



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

Issued by the Chief Inspector

Name of designated centre:	St Fionnan's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Achill Sound, Mayo
Type of inspection:	Unannounced
Date of inspection:	19 October 2021
Centre ID:	OSV-0000650
Fieldwork ID:	MON-0033799

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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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 19 October 2021	10:15hrs to 16:30hrs	Lorraine Wall	Lead
Tuesday 19 October 2021	10:15hrs to 16:30hrs	Catherine Sweeney	Support

What residents told us and what inspectors observed

The overall feedback from residents was one of satisfaction with the care and service provided. This inspection was completed over one day. During the inspection, inspectors spent time chatting with residents and those who spoke with the inspector were very positive about their day to day life in the centre.

Inspectors observed the interactions between residents and staff and found that staff were dignified and respectful in their manner while providing care to residents. Residents appeared well-cared for, neatly dressed and groomed in accordance with their preferences.

Residents expressed how happy they were with the staff and how kind they were to them. It was evident that staff and residents knew each other well. Many staff were from the local community and knew the residents and their families as well as their backgrounds. This created a sociable and comfortable atmosphere and a "home from home" environment for the residents.

The centre is a purpose-built single-storey building with spacious bedrooms. Inspectors spoke with some residents who were spending time in their bedrooms and these residents appeared comfortable, telling the inspectors they were happy with their rooms. Some bedrooms were observed to be decorated in a person-centred manner and personalised with photos, furniture and pictures from home. Residents had use of an enclosed garden area, which was easily accessible.

Residents were observed to be engaged in activities throughout the day of inspection. Although there were a significant number of residents with cognitive and physical impairment, these residents were observing the activities that were taking place and appeared comfortable watching what was happening.

Residents who spoke with the inspectors commented on the high quality of the food in the centre. Residents enjoyed the choices available and had a choice of having their meals in the dining room or their bedroom. The dining space had been extended to include an adjoining conservatory area with a table and an additional four table settings. Residents had the choice of sitting in the dining room or availing of this quieter space.

The following two sections of the report will describe the findings of the inspection under the relevant regulations, firstly, under the capacity and capability of the service and finally under the quality and safety of the care and services provided for the residents and detail the specific improvements needed under their respective regulations.

Capacity and capability

This inspection found that the centre was run by an experienced senior management team. However, significant focus and resources were required to bring the centre into compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), specifically in relation to Regulations; 23 Governance and Management, 17 Premises and Regulation 15 Training and Staff Development. In addition the provider had failed to ensure that the fire precautions that were in place were adequate to ensure the safety of the residents in the event of a fire in the designated centre. In order to ensure the safety of the residents accommodated in the centre the Chief Inspector issued the provider with an urgent fire safety compliance plan to be completed by 22.10.2021.

This was an unannounced risk inspection carried out by inspectors of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. (as amended). In addition inspectors reviewed the provider's progress with the compliance plan from the previous inspection in January 2020 and their progress in addressing the premise issues in order to comply with Condition 4 of the centre's registration which stated that:

The provider shall renovate the physical premises as follows

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

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

Inspectors found that although the provider had increased the dining capacity for the residents, the second part of the restrictive condition to improve the toilet space had not been addressed.

The designated centre had recovered from an outbreak of COVID-19 in February 2021 and during this inspection the inspectors followed up on the actions taken by the provider to learn from their outbreak review and to ensure compliance with Regulation 27 Infection Prevention and Control.

The provider of this centre is the Health Service Executive. (HSE) The management team consists of the registered provider representative and the person in charge. Within the centre, the person in charge and a clinical nurse manager provide oversight and support to a team of nursing, care and support staff. This inspection was facilitated by the person in charge.

While the centre had a comprehensive quality assurance programme in place inspectors found that the oversight of some areas was not robust and did not

ensure compliance. For example;

- staff training was not up to date
- fire safety precautions were not adequate
- there was no plan in place to provide the resources to ensure that residents using the communal areas had accessible toilets without returning to their bedrooms.

In addition the inspectors found that where audits had identified areas for improvements these were not always followed up with a clear action plan to ensure that the improvements were implemented.

Training records showed that while staff had access to Health Service Executive (HSE) training, the centre's training matrix did not evidence that all staff had completed the required fire safety refresher training. In addition staff were not up to date with their mandatory training in key areas such as safeguarding and the management of responsive behaviours. During the course of this inspection inspectors found that some staff they spoke with did not demonstrate a clear knowledge of the actions required on hearing the fire alarm. In addition, inspectors found that there was no clear fire evacuation procedure in place as part of the centre's fire safety policy. This posed an immediate risk to the residents in the centre and an urgent action plan was issued to the provider to address these non compliances in order to ensure that residents were safe in the event of a fire emergency.

Inspectors reviewed the rosters and found that the staffing levels were adequate to meet the assessed needs of the residents and for the size and layout of the centre. Inspectors saw that staff responded to resident's call bells promptly and that residents did not have to wait to have their needs attended to.

The centre had a complaints policy and procedure in place and a number of complaints were recorded. A review of the complaints records found that residents' complaints and concerns were promptly managed and responded to in line with regulatory requirements. A comprehensive record was maintained about how the complaint was investigated and managed. The record included the complainant's level of satisfaction.

Regulation 15: Staffing

The centre had an adequate number and skill mix of staff to meet the needs of the residents, in accordance with the size and layout of the building. Staffing levels were in line with the centre's statement of purpose.

A sample of staff files were reviewed and were in line with regulatory requirements.

The person in charge ensured that there was at least one registered nurse on duty

at all times.
Judgment: Compliant
Regulation 16: Training and staff development
<p>A review of training records for staff found that there were gaps in staff training in the following areas:</p> <ul style="list-style-type: none"> • Fire safety and fire drills. This is discussed further in Regulation 28. • Safeguarding vulnerable adults • Management of responsive behaviours
Judgment: Substantially compliant
Regulation 19: Directory of residents
<p>The directory of residents had been updated and meets the requirements of Regulation 19. This is a completed action since the last inspection.</p>
Judgment: Compliant
Regulation 23: Governance and management
<p>Oversight and governance systems in the centre were not robust. This was evidenced by:</p> <ul style="list-style-type: none"> • while audits has been completed, information collected during the audits was not analysed and used to develop an effective quality improvement plan. • oversight of training was not robust as discussed under Regulations 15 and 28. • the provider had not completed a review of Infection prevention and control procedures following a significant outbreak of COVID-19 in the centre and there was no evidence of learning or changes to the provider's COVID-19 contingency plan. • resources had not been made available to ensure the designated centre was brought into compliance with restrictive Condition 4 before 31.12.2021.
Judgment: Not compliant

Regulation 34: Complaints procedure

There was an effective complaints policy and procedure in place, which met the requirements of regulation 34.

Judgment: Compliant

Quality and safety

Overall, the inspection found that residents' health and well being was maintained and care was found to be delivered to a satisfactory standard. Residents reported feeling safe and well cared for. However, inspectors found that there were significant non compliances in relation to fire safety. An urgent action plan was issued to the provider to ensure that residents were safe in the event of a fire. This is discussed further under Regulation 28.

The centre experienced an outbreak of COVID-19 in February 2021. Inspectors reviewed the actions taken by the provider following this outbreak. While an external infection prevention and control audit had been completed, a copy of this audit report was not available for review. Furthermore there was no evidence of what actions the provider had taken to address the audit findings.

The inspectors reviewed a sample of residents' files and found evidence that resident's assessments were completed within 48 hours of admission to the centre, in line with regulatory requirements. Care records showed that residents and where appropriate the resident's next of kin were being involved in the development of their care plan and care plan reviews. Care plans were clear and reflected each resident's changing needs and the supports they required to ensure their comfort and safety and to maximise their quality of life.

Inspectors found that the health and well being of each resident was promoted. Residents had timely access to a variety of health care professionals including general practitioners (GPs), physiotherapist and dietician.

While there were risk management arrangements and oversight of safety in the centre, inspectors found that the risk management structure within the centre had failed to identify key risks in relation to fire safety.

Inspectors found that overall residents' rights were respected and upheld in the centre. However, residents' meetings did not ensure that residents who had cognitive impairments were facilitated to participate and have their voices heard. Residents were observed to have access to local and national newspapers, television and radio. There was provision of facilities for occupation and recreation and

opportunities for residents to participate in activities in line with their preferences and ability to participate.

Residents had access to a large communal room, a dining room and a conservatory. Residents' bedrooms were comfortable and personalised with pictures and personal items. Bedrooms were all ensuite. Whilst residents had accessible ensuite facilities adjacent to their bedrooms there was no accessible toilet close to the resident's communal area. This necessitated residents having to return to their bedrooms if they needed to go to the toilet. Some bedrooms were at a distance from the communal area. This had been identified during previous inspections and had not been addressed by the provider. In fact since the last inspection the provider had re-purposed one of the existing resident toilets in this area as a visitor's toilet further reducing the facilities available for the residents.

The inspectors observed a number of visitors in the centre on the day of the inspection and found that there was a clear process in place and that staff and visitors followed the national guidance in relation to visiting in long term care facilities.

Regulation 11: Visits

Visiting was observed to be facilitated throughout the inspection. Residents were facilitated to have visitors in the privacy of their own room. The centre also had a visitors rooms available for use.

Judgment: Compliant

Regulation 12: Personal possessions

Inspectors reviewed compliance with this regulation as a follow up to the centres compliance plan. Each resident had adequate storage space in their bedrooms.

Judgment: Compliant

Regulation 17: Premises

The provider had failed to ensure that there were sufficient accessible toilets close to the communal areas for the residents.

Judgment: Not compliant

Regulation 26: Risk management

A risk management policy was in place which contained the requirements under regulation 26. Inspectors reviewed the risk management system which included a risk register and a record of all incidents and accidents.

Judgment: Compliant

Regulation 27: Infection control

Overall the centre was visibly clean and tidy on the day of the inspection. Cleaning systems were observed to be in line with the national standards. The inspectors observed good hand hygiene practices by staff with alcohol based hand sanitiser readily available throughout the centre. Staff demonstrated good practice in relation to personal protective equipment (PPE).

