of staff working in the centre. The person in charge was knowledgeable about the residents living in the centre and was well known to staff and families.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were required in relation to staff training and refresher training to ensure compliance with Regulation 16:

- Fire safety: 3 staff had not completed their refresher training.
- Safeguarding of Vulnerable adults: 4 staff had not completed their refresher training and 2 staff had no record of completion of this training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The provider had established and maintained a Directory of Residents which included the information specified under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place were sufficient to ensure that the service was safe, appropriate and effectively monitored through the use of a comprehensive audit programme.

The management structure in the centre was not in line with the structure that was laid out in the centre's statement of purpose and therefore the lines of authority and accountability were not accurate.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts and found that they were in line with the requirements of Regulation 24.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre's complaints policy and procedure required review to ensure that residents have access to advocacy services for the purposes of making a complaint and to ensure that the policy had been updated in line with changes in legislation.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported and encouraged to have a good quality of life and received timely support from a caring staff team. There was evidence of communication and consultation with residents and the majority of residents spoken with in this centre felt that they received a good standard of service. However, action was required in some areas to ensure full compliance with the regulations, particularly in relation to Regulation 17: Premises; An action relating to the provision of sanitary facilities is a repeated non compliance from the previous two inspections of this designated centre.

Overall, the centre was visibly clean, well-lit and warm on the day of the inspection. Residents' accommodation was made up of single and twin occupancy and each door was individually personalised. Residents had ease of access to their personal belongings including their wardrobes. The communal rooms were spacious and homely. Corridors were wide and contained rails fixed to the walls to assist residents with their mobility.

Infection prevention and control measures were in place in the centre and there was evidence of good practices such as the use of appropriate hand hygiene techniques; however, some improvements were required in relation to the maintenance and repair of the centre, which hindered effective cleaning in some areas.

Residents rights were upheld in this centre for the most part. The provider had ensured that there were sufficient resources in place to offer meaningful activities to all residents within the centre. There was a dedicated activities coordinator on duty on the day of the inspection and this ensured that all residents had opportunities for occupation and recreation, taking into account the size and layout of the centre and the number of residents. An activities schedule was in place which corresponded with the activities taking place on the day of the inspection. Residents' meetings were convened regularly to ensure residents had an opportunity to express their concerns or wishes. However, there were some areas which required review in order to ensure that the rights of all residents were upheld and that the centre was in full compliance with Regulation 9: Resident's Rights.

Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. The sample of residents' care plans reviewed were sufficiently detailed to guide care delivery, with a focus on person-centred care. Residents had good access to their general practitioners and other health care professionals, as required, including occupational therapy and dietetics.

The inspector found that residents at risk of experiencing responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were well supported. Behaviour support care plans were sufficiently

detailed to guide staff on all de-escalation strategies. Restrictive practices in place in the centre were managed in accordance with the national restraint policy.

The inspector observed residents having their lunch time meal and found that residents who required assistance were assisted by staff who were respectful and patient. Pictorial menus were available; however, these were not observed to be used by staff on the day of the inspection.

The provider had systems in place to ensure that residents were protected from the risk of abuse. The provider is a pension agent for some residents. The inspector reviewed this process and was assured that residents' finances were appropriately managed.

A residents' guide was available for review, and this was found to contain all the necessary information for residents living in the centre, as required under Regulation 20: Information for residents.

The inspector found that the registered provider had ensured visiting arrangements were in place for residents to meet with their visitors as they wished. Visits were observed to be happening in both communal rooms and residents' bedrooms. There was also sufficient private visiting rooms for residents to use if they wished.

Regulation 11: Visits

Visits were observed to be taking place throughout the inspection. Residents could meet with their visitors in private, in their bedrooms or in one of the visitor's rooms.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that residents retained control over their possessions as per the requirements of Regulation 12.

Judgment: Compliant

Regulation 17: Premises

The registered provider had not taken the actions required to ensure that the premises were appropriate to the needs of the residents. This was evidenced by a repeated finding;

- The provider had not ensured that there was sufficient bath and shower facilities for 33 residents. This was a repeat finding from the previous two inspections. There was one twin bedroom with en-suite shower facilities. However, the remaining 31 residents were sharing one assisted bathroom and two accessible shower rooms which meant that up to 11 residents were using one facility. This did not ensure that all residents in the designated centre had equal and timely access to shower facilities.

