



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

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| 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: | 21 February 2023 |
| Centre ID: | OSV-0005531 |
| Fieldwork ID: | MON-0039303 |

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.

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| Number of residents on the date of inspection: | 31 |
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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 21 February 2023 | 10:00hrs to 16:20hrs | Geraldine Flannery | Lead |
| Tuesday 21 February 2023 | 10:00hrs to 16:20hrs | Manuela Cristea | Support |

What residents told us and what inspectors observed

From what residents told inspectors and from what was observed, it was evident that residents were very happy living in St Colmcilles Nursing Home and their rights were respected in how they spent their days. Residents who spoke with inspectors expressed satisfaction with the staff, food, bedroom accommodation and services provided to them.

Throughout the day of the inspection, inspectors observed that staff were correctly applying infection prevention and control principles such as COVID-19 precautions and the appropriate use of personal protective equipment (PPE). Face masks were worn correctly and good hand hygiene practices were observed. The receptionist was responsible for implementing COVID-19 precautions including temperature check and mask wearing. On arrival, inspectors observed that the visitor sign in book was not signed daily by visitors. Signage alerting visitors to complete sign in sheet was erected immediately.

Following a short opening meeting with the person in charge, inspectors were accompanied on a tour of the premises. St Colmcilles was located on the ground floor and was divided into two units, the Lloyd and the Bective Units. The linking corridor housed communal spaces including a spacious sitting room, dining room, activities room and quiet room. The centre was seen to be bright, clean and homely throughout, with the entrance hall and nursing stations were beautifully decorated with fresh floral arrangements. A courtyard was available which was easily accessible by the residents from the sitting room.

Inspectors noted a lack of suitable storage within the centre. As a result resident records were stored in an external building which was not part of the designated centre. Inspectors were invited to view this area and observed that records were stored safely and securely. A smoking room was situated within the designated centre. A fire blanket, fire extinguisher and a call bell were available. Inspectors noted a very strong smell of smoke and person in charge alerted maintenance to review ventilation.

Inspectors spoke with residents on the day of inspection and they informed them that they were from the surrounding areas and they were happy to remain living in the locality. Residents told inspectors how staff supported them to enjoy life in the centre. Inspectors saw that residents were encouraged to personalise their bedrooms, with items such as photographs, ornaments and personal belongings to help them feel comfortable and at ease in the home. Inspectors noted that while the bed linen was clean it appeared worn out and required replacement.

Residents had access to telephones, newspapers, TVs and various religious services. There was a programme of activities which residents told inspectors they enjoyed. There was an activity schedule displayed within the designated centre which detailed activities planned for the week of the inspection. Activity co-ordinators were

on site to organise and encourage resident participation in events and were observed to be very enthusiastic and very caring to residents. Inspectors observed that there were monthly resident meetings to discuss key issues relating to the service with action plans developed to address issues raised.

Inspectors noted that the dining experience was a calm and sociable time for residents. Pictorial food menus were on display providing excellent detail regarding variety of food, snack and drink choices offered on a daily basis. Food served to residents at lunch was well presented. Inspectors observed meal time service to be well managed, unhurried and staff assisted residents in a companionable way. Inspectors noted that there were sufficient numbers of staff available to assist residents during meal times.

There were sufficient staff on duty to meet the needs of residents. There were no staff vacancies on the day of inspection. Inspectors spoke with several staff who had worked in the centre for many years and were proud to work there. They were well supported by their management team to perform their respective roles and were knowledgeable of the needs of older persons in their care.

On the day of inspection, the fire alarm was activated. Escape routes were unobstructed and fire doors closed when the alarm sounded. All staff demonstrated knowledge of fire safety and management. Systems were in place to ensure the environment was safe for residents, visitors and staff.

Inspectors observed that, following the last inspection, the registered provider had undertaken a programme of remedial works to address issues including, rusty screws on bathroom grab rails replaced, seals around sinks replaced, flooring in toilets repaired, chipped paintwork repaired and a maintenance programme to ensure paintwork is maintained in a sound condition for cleaning purposes. On the day of inspection the external waste bin had a faulty lock and person in charge was ensured this was addressed without delay. Inspectors observed worn flooring in some of the bedrooms however a replacement plan was in place.