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had failed to take adequate precautions against the risk of fire. This was evidenced by:

- there was no clear fire evacuation procedure available within the centre for staff to follow in the event of a fire.
- some staff who spoke with inspectors were unable to articulate what to do in the event of a fire.
- evacuation drills were poorly documented and did not record staff names, which meant that the provider could not be assured that all staff had completed a fire drill.

As a result the provider was issued with an urgent action plan to address the fire safety concerns and provide the Chief Inspector with assurances in relation to fire precautions within the designated centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Assessments and person centred care plans were in place for each resident. Assessment and care plan reviews took place within a four month period or more frequently if required. Each care plan was implemented, evaluated and reviewed to reflect residents' changing needs and to guide care delivery.

Judgment: Compliant

Regulation 6: Health care

A review of a sample of residents nursing notes found that residents had appropriate access to general practitioners (GPs) and the wider health and social care team. Where a treatment plan was prescribed by a health or social care practitioner nursing staff ensured that this was implemented.

Judgment: Compliant

Regulation 9: Residents' rights

While residents meeting were being held, there was no clear evidence that residents who were unable to communicate effectively had their voices and opinions heard.

In addition it was not clear from the resident meeting records what suggestions or improvements had been made by residents and whether any issues or suggestions that were raised had been addressed.

Judgment: Substantially 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 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0033799

Date of inspection: 19/10/2021

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • A quarterly review of all staff training will be carried out this will identify any training due or not complete. Staff training will be put on agenda for staff meetings. Action was completed on 06/12/21 • Fire safety and fire drills. A column for Fire Evacuation Drill has been added to the Training Matrix to ensure that all staff have participated in a simulated Evacuation. All staff have now completed a Practical Fire Training Session which included a Fire Safety Talk, Fire Extinguisher use and Practical Demonstration and participated in a Fire Drill and Evacuation Procedure.(22/10/21, 24/11/21) All Staff Nurses will complete a Fire Warden training this will ensure that there is a Warden on each shift. Dates booked 24/11/21 & 10/12/21 • Safeguarding vulnerable adults. All staff will have completed this training by 31/12/21 • Management of responsive behaviours: All staff will have completed this training by 31/03/22 Applications have been submitted to reserve places for staff on Responsive Behaviours training. The possibility of getting access to online training for Responsive Behaviours is being explored with a view to getting staff trained sooner than 31/03/22 <p><i>The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.</i></p>	

Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Results from Audits will be analyzed and used to develop an effective quality improvement plan. They will also be put on the Agenda for staff meetings.01/12/21 • Contingency Plan has been updated 06/12/21 • Fire safety and fire drills. <p>A column for Fire Evacuation Drill has been added to the Training Matrix to ensure that all staff have participated in a simulated Evacuation.</p> <p>All staff have now completed a Practical Fire Training Session which included a Fire Safety Talk, Fire Extinguisher use and Practical Demonstration and participated in a Fire Drill and Evacuation Procedure.(22/10/21, 24/11/21)</p> <p>All Staff Nurses will complete a Fire Warden training this will ensure that there is a Warden on each shift. Dates booked 24/11/21 & 10/12/21</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The provider is in compliance with Regulation 17 Schedule 6 part 3 Sanitary facilities as there are sufficient numbers of accessible toilets to meet the dependencies of the residents within the Designated Centre.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>A HIQA cautionary meeting was held via zoom on the 9th Nov to discuss non compliance with Fire precautions</p> <p>To address this Non Compliance:</p> <ul style="list-style-type: none"> - A column for fire evacuation drills has been added to training matrix to make sure every staff member is part of the fire drills. This has been copied out to all the units. - an updated fire procedure has been submitted. - All staff now up-to-date with fire drill 	

All staff have now completed a Practical Fire Training Session which included a Fire Safety Talk, Fire Extinguisher use and Practical Demonstration and participated in a Fire Drill and Evacuation Procedure.(22/10/21, 24/11/21)

All Staff Nurses will complete a Fire Warden training this will ensure that there is a Warden on each shift. Dates booked 24/11/21 & 10/12/21

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All our residents are encouraged to participate in Residents Meetings those who have difficulty communicating, are actively sought out and every effort is made to support them to communicate their views directly. When this is not possible, composite efforts are made to get the best understanding of those resident's will and preferences from a number of different sources, i.e., staff, care plans, pictorials and family members. Residents with cognitive impairment or dementia receive additional support, i.e. advocate via a staff member/family member, in order to ensure that their needs and preferences are understood, valued and met.
Any suggestions, improvements or issues raised by our residents will be addressed and will be documented in the Minutes of Residents Meetings going forward.
Action was completed on 01/12/21

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	06/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	06/12/2021

Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	10/12/2021
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	31/07/2022
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Red	10/12/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including	Not Compliant	Red	10/12/2021

	evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Red	10/12/2021
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Red	22/10/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	01/12/2021

	may be consulted about and participate in the organisation of the designated centre concerned.			
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