



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

## Issued by the Chief Inspector

Name of designated centre:	St Fiacc's House
Name of provider:	St Fiacc's House Company Limited by Guarantee
Address of centre:	Killeshin Road, Graiguecullen, Carlow
Type of inspection:	Unannounced
Date of inspection:	30 April 2025
Centre ID:	OSV-0000554
Fieldwork ID:	MON-0046996

## About the designated centre

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

St Fiacc's House was established in 1982. It is owned by the Catholic parish of Graiguecullen/Killeslin and run by a voluntary organisation, St Fiacc's House Ltd. It is a 17-bedded, single-storey centre which provides long-term care for residents who are assessed as having low to medium dependency needs and who require minimal assistance. All residents' rooms are single occupancy. There are six toilets, three assisted showers and an assisted bathroom available for residents. Other accommodation includes two large activity rooms, a dining room, a kitchen and a sunroom. There is also an activity centre with a library, oratory and hairdressing salon. The café, which is located in this area, is open to the public. There is adequate communal space, and the design of the building allows freedom of movement for residents to walk around the centre and grounds. Call bells are provided throughout. There are enclosed and external gardens which are spacious and well maintained. Seating is provided for residents and their visitors. There is ample parking space provided for residents, staff and visitors. According to their statement of purpose, the centre aims to provide a happy, safe and healthy home for older people. It also aims to respect the privacy and dignity of the residents and create a homely, warm and compassionate environment where friends and family feel welcome.

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

Number of residents on the date of inspection:	13
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## 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
Wednesday 30 April 2025	09:40hrs to 16:40hrs	Aislinn Kenny	Lead

## What residents told us and what inspectors observed

Residents in St Fiacc's House were observed to enjoy a high quality of life supported by staff who were attentive and familiar with their needs. Staff were seen to deliver care in a person-centred, friendly and respectful manner. Residents described St Fiacc's House as a special place to live, and told the inspector they were so well looked after and can come and go as they please. One resident described to the inspector about how lucky they felt to be there. All residents spoke about how great the staff working in the centre were. Residents had the opportunity to give feedback on the centre through frequent residents' meetings and a resident/family forum took place on a yearly basis.

After an initial meeting with the person in charge, the inspector walked around the centre. The centre was seen to be clean, bright and tastefully decorated. Many bedrooms were seen to be personalised with residents' own soft furnishings which added to the homely feel, and there were handrails on corridors which facilitated residents to mobilise with ease.

St Fiacc's House provides care for residents with low to medium dependency care needs. On the day, residents were seen to come and go as they pleased; a cafe was located in an area of the centre which was available for members of the public and which provided a lively and interactive atmosphere. Residents living here appeared to be well-connected with the local community and were independent in making choices about how they lived their lives. On the day of the inspection residents were observed sitting outside in the sunshine chatting together while other residents were having a foot spa in the main activities room. There was an easygoing and relaxed atmosphere in the centre. Some residents were seen to be enjoying their own company in various communal areas and others were sitting together in the large activities room. The day before the inspection, the centre had received a visit from a well-known singer and residents told the inspector how much they had enjoyed this.

The centre has a main reception area and communal dining and living room space which is available for day care attendees also. The residential area of the centre is situated at the back of the centre and residents' bedrooms overlook a seating area decorated with shrubbery, colourful plants and furniture. There are quiet rooms located throughout the centre for residents' use and a smoking area is located beside the internal courtyard, adjacent to the dining room. An oratory, library and cafe are also available for residents to spend time in and on the day of the inspection some residents were observed sitting in quiet reflection in the oratory. There was an enclosed courtyard area which provided seating, and safe pathways, so residents could enjoy the outdoors. Externally, in addition to the seating area at the rear of the centre, there were tables and chairs at the front of the centre for residents' use. Further seating was available in various areas at the front of the centre and beside the cafe.

Residents told the inspector that they enjoyed living in the centre and were happy

with their accommodation. A hairdressing salon was also available in the centre where residents could go and have their hair done. On the day of the inspection residents were observed watching Mass on the television, having a foot spa and taking part in bingo.

The large dining room was nicely decorated with a variety of condiments on the tables. Residents sat together in groups to enjoy their meal. Meals provided looked wholesome and nutritious. Residents were highly complimentary of the food and there was choice offered at mealtimes which was checked with each individual resident. The menu choices for the day were displayed on the notice board outside the activities room. Refreshments and drinks were served throughout the day and the inspector observed the dietary needs of residents were being met. The inspector observed a fire shutter had been installed between the dining room and kitchen since the previous inspection.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

Overall, St Fiacc's House was a well-run centre with good governance and management systems in place which ensured that residents living in the centre were supported to live a good quality of life, and received a high standard of quality care. The centre has a history of good regulatory compliance and the provider had ensured that they sustained a good level of compliance with regulations.

This was an unannounced inspection, which took place over one day, to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013-2025. St Fiacc's House Company Limited by Guarantee, which is a limited company with charitable status, is the registered provider. There is a board of directors who are legally required to act in the best interests of the company. The centre is a low-dependency supported care home and was registered on the basis that the residents do not require full-time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013-2025.

