



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

Issued by the Chief Inspector

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| Name of designated centre: | Holy Ghost Residential Home |
| Name of provider: | Holy Ghost Hospital Board of Trustees |
| Address of centre: | Cork Road, Waterford |
| Type of inspection: | Announced |
| Date of inspection: | 18 February 2025 |
| Centre ID: | OSV-0000591 |
| Fieldwork ID: | MON-0037106 |

About the designated centre

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

The Holy Ghost Residential Home is a single-storey purpose built centre that includes various renovations and extensions which have taken place over the years to enhance the living spaces for residents. It contains 60 single bedrooms with full en-suite bathrooms. Communal accommodation consists of a large communal sitting room called the concourse. A large dining room is located beside a well-equipped kitchen and a second sitting room is across the corridor. Other communal areas includes a fully furnished oratory, a library, a comfortable furnished foyer, a smoking room and a hairdressing room. There are also additional seating areas along some corridors. There is an enclosed garden in the centre of the building and other outdoor spaces are available including walkways at the front of the building. The Holy Ghost is a residential setting catering for residents to live independently with supportive care. The emphasis is on home-style living where each resident has their own room/living space. The Holy Ghost residential home does not provide 24- hour nursing care but a registered general nurse is responsible and accountable for the daily running of the home. This supportive independent care model is reflected in the staffing structure which is household, catering and caring staff as in the community setting. The centre is located in Waterford city in close proximity to the city centre and to public transport networks.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 53 |
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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 18 February 2025 | 09:40hrs to 17:40hrs | Aisling Coffey | Lead |
| Wednesday 19 February 2025 | 09:40hrs to 16:50hrs | Aisling Coffey | Lead |

What residents told us and what inspectors observed

The consistent and enthusiastic feedback from all residents who spoke with the inspector was that they greatly liked living in Holy Ghost Residential Home. Residents spoken with were highly complimentary of the centre. One resident described the centre as "a home from home", while another informed the inspector, "I couldn't be in a better place", and a third resident described the centre as "like heaven". Residents were highly complimentary of the care they received from staff and management. The staff were described by all residents in highly complimentary terms such as "kind" and "brilliant". One resident told the inspector that the staff "do everything to make us happy", while another resident described how the staff "keep me healthy". Residents reported being very happy with day-to-day life in the centre, with high praise for the varied activities and entertainment available. Residents said they felt safe in the centre, with one resident explaining to the inspector, "I know I am safe here, as I can go to sleep straight away".

The feedback captured the person-centred approach to supported living seen in the centre. The inspector observed warm, kind, dignified and respectful interactions with residents and visitors throughout the day by staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management were striving to provide the best care and promote residents' independence in their day-to-day lives.

This was an announced inspection taking place over two days. Over the two days, the inspector spoke with 19 residents and two visitors to gain insight into the residents' lived experiences in the centre. The inspector also spent time observing the environment, interactions between residents and staff, and reviewing a range of documentation.

The model of care supports residents who are predominantly independent with self-care but require some assistance to maintain their well-being. Should a resident's needs increase, they are supported to source alternative accommodation. The centre is a large single-storey premises in a quiet cul-de-sac in Waterford, close to many shops, transport links, and other amenities. The centre shares its grounds with 15 apartments offering independent living accommodation to older persons, managed by the same provider.

The main entrance lobby was attractive and welcoming, with comfortable furnishings, decorative features, and information on the services available. Internally, the centre's design and layout supported residents in moving throughout the centre, with wide corridors and sufficient handrails to accommodate residents with mobility aids. There was closed circuit television (CCTV) in operation internally and externally, and signage was displayed informing residents of its use. Photographs of residents and staff enjoying group activities and outings were proudly displayed on the walls of the centre's corridors.

There were multiple communal areas for residents to enjoy, including the chapel, visitor room, meeting room, library, lounge, and dining room. These areas were bright and spacious, featuring comfortable armchair seating, attractive furnishings, and domestic-style features, such as large decorative clocks and antique radios, providing residents with a homely environment. The main communal area was the concourse, a seated area where four wings of the centre intersect and where residents congregated to chat, watch television and engage in group-based activities. While the concourse was a large open-plan area, the provider had installed screens in one section, creating a quieter and private seating area.

Bedroom accommodation consisted of 60 single bedrooms. Each bedroom has en-suite facilities, including a shower, toilet, and wash hand basin. Bedrooms and en-suite bathrooms were seen to be decorated to a high standard. All bedrooms throughout the centre had a television, call bell, wardrobe, seating, and locked storage facilities. Residents personalised their bedrooms with photographs, artwork, lamps, soft furnishings, religious items, and ornaments. The size and layout of the bedroom accommodation were appropriate for resident needs.

While there was an onsite laundry used for domestic purposes, residents' clothing was laundered offsite by their families. A limited number of clinical handwash sinks were available in the centre for staff use. Staff informed the inspector that sinks within residents' en-suite bathrooms and communal bathroom facilities were dual-purpose and used by both residents and staff for hand hygiene. Hand sanitiser dispensers were conveniently located in corridors to further facilitate staff compliance with hand hygiene requirements.

There was an internal garden in the centre, which was clean, tidy, and pleasantly landscaped. The garden had raised flower beds, potted plants, hanging baskets filled with flowers, and water features.

There was a relaxed and unhurried atmosphere in the centre, and staff were seen responding to resident requests promptly and respectfully. Residents were up and dressed in their preferred attire and appeared well-supported. Residents watched television, read the newspaper, and chatted with other residents and staff. Activities took place over the two inspection days. On both inspection days, Roman Catholic Mass was live-streamed in the concourse in the early morning, while exercise classes occurred directly after lunch. On the first inspection day, there was also bowling in the concourse late in the morning. In the mid-afternoon, Roman Catholic Mass was celebrated in the centre, followed by live music performed by a local musician. On the second inspection day, quizzes and games took place late in the morning in the lounge. A community group facilitated a prayer meeting in the visitor's room before lunch. Bingo was played in the mid-afternoon in the concourse. The centre had a minibus that was used for outings, including shopping, and to facilitate outpatient appointment attendance. Residents informed the inspector that they enjoyed accompanying the driver "for a spin" when he took the centre's minibus into town to run errands.

Residents could receive visitors in communal areas or in the privacy of their bedrooms. During the inspection days, multiple families and friends were observed

visiting. The inspector spoke with two visitors. Each visitor expressed satisfaction with the quality of care provided to their loved one and the communication between staff and families.

Lunchtime at 12.45pm was observed to be a sociable and relaxed experience, with the majority of residents choosing to eat in the dining room. Residents sat in their preferred seats and spoke with their friends over lunch. Meals were freshly prepared onsite in the centre's kitchen and served by the chef from a bain marie. The menu choices were displayed on a whiteboard in the dining room, and the food served appeared nutritious and appetising. A choice of main meal and dessert was offered, and ample drinks were available for residents at mealtimes and with other snacks and refreshments throughout the day. Residents were highly complimentary of the quality and quantity of food. One resident informed the inspector that they "never get hungry".

Internally, the centre was pleasantly decorated and in good repair. The centre was seen to be clean and tidy throughout. There were some external areas where plaster was missing from the walls. The provider informed the inspector that maintenance works were planned to address these areas in the coming weeks. The inspector observed a staff smoking area adjacent to an oil tank and bund. The provider had risk-assessed staff smoking in this area and assured the inspector that the oil tank was no longer in use and there were plans for its removal.

There were seven residents in the centre who chose to smoke. The provider had a designated indoor smoking room containing protective equipment, such as a call bell, ashtrays, fire blanket and fire extinguishers.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted 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

This was a well-run centre with strong management systems to monitor the quality of care and support provided to residents. It was evident that the centre's management and staff focused on providing quality service to residents and promoting their well-being.

This was an announced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 (as amended) and to review the registered provider's

compliance plan arising from the previous inspection. The inspection also informed the provider's application to renew registration.

The provider had progressed with the compliance plan following the last inspection in July 2024, and this inspection found substantial improvements in regulatory compliance concerning governance and management, staff training and development, notification of incidents, individual assessment and care plan, communication difficulties, temporary absence or discharge of residents, infection control and fire precautions. Following this inspection, some further actions were required concerning three regulations as set out in this report.

The Holy Ghost Hospital Board of Trustees is the registered provider. The board's membership is comprised of ten volunteers. The board chairperson represented the provider for regulatory matters and was present on both inspection days. The secretary to the board is called the superintendent and is employed in the centre several days per week. The provider had a clearly defined management structure, and staff members were clear about their roles and responsibilities. The centre is a supported care home for residents with low-to-medium dependency care needs. It is 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. Should a resident's care needs increase, they are supported to source alternative accommodation, usually a nursing home. In accordance with the regulations, the person in charge is not required to be a registered nurse.

There have been some changes in the governance and management of the centre since the last inspection, with a change to the person in charge due to a planned absence. The current person in charge has been in the position since October 2024. They were well known to residents in the centre, having worked there since 2010 and having held the assistant manager role for over five years. The person in charge was not a registered nurse and was supported in their clinical decision-making by a designated registered nurse, who had recently assumed a "clinical lead" role in the centre at the provider's request. The person in charge was also supported by a team of nurses, care staff, catering, household, cleaning, janitorial, and administration staff.

Communication systems were in place to ensure clear and effective communication between the person in charge and the board of trustees. There were monthly board meetings where the person in charge reported to the board on key issues within the centre, such as occupancy, temporary discharge, incidents, health and safety concerns, training requirements, finance and premises issues. Within the centre, there were quality management staff meetings chaired by the chairperson of the board and the person in charge. At these meetings, operational matters concerning the daily care of residents were discussed, including incidents, accidents, safeguarding, clinical documentation, infection prevention and control, clinical audit and health and safety issues.

There were systems to monitor the quality and safety of care delivered to residents. The provider had an audit schedule covering areas such as premises, environmental

hygiene, medication management, nutrition, hand hygiene, and health and safety. The provider monitored key performance indicators relating to areas, including falls, vaccinations and antibiotic usage weekly. The provider had a risk assessment process for monitoring and managing known risks in the centre. Risk assessments were seen in various locations throughout the centre to guide staff on hazard identification and control measures to reduce risk. The provider had records of accidents and near misses occurring in the centre. It was noted that each incident was investigated, and a quality improvement plan was identified. Incidents, as set out in schedule 4 of the regulations, were notified to the Office of the Chief Inspector within the required time frames. Notwithstanding these good practices, the provider was required to review their medication management policy to ensure it provided adequate guidance to inform staff practice. This is discussed further under Regulation 23: Governance and Management.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2024. The inspectors saw evidence of the consultation with residents and families reflected in the review.

The inspector reviewed past and future rosters and found the staffing and skill-mix rostered were appropriate to meet the low-to-medium dependency care needs of the centre's residents and aligned with its model of care. Although the centre does not provide 24-hour nursing care, the rosters found there was a registered nurse working in the centre seven nights per week and several days per week. At night, two staff members were on duty from 8:00pm to 7:30am. One of these staff members slept from midnight to 6:00am in a designated bedroom in the centre. This designated bedroom had changed since the last inspection and was now located within the centre's largest fire compartment.

Staff were appropriately supervised and clear about their roles and responsibilities. There was evidence of a staff appraisal system on employee files, and the person in charge outlined plans to resume this appraisal process in 2025. Staff had access to a range of training programmes to support them in their respective roles, such as training in fire safety, safeguarding vulnerable adults from abuse and infection prevention and control. The provider had progressed with the compliance plan commitments, and the records reviewed found staff members had been trained in managing challenging behaviour in September 2024. Two new staff were booked to complete this training in the coming weeks.

The July 2024 inspection found gaps in training and oversight concerning non-nursing staff administering medication. The provider had progressed with their compliance plan commitments and had arranged training for some non-nursing staff on the safe administration of medication and diabetes awareness. The provider had also arranged for a pharmacist to provide training on medication management. After non-nursing staff had received training, the person in charge conducted a competency assessment to ensure that medications were being administered safely to residents. Some non-nursing staff had not completed the training, and records confirmed that these staff members were not administering medication. The person in charge confirmed to the inspector that staff members had to complete safe administration of medication training and undertake the competency assessment

before administering medication to residents in the centre. The provider tried to source training for non-nursing staff on insulin administration but could not source a trainer by the inspection day, but efforts continued. The person in charge confirmed that the four residents who required insulin could self-administer this medication and that non-nursing staff were not administering insulin at present.

The inspector reviewed a range of records within the centre and found some improvements were required to ensure all records as set out in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were kept in the designated centre and available for inspection. A review of five personnel files found evidence of the staff member's identity, Garda Síochána (police) vetting disclosures, documentary evidence of relevant qualifications and current registration details. However, two personnel files did not contain a reference from the staff member's most recent employer, as required under Schedule 2 of the regulations. These and other gaps are discussed further under Regulation 21: Records.

The provider had a robust complaints procedure, which staff spoken with were knowledgeable about. Residents and families said they could raise a complaint with any staff member and were confident in doing so if necessary. The inspector reviewed the complaints log and found the last complaint was made in March 2023.

The provider had a comprehensive suite of policies and procedures to guide staff practice as required by Schedule 5 of the regulations, and these had been updated in line with regulatory requirements.

Each resident had been issued with a contract for the provision of services that met the requirements of the regulations.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied to renew the designated centre's registration in accordance with the requirements in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. At the time of inspection, this application was being reviewed.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge fulfilled the regulatory requirements of the role. The person in charge demonstrated good knowledge and understanding of the Health Act 2007

(Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

There was a well-organised staffing schedule in the centre. Based on a review of the worked and planned rosters and from speaking with residents, it was evident that there was sufficient staff of an appropriate skill mix on duty each day to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Records made available to the inspector found staff members were up-to-date with mandatory training in fire safety, infection control, managing challenging behaviour, and safeguarding vulnerable adults from abuse.

Staff were appropriately supervised and clear about their roles and responsibilities.

Judgment: Compliant

Regulation 19: Directory of residents

The provider established and maintained a paper-based directory of residents in the designated centre. This directory recorded information required under Schedule 3 of the regulations including the resident's admission date, contacts details for next of kin and general practitioner. One gap was noted with respect to recording when residents were transferred to a hospital, which is referenced under Regulation 21: Records.

Judgment: Compliant

Regulation 21: Records

Some improvements were required to ensure all records as set out in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were kept in the designated centre and available for inspection, for example:

- Two personnel files did not contain a reference from the staff member's most recent employer, as required under Schedule 2.
- The directory of residents did not contain details concerning residents' transfers to the hospital, as required under Schedule 3.
- Nursing records were not retained in line with the requirements of Schedule 3(4)(c). For example, notifications received by the Chief Inspector and the residents' daily notes referred to neurological observations being conducted after an unwitnessed fall, in line with the provider's falls policy. However, these records were not retained in the centre for the inspector to review.

Judgment: Substantially compliant

Regulation 22: Insurance

There was an appropriate contract of insurance in place that protected residents against injury and other risks, including loss or damage to property.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, the provider's medication management policy required further strengthening to ensure it reflected practice and adequately guided staff to provide safe and effective person-centred care, for example:

- The provider's policy did not provide clinical guidance for staff on insulin administration or administering prescribed emergency medicines to treat diabetic hypoglycemia.
- The provider's policy did not reflect practice concerning medication management training for non-nursing staff members. The provider's policy referred to all healthcare assistants and social care workers having adequate training in the safe administration of medications; however, four of nine healthcare assistants had not completed this training.

At the time of the inspection, the provider was making efforts to fulfil their compliance plan commitment to source training for non-nursing staff on insulin administration.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of residents' contracts and found they set out the allocated bedroom number and occupancy. The contracts outlined the service to be provided and the fees to be charged, as well as referencing other services the residents may choose to avail of for an additional cost, such as chiropody and hairdressing.

Judgment: Compliant

Regulation 3: Statement of purpose

As part of the application to renew the centre's registration, the provider had submitted an up-to-date statement of purpose containing the information in Schedule 1 of the regulations. At the time of inspection, this application was being reviewed.

Judgment: Compliant

Regulation 30: Volunteers

The person in charge ensured that individuals involved in the centre on a voluntary basis had their roles and responsibilities set out in writing. They received supervision and support, and provided a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents, as set out in schedule 4 of the regulations, were notified to the Office of the Chief Inspector within the required time frames.

Judgment: Compliant

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| Regulation 32: Notification of absence |
| The registered provider had notified the regulator regarding the absence of the person in charge in line with the requirements of the regulations. |
| Judgment: Compliant |
| Regulation 34: Complaints procedure |
| The centre displayed its complaints procedure prominently in the entrance lobby. Information posters on advocacy services to support residents in making complaints were also displayed. Residents and families said they could raise a complaint with any staff member and were confident in doing so if necessary. Staff were knowledgeable about the centre's complaints procedure. The provider maintained a record of complaints received, how they were managed, the outcome of complaints investigations and actions taken on foot of receiving a complaint. The complaints officer and review officer had undertaken training to deal with complaints as required by the regulations. |
| Judgment: Compliant |
| Regulation 4: Written policies and procedures |
| The policies required by Schedule 5 of the regulations were in place, updated in line with regulatory requirements and made available to staff in the centre. |
| Judgment: Compliant |
| Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre |
| The provider had informed the Chief Inspector of details of the procedures and arrangements that had been put in place for the management of the designated centre during the absence of the person in charge. |
| Judgment: Compliant |

Quality and safety

Overall, residents' rights were supported and protected by kind and caring staff who ensured residents had a good quality of life in the centre. This inspection found substantial improvements in regulatory compliance concerning communication difficulties, temporary absence or discharge of residents, infection control and fire precautions. Following this inspection, some further action was required relating to individual assessment and care planning.

Residents had pre-admission assessments conducted to ascertain their care needs. Residents were then further assessed upon admission to the centre using an initial admittance assessment template and evidence-based risk assessment tools to assess risks related to falls, pressure sore development, malnutrition, manual handling needs, and dependency levels. Care plans were developed based on these assessment tools. There was documentary evidence of resident and family consultation when care plans were reviewed. Notwithstanding these areas of good practice in care planning, some gaps were observed, which will be outlined under Regulation 5: Individual assessment and care plan.

Residents' needs were being met through comprehensive access to a range of healthcare services. Residents had access to their own general practitioner. Residents who were experiencing frailty or falls were able to access specialist outpatient services from the local integrated care team, while residents with cardiovascular disease were similarly accessing specialist outpatient services from the chronic disease team. Residents who required mental health services could access this support onsite. Mobile X-ray services were available to residents of the centre. Records reviewed found residents had accessed national screening programmes and had been reviewed by allied health professionals such as physiotherapy, dietetics, and speech and language therapy for additional professional expertise. A chiropodist visited the centre regularly for the benefit of the residents.

No restraints or restrictive practices were used in the centre. Residents came and went from the centre as they wished and had full control over their daily routine.

There were systems in place to safeguard residents and protect them from the risk of abuse. Staff were supported to attend safeguarding training. Staff were knowledgeable of what constituted abuse and what to do if they suspected abuse. Staff and volunteers had An Garda Síochána (police) vetting disclosures on file. Incidents and allegations of abuse were investigated by the person in charge.

There was a rights-based approach to care in this centre. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings four times per year and completing residents' questionnaires. The inspector reviewed recent resident and family member questionnaires, and the feedback was overwhelmingly positive concerning all aspects of life in the centre. Residents' privacy and dignity were

respected. Residents had access to independent advocacy services. Residents had access to national and local newspapers, books, televisions, radios and internet services. Roman Catholic Mass was celebrated in the centre. The residents enjoyed a varied and interesting activities schedule.

Residents with communication difficulties had personalised care plans that reflected their individual needs.

The inspector reviewed records of residents transferred to and from the acute hospital. The centre was using a transfer document template to record key information to support the safe transfer of resident care into the acute hospital. Records from the acute hospital were placed on the resident's record.

The premises were bright, airy and maintained to a very high standard. There were multiple comfortable communal areas for residents to enjoy. The centre's interior and resident equipment was seen to be very clean. The provider had processes to manage and oversee infection prevention and control practices within the centre. The provider had recently appointed a trained infection control link nurse to provide specialist expertise.

The provider had taken precautions against the risk of fire. Preventive maintenance for fire detection and fire fighting equipment was conducted at recommended intervals, and staff had undertaken mandatory fire safety training. Four fire drills had taken place since the last inspection in July 2024, covering a range of simulated scenarios. The provider had relocated the staff sleepover room to the centre's largest compartment since the previous inspection.

The inspector noted that the medication trolley was secured at all times. Medicines were suitably recorded as administered in the electronic medication administration records following administration to residents. Measures were in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation. The records reviewed found a pharmacist had been onsite to deliver training and to conduct audits.

The residents' guide for the designated centre was available. This guide contained all of the required information in line with regulatory requirements.

The risk management policy was requested prior to the onsite inspection and reviewed. The policy included all the required information in line with the regulations.

Residents were supported in accessing and retaining control over their personal property and possessions.

The provider had made arrangements for residents to receive visitors.

Regulation 10: Communication difficulties

The inspector found that residents with sensory difficulties had their communication needs assessed and documented. Staff were knowledgeable about the communication devices used by residents and ensured residents had access to these aids to enable effective communication and inclusion.

Judgment: Compliant

Regulation 11: Visits

The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had arranged a suitable private visiting area for residents to receive a visitor if required.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported in accessing and retaining control over their personal property and possessions. Residents had adequate space to store and maintain their clothing and possessions. Residents had access to lockable storage facilities in their bedrooms for valuables.

Judgment: Compliant

Regulation 17: Premises

The registered provider had ensured the premises were appropriate to the number and needs of residents in the centre. The premises conformed to the matters set out in Schedule 6.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was available in the centre. This guide contained information about the services and facilities provided, including complaints procedures,

independent advocacy services, visiting arrangements, social activities, and many other aspects of life in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed records of residents transferred to and from the acute hospital. Where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving hospital to enable the safe transfer of care. Upon residents' return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed on the resident's record. Transfers to hospital were discussed, planned and agreed with the resident and, where appropriate, their representative.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy was in place, up-to-date and contained the requirements as outlined in the regulation. Similarly the provider had a policy for responding to major incidents.

Judgment: Compliant

Regulation 27: Infection control

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre's interior and resident equipment was seen to be very clean. There was an auditing system that regularly reviewed cleaning activity and environmental cleanliness. The provider had appointed a trained infection control link nurse to provide specialist expertise. The layout of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had good oversight of fire safety and had taken adequate precautions against the risk of fire throughout the centre. Sufficient arrangements were in place to detect, contain, and extinguish fires. Fire safety equipment was being serviced at required intervals. Staff received annual fire safety awareness training, and the centre's evacuation procedures and maps were clearly displayed to guide staff in the event of a fire emergency. Regular fire drills took place in the centre, which included resident participation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had ensured that a pharmacist of the residents' choice was available to each resident. Medication administration was observed, and the inspector found that the staff had adopted a person-centred approach. The records reviewed found that medicines were administered in accordance with the directions of the prescriber. The inspector noted that the medication trolley and all medicinal products were secured at all times. Robust measures were in place for the handling and storage of controlled drugs in accordance with current guidelines and legislation. There were appropriate procedures for handling and disposing of unused and out-of-date medicines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Improvements were required concerning individual assessments and care plans to ensure that each resident's needs were comprehensively assessed and an appropriate care plan was prepared to meet these needs and reviewed at required intervals, for example:

- A resident assessed to be at high risk of falls did not have a falls prevention or mobility care plan.
- The provider had an assessment process to evaluate each resident's ability to self-administer medication. In accordance with the provider's policy, the resident's capacity to self-administer medications must be reassessed at four monthly intervals. However, the records reviewed found that one resident had been last assessed in November 2023.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a doctor of their choice. Residents who required specialist medical treatment or other healthcare services, such as mental health services, dietetics, and physiotherapy, were supported to access these services. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

No restraints or restrictive practices were used in the centre. Residents came and went from the centre as they wished and had full control over their daily routine. Staff had access to training in managing challenging behaviours.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. All staff and volunteers had An Garda Síochána (police) vetting disclosures on file. Safeguarding training was up-to-date for all staff, and a safeguarding policy provided support and guidance in recognising and responding to allegations of abuse. From the records seen, it was clear the person in charge had provided a robust and person-centred response when investigating and responding to these allegations. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any residents or hold money belonging to residents in safekeeping.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents had the opportunity to be consulted about and

participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents' privacy and dignity were respected. The centre had weekly religious services available. Residents could communicate freely, having access to telephones and internet services throughout the centre. Residents had access to independent advocacy services.

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 | |
| Registration Regulation 4: Application for registration or renewal of registration | Compliant |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 21: Records | Substantially compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Substantially compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 32: Notification of absence | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 20: Information for residents | Compliant |
| Regulation 25: Temporary absence or discharge of residents | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 5: Individual assessment and care plan | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |
| Regulation 8: Protection | Compliant |

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| Regulation 9: Residents' rights | Compliant |
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Compliance Plan for Holy Ghost Residential Home OSV-0000591

Inspection ID: MON-0037106

Date of inspection: 19/02/2025

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 21: Records | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 21: Records: Staff personnel files are being reviewed to ensure references from the most recent employer are included. The directory of residents has been updated to include for future transfers of residents to the hospital. A new neurological observation chart has been implemented in line with the falls policy which will be duplicated and retained in the residents' care plan.</p> | |
| Regulation 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Diabetes Management Policy will be adapted to include clinical guidance of insulin administration and the administration of prescribed emergency medicine treatment for staff. Training for insulin administration has been sought and will be completed by the end of May 2025. The Medication Management Policy will be adapted to include clinical guidance for non-nursing staff. The remaining healthcare assistants and social care staff have completed training in safe administration of medication.</p> | |

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| Regulation 5: Individual assessment and care plan | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>Following a review of the Falls Risk Assessment tool (FRASE), a falls prevention care plan has been devised and will be added for the current residents that are a high risk of falls. All new residents will be assessed within 48 hours of admission.</p> <p>Any resident who self – administers medications will be consulted with and assessed. This will be documented every quarter and/or as required.</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 21(1) | The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector. | Substantially Compliant | Yellow | 31/05/2025 |
| 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 | 31/05/2025 |
| Regulation 5(3) | The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after | Substantially Compliant | Yellow | 31/05/2025 |

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|-----------------|---|-------------------------|--------|------------|
| | that resident's admission to the designated centre concerned. | | | |
| Regulation 5(4) | The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family. | Substantially Compliant | Yellow | 31/05/2025 |