The designated centre did not conform to all of the requirements of Schedule 6 of the regulations. For example;

- There was not enough storage in the centre and as a result three vacant bedrooms which were registered for resident accommodation were being used to store equipment items.

Judgment: Not compliant

Regulation 18: Food and nutrition

The inspector was not assured that residents with cognitive impairment were offered appropriate choice in relation to their meal time options, as pictorial menus were not in use to assist these residents.

Judgment: Substantially compliant

Regulation 20: Information for residents

A comprehensive residents' guide was available to review and included all the requirements of Regulation 20.

Judgment: Compliant

Regulation 27: Infection control

The centre was clean and met the requirements of Regulation 27.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents files and found that each resident had a comprehensive assessment of their care needs. Care plans reviewed were informed by these assessments. Care plans were sufficiently detailed to ensure each residents' health and social care needs were identified and to guide care delivery.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that residents having regard to the care plan prepared under Regulation 5, had timely access to a general practitioner (GP), allied health professionals, specialist medical and nursing services including dietician and tissue viability specialists as necessary.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who presented with responsive behaviours were cared for in a positive and individualised manner. The inspectors found that there was effective monitoring and record-keeping of restrictive practices in the designated centre.

Staff training records showed that two staff had not completed responsive behaviours training and 2 staff had no record of completion of this training.

Judgment: Substantially compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded. Residents' finances were appropriately managed in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

While residents' rights and choices were promoted, there were some areas which required improvement:

- Residents located in a twin bedroom shared one television. Provision of one television in these bedrooms did not ensure that each resident had choice of individual television viewing and listening.
- The facilities in place for residents to access the internet were not sufficient and this had not been addressed by the provider. This meant that some residents could not view religious services on live stream, which was their preference.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Augustine's Community Nursing Unit OSV-0000649

Inspection ID: MON-0036901

Date of inspection: 03/08/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>3 staff who had not completed refresher fire training will have met their mandatory training requirement met by the 31st October 2023.</p> <p>Responsive behavior training is taking place on the 17th November 2023 and the two staff who have not attended will be in attendance</p> <p>4 Staff who had not attended Safeguarding training have attended and are now up to date with mandatory requirements</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Statement of purpose has been amended to show the current management structure within the unit</p>	
Regulation 34: Complaints procedure	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Local Complaints procedure has been updated to include the details identified in the report</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The PIC and RPR will meet with local maintenance department on the 20th October 2023 to formulate a business plan to convert rooms 17 and 18 into an accessible bathroom and then forward to estates department by the 26th October 2023 so that these proposed works can be reviewed in more detail and advise on how the works should progress. I will then update the Inspector by the 14th November 2023 on the plan. Additional storage space will be discussed at the above meeting on the 20th October 2023 and a plan put in place to address this</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition: A New pictorial menu board has been ordered which will address the needs of residents with cognitive impairment</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Responsive behavior training is taking place on the 17th November 2023 and the two staff will be in attendance.</p>	

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: With regards to a 2nd TV, maintenance have reviewed and will schedule these works in and complete installation by the 31st January 2023. With regards to this regulation the provider is satisfied that we are in compliance with Regulation 9 © as any resident can if they so wish access the internet via their own smartphones or tablets. We have raised internet provision with IT and Digital health in our area and we are advised that they are currently awaiting a National solution for Guest Wifi in community Nursing Units. In the interim we will order two extra routers for the unit and have them installed by the 30th November 2023</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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/12/2023
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.	Not Compliant	Orange	31/03/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to	Substantially Compliant	Yellow	31/10/2023

	the matters set out in Schedule 6.			
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	09/10/2023
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.	Substantially Compliant	Yellow	02/10/2023
Regulation 34(1)(a)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall make each resident aware of the complaints procedure as soon as is practicable after the admission of the resident to the designated centre concerned.	Substantially Compliant	Yellow	02/10/2023
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and	Substantially Compliant	Yellow	30/11/2023

	manage behaviour that is challenging.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	01/10/2024