The person in charge was supported in their role by a team of staff nurses, health care assistants, housekeepers, multi-task assistants, catering staff and maintenance staff. The person in charge was new to the role however, they had been working in the centre for a number of years in a management role and was well-known to residents and their families. The person in charge was a registered nurse and met the requirements of the regulations.

There were systems in place to monitor the quality and safety of care delivered to residents through a range of audits. These included audits in the areas of falls management, infection control and safeguarding with quality improvement plans implemented as needed. Incident reviews were conducted to identify what measures should be put in place to minimise the risk of recurrence and these reviews were signed by the board of directors. Regular meetings were held with staff and residents and actions and recommendations arising from these were seen to be implemented

The inspector followed up on the actions taken by the provider to address improvements following the last inspection in May 2024. The compliance plan had been actioned and there were sustained levels of compliance seen in these regulations. The person in charge reported all incidents set out in Schedule 4 within the appropriate time frames.

There was a system in place to archive and retain documents in line with the requirements and most of the requested documents including an up-to-date insurance certificate and residents' contracts of care were available for review. Three residents' pension-agent forms were received following the inspection.

An annual review of the quality and safety of care provided to residents in 2024 had been completed by the person in charge, with an improvement plan set out for 2025. This review also contained feedback and consultation with residents and their families.

#### Regulation 14: Persons in charge

The person in charge works full-time in the centre and the inspector saw that many residents and visitors were familiar with them. They had evidence of the appropriate qualifications and experience for the role.

Judgment: Compliant

#### Regulation 21: Records

The records required under the regulations were maintained in line with the regulation and safely stored in the designated centre.

Judgment: Compliant

Regulation 22: Insurance
A contract of insurance was available for review. The certificate included cover for loss and damage of residents' property.
Judgment: Compliant
Regulation 23: Governance and management
There was a clearly defined management structure in place with clear lines of authority and accountability. Management systems were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored.
Judgment: Compliant
Regulation 24: Contract for the provision of services
The inspector reviewed a sample of contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any additional fees. The contract also clearly stated the bedroom to be occupied, and the occupancy number of the room.
Judgment: Compliant
Regulation 31: Notification of incidents
A record of all incidents occurring in the centre was maintained and all required notifications were submitted to the Chief Inspector within the time frames as stipulated in Schedule 4 of the regulations.
Judgment: Compliant
<b>Quality and safety</b>
Overall, the residents received a good quality of care from a dedicated team of staff.



Residents told the inspector that they felt safe living in the centre. Residents' independence, privacy and dignity were upheld through staff policies and practices. The inspector found that the registered provider had taken appropriate measures to ensure a safe and high quality service was provided to the residents at all times.

The inspector reviewed a sample of care planning documentation that was available for each resident in the centre. An assessment of each resident's health and social care needs was completed on admission. Residents' care plans were individualised and clearly reflected the health and social care needs of the residents. Residents had access to appropriate healthcare services and were seen as needed by their GP.

Residents were provided with nutritious and wholesome meals that were cooked in the centre. Mealtimes were sociable occasions with almost all residents choosing to dine in the dining room together and with day care attendees. The premises was laid out to meet the needs of the residents. Residents were observed mobilising freely and safely around the centre and there was a variety of communal spaces for residents to relax and spend time in outside of their bedrooms.

There was effective management and monitoring of infection prevention and control practices (IPC) within the centre; regular audits were seen to take place and there were deep-cleaning systems in place. There were arrangements in place in the centre to safeguard residents from abuse.

A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. Training records indicated that all the staff had completed safeguarding training, delivered in house by a safeguarding social worker. The centre was a pension-agent for three residents and there was a designated residents' account in place to receive these.

### Regulation 17: Premises

The registered provider having regard to the need of the residents has provided premises which conform to the matters set out in Schedule 6.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents who spoke with the inspector were complimentary regarding the quality, quantity and variety of food. Food was nutritious and well-presented. Drinks and snacks were provided to residents throughout the day of inspection.

Judgment: Compliant

### Regulation 27: Infection control

Overall, procedures were consistent with the *National Standards for Infection Prevention and Control in Community Services (2018)* and Regulation 27 requirements. The inspector observed signage around the centre promoting frequent hand hygiene and hand sanitizer dispensers were in place throughout the centre. The centre was clean on the day inspection and the housekeeping staff were knowledgeable regarding cleaning systems. All staff were up-to-date with trainings, a nominated IPC link practitioner in the centre provided in-house training also.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

From the sample of care plans reviewed they were found to be developed and reviewed in line with regulatory requirements. Care plans generally were observed to be person-centred and sufficiently detailed to guide the delivery of care.

Judgment: Compliant

### Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals and services to meet their assessed needs. There was evidence from a review of residents' records that they were supported to access community based health and social care professionals such as chiropodist, optician, and dentist as required, either independently or with support. Residents were facilitated to attend national screening programmes in line with their eligibility. A physiotherapist visited the centre on a twice weekly basis.

Judgment: Compliant

## Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. All staff had attended training to safeguard residents from abuse. The process for managing residents' pensions was documented in the local policy.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant