



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

Issued by the Chief Inspector

Name of designated centre:	St Fionnan's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Achill Sound, Mayo
Type of inspection:	Unannounced
Date of inspection:	14 February 2023
Centre ID:	OSV-0000650
Fieldwork ID:	MON-0039347

About the designated centre

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

St Fionnan's Community Nursing Unit is a purpose-built single-storey building which is registered to accommodate 30 male and female residents. The centre is located in Achill Sound and overlooks the coastline. It is close to the church and local amenities including hotels, shopping facilities and the library. Care is provided to persons aged 18 years and over who require long-term care or periods of respite care. Residents with dementia care needs and end-of-life care needs are accommodated. The environment is homely, comfortable and well maintained. A safe, well-cultivated courtyard garden is available for residents and this is accessible from several points of the building. Nursing and care staff are available 24 hours per day.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 14 February 2023	15:30hrs to 18:30hrs	Ann Wallace	Lead

What residents told us and what inspectors observed

This inspection was carried out over an evening. The inspector met with residents and staff and spent time observing care practices and viewing the communal and private space provided for the residents. Overall the inspector found that residents were well cared for by a staff team who knew them well and were familiar with their preferences for care and daily routines. The premises was laid out to make the best of the communal and private space that was available for the residents, however the dining space was not adequate for the number and dependency of residents and there was no safe accessible toilet for residents to use in the proximity of the dining room and communal lounge.

When the inspector arrived at the centre they followed the infection prevention and control measures including taking their temperature, wearing a face mask and carrying out hand hygiene before signing in and entering the premises.

St Fionnan's Community Nursing Unit is purpose built, single storey premises located on Achill Sound in County Mayo. The centre is close to local shops and amenities and enjoys views of the surrounding countryside and mountains. There is a car park to the front of the building. Public transport routes are available to the local village which is a short distance from the centre. There is an enclosed garden in the centre of the building which can be accessed from different points along the internal corridor.

Residents were spending time in the lounge and in their bedrooms when the inspector arrived. A small group of residents were participating in an art class in the lounge. Residents appeared to be enjoying the activity and proudly showed their work to the inspector. Residents were encouraged to display their art work which was on exhibition around the corridors of the centre. This created points of interest and the inspector observed one resident discussing a piece of art with a member of staff whilst they were having a walk back to their bedroom.

The inspector spoke with a number of residents to introduce herself and explain why she was visiting the centre. Residents were very welcoming and proud of their home and said that they were comfortable and that their needs were being met. Residents said that staff were pleasant and very kind and that they felt safe. A number of residents were from the local area and told the inspector that they were happy not to be too far from their "home place" and their local community. This was validated by the inspector's observations which found that staff were empathetic and respectful in their interactions with the residents and that the atmosphere was calm and welcoming. Staff were heard chatting with residents about local events and news and it was evident that staff knew some of the communities where the residents had lived prior to coming into the centre.

The inspector did a walkabout of the centre with the nurse in charge. The premises was homely and overall was accessible for the residents however the communal

area did not provide adequate dining space for residents. The dining room was adjacent to the kitchen and food is served from a serving hatch to residents sitting in the dining room. The dining room was laid out with one large rectangular table which could seat up to eight residents in the centre of the room. There were another five smaller tables located around the room where up to four mobile residents could sit. However this number would be significantly reduced as many residents had high dependency needs and needed to use walking frames, wheelchairs and large comfort chairs and there would not be enough physical space for residents or staff to move between tables comfortably and safely.

The two toilets that were located close to the dining room and lounge were not safe and accessible for the residents. It was evident that residents were using these toilets during the day as there were continence products and personal care items being stored in the cupboards in both of these toilets. Staff who spoke with the inspector were concerned about the accessibility of these toilets and the risk that the current layout of both facilities posed for residents. One toilet was narrow and did not provide sufficient space for a resident who needed assistance or who was using a walking frame to safely turn and sit on the toilet. This posed a significant risk if the a resident fell whilst using this toilet as there would be limited room for staff to be able to help them up from the floor. The second toilet was a better size however the layout of this toilet meant that a resident using the toilet would have their movements restricted by the location of the hand washbasin as it was in very close proximity to the toilet seat. This again created a risk for residents using the facility. Although residents had en-suite facilities in their bedrooms some bedrooms were located at a distance of up to 40 metres from the communal area and were not easily accessed for residents using the dining room or the lounge.