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

Capacity and capability

Overall, this inspection found that there was a clearly defined management structure in place, with effective management systems ensuring the delivery of quality care to residents. The management team was proactive in responses to issues as they arose, and used regular audits to improve practices and services.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the legislative requirements and review the application to renew registration of the centre for a further three years.

The registered provider for St Colmcilles nursing home was Fáinleog Teoranta, and was managed by Complete Healthcare Services Limited, part of the Mowlam Healthcare group. The management structure was clear. The person in charge facilitated this inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents. The person in charge was supported by a Director of Care Services, a Healthcare Manager, clinical nurse manager, a team of nurses, healthcare assistants, catering, housekeeping, receptionist, activity and maintenance staff. Volunteers also enhance the quality of life of residents within the centre and contribute to the lived experience. For example, they provided reflexology treatments to residents.

An application for registration was submitted to the Chief Inspector of Social Services within the required time frame. There were some discrepancies between the floor plans and the statement of purpose. The provider was requested to re-submit revised copies of both, together with a floor plan declaration form. The requested information was forwarded promptly.

The statement of purpose accurately reflected the facilities and services provided. It promotes transparency and responsiveness by accurately describing the designated centre's aims and objectives. It was publicly available and in an accessible format for people using the service.

Policies, procedures and guidelines were in place in line with the requirements set out in the regulations. There was a well structured roll-out and implementation of policies and procedures to ensure staff were knowledgeable in their contents. They were easy to read and understand so that they could be readily adopted and implemented by staff. Staff spoke with recognised that policy, procedures and guidelines help them deliver suitable safe care, and this was reflected in practice.

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

There were good management systems in place to monitor the centre's quality and safety. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; documentation, infection prevention and control, and medication management. Audits were objective and identified improvements. Records of management and local staff meetings showed evidence of actions required from audits completed. Regular management meeting and staff meeting agenda items included corrective measures from audits. The annual review for 2022 was in progress but not yet fully completed.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required time-frame. The inspectors followed up on incidents that were notified and found that these were managed in

accordance with the centre's policies.

There was a complaints procedure displayed in the main reception of the centre. There was a nominated person who dealt with and oversaw the management of complaints. There were no open complaints at the time of inspection.

Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge of the centre on a full-time basis.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place that identifies the lines of authority and accountability, specific roles, and details responsibilities for all areas of care provision.

Effective management systems were in place to ensure the service was appropriately managed.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1 and was revised

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| at intervals of not less than one year. |
| Judgment: Compliant |
| Regulation 30: Volunteers |
| The person in charge ensured that individuals involved in the nursing home 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. |
| Judgment: Compliant |
| Regulation 31: Notification of incidents |
| Notifications as required by the regulations were submitted to the Chief Inspector of Social Services within the required time-frame. |
| Judgment: Compliant |
| Regulation 34: Complaints procedure |
| The registered provider had an accessible and effective complaints procedure which included an appeals procedure. |
| Judgment: Compliant |
| Regulation 4: Written policies and procedures |
| The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. |
| Judgment: Compliant |
| Quality and safety |

Overall, this was a good service that delivered high quality care to the residents. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner.

Staff were aware of the specialist communication needs of the residents. Care plans were person-centred regarding specific communication needs of individuals. Assistive technology and technology were in place for those that needed them including word translation booklets and personal ipads.

Some residents living with dementia or other conditions may be periodically predisposed to episodes of responsive behaviours in an attempt to communicate or express their physical discomfort or discomfort with their social or physical environment. Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature. End-of-life care assessments and care plans included consultation with the person concerned and where appropriate, the person's family and were reviewed by a doctor. Care plans were reviewed on an ongoing basis and updated accordingly

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards are in place to protect them and prevent financial abuse. Residents had adequate lockable space to store and maintain personal possessions in their own bedrooms. There was also a designated locked secure area for storage of valuables and money for safekeeping. Laundry was carried out internally and residents confirmed they had no complaints regarding the management of laundry.

