



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

Issued by the Chief Inspector

Name of designated centre:	Holy Family Residence
Name of provider:	Little Sisters of the Poor
Address of centre:	Little Sisters of the Poor, Holy Family Residence, Roebuck Road, Dundrum, Dublin 14
Type of inspection:	Announced
Date of inspection:	11 October 2023
Centre ID:	OSV-0000050
Fieldwork ID:	MON-0032394

About the designated centre

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

Holy Family Residence can accommodate 60 residents, both male and female over 65 years of age. The centre can accommodate residents with low to maximum dependency levels. The aim of the centre is to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes the health and well-being of all residents.

The centre is located on the outskirts of Dublin City, with nearby bus routes. The centre has pleasant garden which provide enjoyable walks to residents. The centre consists of four floors and contains 60 single en suite bedrooms. There are many communal spaces available to the residents, including a library, a concert hall, a tea rooms, sitting rooms and more.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	59
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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 11 October 2023	09:10hrs to 18:10hrs	Karen McMahon	Lead
Wednesday 11 October 2023	09:10hrs to 18:10hrs	Niamh Moore	Support

What residents told us and what inspectors observed

From the inspectors' observations and from what the residents told them, it was clear that the residents received a high standard of quality and personalised care, living in the centre. Inspectors observed that the rights of residents were respected in how staff addressed and responded to their needs throughout the day. Residents were seen to be at ease in the presence of staff, and feedback from residents was that they felt safe and at home in the centre. Residents attributed their happiness within the centre to the staff team. One resident said that 'staff would do anything for you', while another described them as 'terribly obliging'.

On the day of inspection inspectors were met by the person in charge, who guided them through the sign-in procedure and facilitated the inspection. The assistant director of nursing and a member of the committee were also available, throughout the day, to provide assistance or answer queries, if required. After a brief introductory meeting the person in charge escorted the inspectors on a tour of the premises.

The design and layout of the home promoted a good quality of life for residents. Residents had access to large communal spaces within their units, and to the centres', concert hall, hairdressing room and a number of rooms such as the library and tea room where they could meet their visitors. There was a homely atmosphere in the centre. However, some attention was required in the oversight of cleaning, particularly in communal rooms and with the cleaning of decorative items such as vases and fabric chairs.

Bedroom accommodation comprised of 60 single bedrooms, all with toilet facilities. Most residents on the fourth floor had access to en-suite facilities and the majority of residents throughout the first, second and third floors had access to shared shower facilities. Residents were supported to personalise their bedrooms, with items such as photographs, artwork, personal belongings and furniture to help them feel comfortable and at home. Many bedroom windows provided residents with views of the well-maintained gardens surrounding the designated centre.

There was a large chapel in the centre that was accessible through both the first floor and the second floor. Many residents in wheelchairs accessed the chapel on the second floor where there was a large gallery where they could sit in their wheelchairs and watch the ongoing mass below. The main chapel was well kept and had beautiful stained glass windows. However a small room within the chapel was found to be dirty and cluttered. Mass was said daily in the centre.

The inspector observed that many residents were up and dressed and participating in activities, during the walk around the centre. The designated centre had a corner shop which was operated by residents and open daily for 30 minutes to allow residents to purchase items such as cards, biscuits, chocolates, toiletries, aprons and

cushions.

Inspectors observed a number of positive interactions between staff and residents including at mealtimes and during activities. Inspectors observed that staff provided a variety of activities from Monday to Saturday for residents which were seen to be meaningful to the residents in attendance. Inspectors observed mass, painting, knitting and music to take place on the day of the inspection. Many residents praised the musicians who attended the centre regularly. Residents and visitors were seen to spend time listening and enjoying the music provided by the violinist and accordion players.

Inspectors observed residents' dining experience and found that the dining rooms were calm spaces. Dining rooms had table cloths and linen napkins at each setting. The ground floor had a large dining space available to all residents. There were smaller dining rooms on each floor for residents who chose to remain on their individual floors for meals. Menus were available with choice seen for the main serving at the dinner meal and tea-time meal. Residents reported to enjoy the meals within the centre. Food was observed to be attractively and carefully presented. There was a sufficient amount of staff on duty to assist those who needed additional support. Inspectors were told that breakfast was served between the hours of 0800-1100, dinner was served from 1200, tea and biscuits were served in the afternoon and tea was served at 18.00. Three residents told inspectors that for those who chose to have their breakfast a bit later, the dinner time meal was earlier than they would like. Management and staff spoken with told inspectors that residents could request a later meal and this would be facilitated.

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

Capacity and capability

There was a clear governance and management structure in place in the centre and the registered provider had ensured that the centre was adequately resourced to deliver care in accordance with the centre's statement of purpose. However gaps were identified around the assessment of risks within the centre, which required improvements.

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

The little sisters of the poor, which is an unincorporated body is the registered provider for the designated centre .The person in charge is responsible for the care

of the residents and the delivery of services. The person in charge is supported in their role by the assistant director of nursing. Other staff members include nurses, health care assistants, activity coordinators, domestic, laundry, catering and maintenance staff.

The registered provider had established and maintained a directory of residents which was made available to the inspectors. However, this directory did not contain all information as required by Schedule 3 of the Care and Welfare of Residents in Designated Centres for Older People Regulations 2013. This is further discussed under Regulation 19.

The registered provider had a contract of insurance against injury to residents in place.

There was a complaints procedure in place which complied with the updated regulatory requirements. Inspectors reviewed the complaints log from 2023 and found there was a low level of complaints received within the designated centre.

Assisted living apartments were adjoined to the building but did not form part of the designated centre. However, entry to these apartments was only possible by walking through the centre. The registered provider had failed to risk assess the safety implication of this arrangement for residents living in the centre. Other potential risks to residents had not been assessed including scissors on each table in the dining room, the purpose of which was to open condiment sachets and the use of candles in the quiet reflection room.

Regulation 19: Directory of residents

The directory of residents did not include all information specified in the regulations. For example:

- the register did not include the sex of each resident
- from a review of the last six hospital transfers, the directory had not been updated for five residents with the name of the hospital and the date on which the resident was transferred
- the register did not include the name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider's contract of insurance in place insured against injury to residents and other risks, including loss or damage to a resident's property. Residents were advised about this cover within the guidelines for residents.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good management systems in place to oversee the care and quality of service provided to the residents, the registered provider had failed to risk assess potential hazards in the centre. For example;

- The registered provider had failed to identify possible risks, to the safeguarding of residents, posed by the shared entrance of the centre with the assisted living apartments. This requires residents living in those apartments and their visitors to walk through the hallways of the centre where residents bedrooms are located.
- A fire risk assessment had not been completed regarding the use of candles in the quiet prayer space. Furthermore, there was no fire extinguisher located in close proximity to this room.
- A risk assessment had not been completed regarding the use of scissors for resident's use in the dining room.

Judgment: Substantially compliant

Regulation 30: Volunteers

A number of volunteers worked in the centre. All were Garda vetted and had their roles and responsibilities clearly set out. There was adequate supervision in place.

Judgment: Compliant

Regulation 34: Complaints procedure

An accessible and effective procedure for dealing with complaints was in place. This

included a process to ensure residents were aware of the complaints procedure.

Inspectors reviewed the complaints log which showed that all concerns and complaints had been responded to in a timely manner.

Judgment: Compliant

Quality and safety

Overall, residents' rights were seen to be upheld in Holy Family Residence. Residents were consulted about the running of the centre through residents' meetings, surveys, care plan reviews and in daily communication with staff. Residents' meeting minutes highlighted that residents were informed regarding new staff and upcoming maintenance works, such as the installation of emergency lighting.

The inspectors noted that there was a varied programme of group activities available for residents and observed that many staff engaged actively in providing meaningful activity and occupation for residents throughout the day of inspection. The religious needs of the residents were also catered for. Residents were seen to have televisions and radios in their bedrooms. Access to newspapers, magazines and other media such as virtual assisted technology, were available in communal areas for residents use. Further information relating to activities available within the designated centre is discussed under Regulation 9: Residents' Rights.

A selection of care plans were reviewed on the day of inspection. Care plans were individualised and clearly reflected the health and social needs of the residents. Changes following discharge from hospital or following consultation with another health professional were reflected in the residents care plan and plans updated accordingly. Residents who required transfer to hospital had the national transfer document sent with them.

The registered provider had prepared a residents guide in respect of the designated centre which had been updated to include the required information in line with regulatory requirements.

Regulation 10: Communication difficulties

Residents with communication difficulties were assisted to communicate freely in the

centre. They had access to specialist equipment and services including ophthalmology and audiology. Specific needs were clearly documented in care plans.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were encouraged to retain control over their personal belongings. Clothes were laundered on site and there was a good system in place to identify residents' personal clothing items. All bedrooms had ample storage for residents' personal possessions, including a safe with a lock.

Judgment: Compliant

Regulation 17: Premises

Some areas of the centre were seen in poor repair. For example:

- the edging on a countertop was missing in a room in the chapel
- the flooring and skirting in one section of a store room were missing
- there was staining from a leak seen on the floor and ceiling tiles in one bathroom. In addition, there was edging missing around half of the ceiling tiles.
- There was wear and tear visible on some leather seating on the 2nd floor.

Judgment: Substantially compliant

Regulation 20: Information for residents

A residents' guide was available which included a summary of services and facilities available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

All relevant information was communicated through the form of the national transfer document on transfer to hospital or elsewhere. Changes to care, on return to centre, were reflected in the care plans.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had failed to ensure effective cleaning processes were in place to support and maintain high levels of cleanliness. For example:

- Cleaning processes required review. Inspectors requested access to cleaning schedules which were not provided.
- The inside of ornaments such as vases were unclean with residue build up.
- There was cobwebs and dead insects seen in the corners of some communal areas.
- Inside some presses was unclean with residue such as bird seed spilled out.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured that all staff have relevant training in relation to the detection and prevention of and responses to abuse. There were also appropriate policies in place to deal with the investigation of any incident or allegation of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors reviewed a sample of three psychosocial care plans and found that these were person-centred and detailed how residents preferred to spend their day. Examples included details of family members for visits and information regarding preferences to attend local shopping centres.

There was an activity schedule in place and activities were seen to include exercise, movies, religious services, art, knitting, musicians and celebrations with family. The registered provider had conducted an activity survey to review and ensure residents had opportunities to participate in activities in accordance with their interests and capacities. Inspectors saw that 91% of resident's reported to enjoy the current activities on offer within the designated 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 19: Directory of residents	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Holy Family Residence OSV-0000050

Inspection ID: MON-0032394

Date of inspection: 11/10/2023

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>A new Directory is now in place with all the missing requirements included. This is computerized.</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>Entry to the Assisted living apartments:</p> <p>We have asked for advice on this from the competent people/ Fire safety people We will also be speaking with the persons living in these apartments first of all. This is an important issue which will take time.</p> <p>Scissors: The scissors will be replaced by those which are safer, ie. round edges.</p> <p>Candles in prayer room. Only electric/battery operated candles will be used in this room.</p> <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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The flooring and skirting of the store room on the 1st floor has been repaired by the maintenance team.</p> <p>The shower room will also be repaired by the maintenance team – tiles replaced and edging put into place.</p> <p>The missing edging in the room in the chapel will be repaired by the maintenance team.</p> <p>The leather seating on the 2nd floor which has wear and tear will be replaced.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We apologise that the cleaning schedules were not provided as they are effectively in operation. However, they will be reviewed to include any items missing such as the items pointed out during the inspection. In addition we are still looking for an overseer/supervisor for the cleaning throughout the Residence.</p> <p>We intend to go through the inspection findings with the household staff at a later date to highlight the importance of thorough cleaning.</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 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.	Substantially Compliant	Yellow	10/12/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	09/11/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/06/2024
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	30/11/2023

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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