There was a comfortable lounge with seating laid out in different sections. Residents were using the lounge on the evening of the inspection and were watching television or chatting together in small groups. Some residents who preferred a quieter environment were sat towards the back of the room away from the television. The inspector chatted with one lady who was seated in this area and she confirmed that she did not want to watch television. However there was nothing else of interest to occupy this resident whilst she sat in the lounge and she was not sitting close enough to other residents to chat with anybody. This was addressed by staff when the inspector raised it with them. On one side of the room the activities table was laid for the residents doing their art work facilitated by the art therapist. One resident with whom the inspector spoke said that he liked to sit there and watch what the other residents were doing at the activities table but that he did not want to participate. The dining room and lounge were separated by a large wooden room divider which was folded back on the evening of the inspection. Staff were not able to tell the inspector why the room divider was in place and were not aware of when it was used. The divider took up a lot of space when it was opened and as it was floor to ceiling height it reduced the light in both rooms.

There was a small conservatory towards the rear of the dining room and lounge which had a view of the surrounding mountains. The conservatory was accessed from the lounge. This room is registered as a seating area for residents but at the time of the inspection was being used to store equipment such as an enteral feeding

stand, wheelchairs and a broken lamp table. Although there were some armchairs in this room they were being used to store smaller items of equipment. Staff reported that this room was not used by residents, there were no residents using the room at the time of the inspection and it was not clear where a resident could sit in this room due to the clutter.

The inspector chatted with residents in the dining room during the evening meal. Eight residents were seated comfortably in the room and were enjoying their meal. A member of staff sat with them at the dining table offering discreet support and encouragement. Residents told the inspector that they enjoyed their meals and that there was lots to eat. One resident was eating a different meal and they told the inspector that they had requested an alternative option and it was prepared for them. Another four residents were seated at the activities table in the lounge for their evening meal. As before staff were offering discreet support and encouragement to enable the residents to eat their meal. The activities table was a large specialist table which enabled the residents who were in wheelchairs or large comfort chairs to sit in at the table and participate in the social dining experience. However this table was located in the main lounge and the residents were on view to other residents in the room whilst staff were helping them to eat their meal. Staff who spoke with the inspector said that there was not enough room in the dining room for residents with high dependencies especially those who were using large specialist chairs. This was validated by the inspector's observations that the large enable table would not fit into the dining room and allow adequate physical space for the residents' seating and for staff to move around safely and comfortably.

The centre is laid out in a square set around an inner courtyard garden. The garden can be viewed as residents walked along the corridors and there was easy access to the garden for those residents who wanted to go outside. There were also a number of smaller seating areas located along the corridors where residents could sit quietly or take a rest when they were walking around. From one of these areas residents could watch the birds on the bird feeders in the garden.

Private accommodation is provided in single and twin bedrooms and three multi-occupancy three bedded rooms. All bedrooms have en-suite facilities. En-suite facilities reviewed by the inspector were of a good size and were accessible for residents including residents with higher levels of mobility needs. Most bedrooms had overhead ceiling hoists in place which further enabled access and safe mobilisation for residents. Overall bedrooms were of a good size and were nicely laid out with enough storage space for residents to keep their personal belongings close by. However a number of twin and three bedded rooms that were not fully occupied did not have all of the beds made and empty beds were left without sheets or covers. This did not create a homely and pleasant environment for the current residents in these bedrooms. The nursing in charge committed to ensuring that all beds would be made when day staff returned to work the following day.

In addition to the en-suite facilities and the two toilets close to the dining and lounge rooms there was a spacious communal bathroom with a specialist parker bath. This room was being used to store a number of trolleys and specialist equipment such as pressure relieving mattresses and other resident items. It was

evident that it was not being used as a bathroom because staff would need to remove all of these items before they could access the bath to bathe a resident. There was a third toilet which was of a good size and layout and was accessible for residents using walking aids or a wheelchair. The toilet was in use as a resident toilet which was an action from the previous inspection where the toilet had been repurposed as a visitor's toilet. Although this toilet was accessible it was situated at the opposite end of the building at a distance from the communal areas.

The corridors were wide and well illuminated with hand rails on both sides which supported residents to mobilise around the centre safely. Overall corridors were kept clear of clutter however the inspector found one fire exit route was blocked by a trolley and cans of paint and other items left by contractors who were carrying out fire safety works in the centre. This was cleared by staff at the time of the inspection. In addition one set of fire doors adjacent to the kitchen and laundry area were not closing fully and the inspector saw that there was a gap between the doors which would allow fire and smoke to get through and spread to other areas. Staff informed the inspector that a review of fire doors and other fire safety precautions was currently in progress in the centre and that these findings had been reported. This was validated by the provider following the inspection.

The next two sections of the report will discuss the findings of the inspection under the relevant regulations which are set out under the two pillars of capacity and capability and quality and safety.

Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The inspector found that overall the centre was well managed by the management team working in the centre, however the provider had failed to make available the resources that were needed to bring the designated centre into compliance with the regulations and this was impacting on the quality of life and safety of the residents. Of particular concern was the provider's lack of commitment to address the actions required in their conditions of registration pertaining to the dining space available for residents and the lack of accessible toilets for residents in proximity to the communal area of the designated centre.

The Health Service executive (HSE) is the registered provider for St Fionnan's Community Nursing Unit. The centre is registered for 30 residents and there were 24 residents accommodated in the centre at the time of the inspection. The person in charge was not available on the day of the inspection and the inspection was facilitated by the nurse in charge. The management team in the centre consisted of the person in charge and a newly appointed clinical nurse manager. They were

supported by a team of nurses, care staff, administrators, housekeeping and laundry staff and a maintenance person. In addition the person in charge was supported by a senior regional manager within Community Health Organisation 2 (CHO2) who is registered as a person participating in management (PPIM) with the centre. As part of the National Health Service Executive the person in charge had access to a wider team of estates and fire engineers as well as finance and human resources.

Following an inspection in 2020 the Chief Inspector attached an additional restrictive condition 4 to the designated centres registration which required the provider to complete the following:

Condition 4

The provider shall renovate the physical premises as follows

- (1) to increase the capacity in the dining room
- (2) ensure that the toilets that are in proximity to the day room can be accessed by all residents

These renovations will be completed to the satisfaction of the Chief Inspector no later than 31 December 2021

Inspections in 2018, 2020 2021 and September 2022 found that despite extensive correspondence with the provider the provider had repeatedly failed to carry out these works. At the time of this inspection there was no plan or funding in place for these works to be completed. As a result of the provider's repeated failure to take appropriate actions to provide adequate dining space and accessible toilets in the proximity to the communal area for the residents they were in breach of their conditions of registration and found to be not compliant with Regulation 23 Governance and Management.

Regulation 23: Governance and management

The management systems that were in place were not effective and did not ensure that the service provided to residents was safe, appropriate and consistent. This was evidenced by:

- Oxygen cylinders were being stored against a wall in a store room and had not been secured. This was a repeated finding from the last inspection.
- A fire exit route adjacent to the laundry and kitchen was blocked by trolley and other items.
- Faults to the emergency lighting system had not been fully addressed following the last inspection in September 2022.

The provider had failed to provide the resources that were needed to carry out the required improvement works to ensure that there was adequate dining space for residents and that there were sufficient accessible communal toilets in proximity to the communal area in line with their conditions of registration.

Judgment: Not compliant

Quality and safety

The inspector found that residents were being cared for by a staff team who knew them well and who respected their preferences and choices for care. However the design and layout of the communal areas and adjacent toilet facilities did not meet the privacy, dignity and wellbeing of each resident. In addition the lack of appropriate storage in the centre meant that equipment was being stored in resident bedrooms, bathrooms and in the conservatory. This impacted on how residents could use these facilities.

The inspector found that although the total communal space available to residents in the designated centre met the minimum standards required, the size and layout of the dining room did not provide adequate physical space for residents with mobility needs and residents with high dependency to use the dining room in comfort and safety. This was a repeated finding from previous inspections and- the provider had committed to undertake works to address this non-compliance which should have been completed by the provider by 31st December 2021. In addition the lack of appropriate storage space in the designated centre meant that the conservatory area adjacent to the lounge was being used to store equipment and other items and was not available to the residents.

The size and layout of the two toilets in proximity to the lounge and dining room did not meet the needs of the residents in a dignified and appropriate manner. In addition the size and layout of these toilets did not ensure that residents had adequate physical space to use the facility safely. This was a particular concern as there was evidence that the toilets were in regular use.

There was a lack of appropriate storage space in the designated centre. As a result resident equipment such as pressure relief mattresses were being stored in the communal bathroom and as a result the specialist bath was not accessible for residents. The inspector also found a pressure relief mattress which was not in use being stored in one of the multi-occupancy bedrooms. Furthermore the lack of appropriate storage areas and shelving meant that two of these mattresses were being stored on the floor which created an infection prevention and control risk.

Regulation 17: Premises

The registered provider had failed to ensure that the premises were appropriate to the number and needs of the residents and the matters as set out in Schedule 6 of

the regulations. This was evidenced by:

- The size and layout of the dining room did not provide adequate physical space for the 30 residents the centre was registered to accommodate. This was taking into account the needs of the 24 residents who were accommodated on the day of the inspection a number of whom had mobility needs and a number with high dependency needs who were using specialist seating.
- The size and layout of the two toilets in proximity to the lounge and dining room did not meet the needs of the residents in a dignified and appropriate manner and were not fit for purpose as they did not ensure that residents could use the facilities safely.
- There was a lack of suitable storage space in the designated centre which meant that resident areas were being used to store equipment.

Judgment: Not 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 23: Governance and management	Not compliant
Quality and safety	
Regulation 17: Premises	Not compliant

Compliance Plan for St Fionnan's Community Nursing Unit OSV-0000650

Inspection ID: MON-0039347

Date of inspection: 14/02/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Oxygen cylinders will be removed and stored outside in a metal cage 31/03/23 • Exit was cleared on day of inspection 14/02/23 • Emergency fire lighting was completed on 19/12/22 and confirmation was previously sent. • PIC will remind staff not to use resident space for storage and do regular checks on same • PIC will do regular checks to ensure toilets near day area are not being used by dependent residents <p><i>The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations</i></p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Even though as the regulator has confirmed that the total communal space to residents is in compliance. Estates and the Fire officer have agreed to review removal of the glass partition to ensure that it has no impact on the Fire strategy for the designated centre.</p> <p>The size and layout of the two toilets adjacent to the dayroom have been reviewed, if they were to be reconfigured into one this would not conform to the standard required for an accessible toilet.</p>	

As previously indicated the staff are able to manage residents needs in a dignified manner within their own toilets or the other accessible toilets within the designated centre.

The current storage room will be decluttered and items will be removed from the floor to ensure effective cleaning can take place. New Shelving will be approved for this storage area. Another room has been identified within the centre for storage to ensure residents areas will not be used to store equipment.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	31/07/2023
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 the matters set out in Schedule 6.	Not Compliant	Orange	31/07/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to	Not Compliant	Orange	31/03/2023

	ensure the effective delivery of care in accordance with the statement of purpose.			
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.	Not Compliant	Orange	31/03/2023