



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

Issued by the Chief Inspector

Name of designated centre:	St Colmcille's Nursing Home
Name of provider:	Fáinleog Teoranta
Address of centre:	Oldcastle Road, Towns Park, Kells, Meath
Type of inspection:	Unannounced
Date of inspection:	31 January 2024
Centre ID:	OSV-0005531
Fieldwork ID:	MON-0040520

About the designated centre

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

Fáinleog Teoranta is the registered provider of St Colmcille's Nursing Home. St Colmcille's Nursing Home is a single-storey, purpose-built home in a rural setting overlooking the town of Kells, Co. Meath. According to the centre's statement of purpose, it can provide care for up to 42 residents over the age of 18, with low, medium, high or maximum dependency needs. It is a mixed gender facility, providing long term care, respite, convalescence dementia and palliative care. Care for persons with learning, physical and psychological needs can also be met within the unit.

There are a variety of communal spaces within the centre, as well as 21 single rooms, five ensuite single rooms and eight twin rooms.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	40
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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 31 January 2024	09:00hrs to 16:00hrs	Geraldine Flannery	Lead
Wednesday 31 January 2024	09:00hrs to 16:00hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in St Colmcille's Nursing Home. There was a welcoming atmosphere in the centre and the residents told the inspectors that they were happy living there. The inspectors observed that the registered provider had made positive changes in response to the previous inspection, particularly relating to storage of records within the designated centre. However, further improvement was required relating to premises and infection control and will be discussed further in the report.

Following an introductory meeting, the inspectors completed a tour of the premises. The centre was seen to be bright, clean and tastefully decorated throughout. The design and layout of the home promoted free movement and relaxation. There was a variety of communal and private areas observed in use by residents on the day of inspection.

The inspectors spoke with approximately 50 per cent of residents to elicit their opinion on the service being provided in the centre. Overall, residents said that they felt listened to and had the opportunities to make choices in their daily lives. All of the residents who were spoken with were complimentary of the staff.

Resident bedrooms were neat and tidy. Residents who spoke with the inspectors were happy with their rooms and said that there was plenty of storage for their clothes and personal belongings. Many residents had pictures, soft furnishings and photographs in their rooms and other personal items. Housekeeping staff were busy throughout the day and the residents informed the inspectors that their rooms were cleaned every day and that they were very happy with that arrangement.

The inspectors observed the dining experience and found that there was enough staff available to provide support and assistance for the residents. When asked about their food, all residents who spoke with the inspectors said that the food was very good. Residents said that there was always a choice of meals, there was plenty to eat and it was always hot and tasted good. The menu was displayed and the tables were laid out with cutlery and condiments for the residents to access easily.

The inspectors observed that residents were supported to enjoy a good quality life in the centre. An activity coordinator was on site to organize and encourage resident participation in events. The inspectors heard how residents enjoyed the various outings scheduled for them including, an upcoming trip to a musical in the local town. The hairdresser and beautician came to the home every week and the residents told the inspectors that they 'loved being pampered getting their hair and nails done'. On the day of inspection, the inspectors observed a game of bingo. There was a comfortable familiarity between the staff and residents that created a positive atmosphere and all parties appeared to enjoy the lively banter.

Residents' rights and choices were respected as residents were actively involved in

the organisation of the service. There were resident meetings to discuss any issues they may have and suggest ideas on how to improve the centre. Advocacy services were available to all residents that requested them.

The inspectors observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Staff were kind and caring in their interactions with residents and were respectful of residents' communication and personal needs.

Inspectors observed visitors coming to and from the centre throughout the day. They visited residents in their bedrooms, oratory and in the day room that looked out onto the courtyard. Visitors confirmed they were welcome to the home at any time and they did not feel restricted. They informed the inspectors that they were happy with the care provided and felt it was a good place for their loved one to live.

Inspectors observed good practices in the surveillance of multi-drug resistant organisms (MDRO) and antimicrobial stewardship at the centre. An analysis of antibiotic usage was conducted on a monthly basis, to inform practice. Additionally, the staff actively engaged in the national "Skip the Dip" campaign, which targeted the reduction of urine dipstick tests to diagnose a urine infection. This measure aimed to reduce unnecessary antibiotic prescriptions, thereby safeguarding residents from antibiotic resistance.

Inspectors observed that ancillary facilities at the centre generally supported effective infection prevention and control. The house keeping room was organised and tidy with surfaces easy to clean. The cleaning trolleys were fitted with locked compartments for safe chemical storage, both trolleys were clean and in good repair. The provider implemented various assurance measures for maintaining good environmental hygiene standards, such as cleaning specifications, checklists, and colour-coded cloths to minimise cross-infection risks. Reviewed cleaning records verified that all areas were cleaned daily and regular deep cleans were carried out. This was evidenced by the cleanliness throughout the centre.

Laundry facilities were provided on site. Residents said that their clothes were regularly laundered and returned to their rooms promptly. Inspectors observed that layout of the laundry was separated into the "clean" and "dirty" stages of the laundry process but further attention was required to improve the work flow. The sluice room did not facilitate effective infection prevention and control measures. Details of these and other issues will be discussed further under Regulation 27: Infection, prevention and control.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

On the day of inspection, the inspectors found that residents in the centre benefited from well-managed resources and facilities. The centre had a strong history of compliance with the regulations and this inspection found that the provider had sustained the good levels of care and oversight of service across all regulations reviewed, with some further improvements required in respect of premises and infection prevention and control.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The registered provider for St Colmcille's nursing home was Fáinleog Teoranta which had recently become part of the Mowlam Healthcare group. There was a well-established team of staff in the centre and the person in charge was supported by the Director of Care Services, a Healthcare Manager, the assistant director of nursing, a team of nurses, healthcare assistants, activity, administration, catering, housekeeping, laundry and maintenance staff.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

The person in charge, a registered nurse, fostered a culture that promoted the individual and collective rights of the residents. The person in charge motivated a creative, caring and well-skilled team to support residents to live active lives, having due regard to their wants and needs.

There were sufficient resources available and appropriate staffing and skill-mix in place to ensure safe and effective care was provided to residents. Staff had the required skills, competencies and experience to fulfil their roles and responsibilities.

Records reviewed were stored securely within the designated centre and made available for the inspection. The policy on the retention of records was in line with regulatory requirements.

Other documents reviewed such as directory of residents, insurance, contracts of care and the residents' guide and were fully compliant with the legislative requirements.

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations. They had the appropriate experience and qualifications and demonstrated a commitment to

regulatory compliance.
Judgment: Compliant
Regulation 15: Staffing
The inspectors reviewed a sample of staff duty rotas and in conjunction with communication with residents, found that the number and skill-mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times.
Judgment: Compliant
Regulation 19: Directory of residents
The directory of residents included all the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.
Judgment: Compliant
Regulation 21: Records
The registered provider ensured that the records set out in Schedules 2, 3 and 4 were available to the inspectors on the day of inspection.
Judgment: Compliant
Regulation 22: Insurance
There was an appropriate contract of insurance in place that protected residents against injury and against other risks, including loss or damage to their property.
Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of care being delivered to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspectors reviewed four 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 charges incurred.

Judgment: Compliant

Quality and safety

The inspectors were assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met. Staff worked tirelessly to provide optimum care to residents.

It was observed that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary. Residents had their own general practitioner (GP) of choice, and medical cover was available daily, including out-of-hours.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. The provider was pension-agent for three residents and a separate client account was in place to safeguard residents' finances.

Following appropriate assessment, residents' wishes and preferences were sought in a timely manner to ensure their end-of-life care needs were respected. End-of-life care assessments and care plans included consultation with the resident concerned and where appropriate, the residents' representative and reviewed by a doctor. Care plans were reviewed on an ongoing basis and updated with the changing needs of

the residents.

The premises was designed and laid out to meet the individual and collective needs of the residents. However, some twin rooms viewed on inspection did not allow enough private space for each resident and required reorganising. Although some storage facilities were available, they were not sufficient for residents' assistive equipment. These and other findings are outlined further under Regulation 17: Premises.

Appropriate arrangements were in place to ensure that when a resident was transferred or discharged from the designated centre, their specific care needs were appropriately documented and communicated to ensure resident's safety. Staff confirmed they complete and send 'The National Transfer document' with the resident to the hospital. Copies of documents was available for review and they contained all relevant resident information including infectious status, medications and communication difficulties where relevant.

Overall, the centre was clean and there was good adherence to the National Standards for infection prevention and control (IPC) in community services (2018). The Director of Nursing had completed the IPC link practitioner course. There were good levels of clinical and housekeeping staff to meet its infection prevention and control requirements. This was supported by reviewing staff rosters and through conversations with housekeeping staff. There was a vaccination programme in place for staff and residents, including the seasonal influenza vaccination with good uptake. An IPC resource folder and notice board was available for staff with up to-date policies and guidelines to access. However, some improvements were required and will be discussed under Regulation 27: Infection, prevention and control.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Visits were not restricted and there was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

Regulation 13: End of life

Each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident continued to receive care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

Regulation 17: Premises

The provider generally met the requirements of Regulation 17, however further action was required to be fully compliant as per Schedule 6 requirements. For example;

- The layout of some twin rooms did not allow privacy for all residents resulting in at least one occupant of a twin room not having adequate space for seating within their personal room space. In particular, bedrooms 14 A/B, 16 A/B and 29 A/B required review. This was a repeat finding from the previous inspection. The provider gave assurances on the day of inspection that this would be investigated as a matter of urgency.
- There was insufficient storage in the centre. Inspectors observed inappropriate storage of residents' commodes in some bedrooms, and were informed that this was due to a lack of storage in the centre. This required review.
- Flooring in majority of bedrooms were heavily marked with paint. Housekeeping staff informed inspectors that the staining could not be removed despite deep cleaning efforts. The provider was required to review this area.

Judgment: Substantially compliant

Regulation 20: Information for residents

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

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner.

Judgment: Compliant

Regulation 27: Infection control

The provider generally met the requirements of Regulation 27 but some action was required to be fully compliant. For example;

- Despite training records showing that all staff were up-to-date with mandatory infection prevention and control training, education was required on standard precautions. For example, one staff member was observed throwing used gloves on the floor during an episode of care; two staff members did not sanitise their hands after glove use. Improper glove usage may increase the spread of infection between residents.
- Waste and used laundry was not segregated in line with best practice guidelines. Clean bed pans were stored with resident washbowls despite a clean racking system available, this practice may cause equipment to be a reservoir for infections. Clean clothes were hung in the "dirty" section of the laundry room, may cause cross-contamination.
- Staff had no access to safety engineered devices on needles in line with best practice guidelines. For example, needles did not have the safety device attached to prevent the risk of a blood borne virus if a needle stick injury occurred.
- While hand hygiene sinks that met the Health Building Note Standards-10 and alcohol-based hand-rub wall-mounted dispensers were available for staff along the corridor, additional dispensers were required to ensure alcohol hand gel was readily available at point of care for all residents. For example, alcohol hand based hand rub was not available at point of care for two residents with an MDRO. This barrier to good hand hygiene may lead to the spread of infection between residents.
- Resident care plans were accessible on a computer based system. However, a review of care plans found that all relevant information was not recorded in resident care plans to effectively guide the care for residents that had a urinary catheter. The absence of appropriate care plans could lead to inconsistent or inadequate care.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had a medical review completed within a four month time period, or sooner, if required. There was evidence that residents had access to all required allied health professionals services and a variety of these practitioners were involved in caring for the residents.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. Training records indicated that all staff had completed safeguarding training. Inspectors reviewed a sample of staff files and all files reviewed had obtained Garda vetting prior to commencing employment.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	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 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Colmcille's Nursing Home OSV-0005531

Inspection ID: MON-0040520

Date of inspection: 31/01/2024

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"> • The Person in Charge (PIC) and Facilities Manager will review the layout of the twin rooms to ensure they are configured in a manner that maximizes the amount of private space available to each resident and facilitates each resident to maintain their privacy and dignity. • The PIC and Facilities Manager will develop a plan to address the issue of safe and appropriate equipment storage within the centre. The PIC will monitor ongoing compliance with appropriate storage of equipment. • The PIC and Facilities Manager will identify areas of flooring that require repair and/or replacement. A planned programme will be agreed and implemented to address all flooring upgrades, including the issues identified with the paint damaged flooring. 	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> • The PIC and Assistant Director of Nursing (ADON/IPC Lead) will continue to provide oversight and regularly monitor the Infection Prevention & Control practices in relation to the use of PPE, Hand Hygiene, Laundry Management and Sluice room storage, to ensure that they are in line with current policies and standards required. • Staff will receive refresher training/updates to include the appropriate use of PPE, hand hygiene, environmental and equipment practices. • The IPC Lead will conduct Hand Hygiene audits as per the SARI guidelines and will implement a SMART action plan for any areas identified as non-compliant. • All needles for administering injections to residents have been replaced with safety engineered needles in all required gauges. 	

- The care plans for residents with indwelling urinary catheters have been updated to include all the relevant information needed to effectively guide care, including infection prevention and control measures for each individual.
- Staff have been provided with individual use hand hygiene toggles and alcohol-based hand rub to ensure they have access to hand rub at point of care. The PIC and IPC Lead will conduct regular staff awareness sessions at handover and safety pauses to remind staff of safe hand hygiene procedures.

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	30/09/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/03/2024