The premises was of suitable size to support the numbers and needs of residents. However, the registered provider was required to action works with regard to the premises, in order to provide a safe and comfortable living environment for all residents and these will be discussed further under Regulation 17 Premises.

A risk management policy and risk register was available and reviewed regularly. A risk register included potential risks identified in the centre and the management of risks such as abuse, unexplained absence and accidental injury.

Inspectors found that medication management systems protected residents by safe medicine practices. The medication management policy was available, up-to-date and included comprehensive information in relation to safe prescribing, storing, dispensing and administration of medicines. Nurses maintained a register of controlled drugs. Medicines that required special control measures were appropriately managed and kept securely, in line with professional guidelines.

Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties can communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes are laundered regularly and promptly returned.

Judgment: Compliant

Regulation 13: End of life

Each resident received end of life care based on their assessed needs, which maintains and enhances their quality of life. Each resident continues to receive care which respects their dignity and autonomy and meet their physical, emotional, social and spiritual needs. Care plans were observed to provide great detail on end of life care including residents wishes clearly communicated, with family input evident and anticipatory prescribing in place for all medication. Residents wishes post death was also documented.

Judgment: Compliant

Regulation 17: Premises

The provider generally met the requirements of Regulation 17, however further action was required to be fully compliant.

- There twin rooms were a suitable size, however the layout of the curtain rails 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.
- There was a lack of suitable storage in the designated centre. Residents

records stored in an external building which is not part of the designated centre which meant they were not easy accessible to inspection.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents expressed overall satisfaction with food, snacks and drinks. They had access to safe supply of fresh drinking water at all times. They were offered choice at mealtimes and were provided with adequate quantities of wholesome and nutritious food. Inspectors observed that there were adequate staff to meet the individual needs of residents at meal times. Food and snacks were available at all times, including out-of hours.

Judgment: Compliant

Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks. An up-to-date health and safety statement was also available.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as the ordering, prescribing, storing, disposal and administration of medicines were safe and evidence-based. Controlled drugs were stored safely and checked at least twice daily as per local policy. Checks were in place to ensure the safety of medication administration. There was good pharmacy oversight with regular medication reviews carried out.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

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Each resident experienced care that supports their physical, behavioural and psychological wellbeing. The person in charge ensured that all staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

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 23: Governance and management | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Regulation 30: Volunteers | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 4: Written policies and procedures | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 7: Managing behaviour that is challenging | Compliant |

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

Inspection ID: MON-0039303

Date of inspection: 21/02/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

| Regulation Heading | Judgment |
|--|-------------------------|
| Regulation 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The Facilities Manager and Person in Charge (PIC) will review the configuration of the twin rooms to ensure they are arranged in a manner that affords each resident appropriate and sufficient space for seating and maintains each individual resident's privacy and dignity. This will include the layout and position of the privacy screens and furniture. • We will review the storage of equipment, stock/consumables and resident records to ensure that there are appropriate storage arrangements in line with regulatory requirements within the designated centre. A programme of works will be scheduled to ensure that storage is safe, appropriate and secure. <ol style="list-style-type: none"> 1. A storeroom in the nursing home will be redesignated as a storage room for the safe and appropriate storage of all resident records, including archived records and nursing home records. 2. The room adjacent to the laundry will be reconfigured and redesigned to provide storage for resident equipment and other consumables required for care delivery. 3. A shed will be installed to facilitate the storage of maintenance and other equipment as appropriate. • We will submit a revised set of drawings to the Authority detailing the changes to the floor plan and labelling the storage rooms and shed as part of the designated centre. • We will revise the Statement of Purpose to reflect the changes in relation to storage. • The building adjacent to the designated centre will not be used for the storage of any item related to the nursing home. | |

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 | 31/07/2023 |