



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

Issued by the Chief Inspector

Name of designated centre:	St Mary's Residential Care Centre
Name of provider:	St Mary's Nursing Home Unlimited Company
Address of centre:	Shantalla Road, Galway
Type of inspection:	Unannounced
Date of inspection:	06 July 2023
Centre ID:	OSV-0000726
Fieldwork ID:	MON-0040735

About the designated centre

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

St Mary's Residential Care Centre is a designated centre for Older People. The designated centre is registered to accommodate 62 residents. The accommodation comprised of 60 single and one twin bedroom. A variety of communal rooms are provided for residents' use, including sitting, dining and recreational facilities. The centre is located close to Galway city. Residents have access to an enclosed garden. The service provides care to residents with conditions that affect their physical and psychological function. Resident's dependency needs are regularly assessed to ensure their care needs are met.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	61
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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
Thursday 6 July 2023	09:00hrs to 17:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Residents living in St Mary's Residential Care Centre were very happy living in the centre. Comments made by residents when asked about the care included "ten out of ten - couldn't be better". Residents had a high level of praise for the staff as individuals, and as a group. While chatting to a small group of resident in the communal day room, the feedback was summarised with the comment "we are satisfied with the management performance towards the residents here".

On arrival to the centre, the inspector observed that there was a welcoming feel to the centre. There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. During the morning, staff were observed to respond to residents requests for assistance promptly. Staff paced their work so that they had time to engage socially with residents, when providing care. Residents reported that they never felt rushed by staff, and they reported that they were always greeted with kindness and friendliness. Residents told the inspector that they enjoyed engaging with all staff, and that they spent time chatting with them throughout the day. The inspector observed a staff member, who was collecting the morning breakfast trays, took time to chat with the residents, enquiring how the resident was and had they slept well.

The main communal room was occupied by residents throughout the day. Residents mobilised independently around the centre. The inspector observed an environment that was personable. While staff were observed to be busy attending to the residents care needs, they were seen to address all resident by name as they passed them in the corridor. Staff engagements were patient and kind. Residents who chose to walk up to the large communal day room in the morning were not rushed. Staff walked alongside the resident and chatted about items of importance to them. For example; upcoming sports events. Mass was held in the centre seven days a week and on the day of inspection was attended by a large number of residents.

The social activities calendar in the centre was important to the residents. All residents spoken with told the inspector that they are satisfied with the activities in place. Residents described the variety of activities they could choose to attend. These included arts and crafts, bingo, reminiscence sessions and music activities. The social side of the care is primarily delivered by a team of activities staff but was viewed as the responsibility of all staff. In the afternoon the inspector observed a music session. The person facilitating the session was familiar with the residents who attended and actively encouraged them to join in. The singing and conversation could be heard drifting down the corridor. When asked about activities, residents told the inspector there was "no problem with passing the day".

Residents told the inspector that the management and staff valued their feedback and made them feel included in decisions about how the service is run, and how the quality of the service could be improved. A review of the activities in the centre,

combined with resident feedback, had identified that afternoon activities were unnecessarily interrupted when there was only one staff in attendance. As a result, additional staff were allocated to the communal room each day to minimise interruptions when the activities were occurring. Volunteers had returned to the centre to provide much welcomed music sessions. In addition, the local school children had attended the centre in May, prior to their summer break. The activities staff were familiar with the individual care needs of the residents and were knowledgeable on residents who choose not to attend group activities. For this reason time for one to one sessions was allocated daily.

While walking along the corridor, the inspector observed that a high number of residents did not have access to their call bells. When chatting to one resident the inspector observed that when the bed is placed up against the wall, and the head of the bed is in an upright position, the call bell could not physically stretch the distance from the wall to within reach of the residents hand. When the inspector asked the resident about this obstacle the response was that there is "always someone in and out", meaning that the staff checked on the resident frequently. This was discussed with the provider at the feedback meeting who committed to review all resident bedroom call bell access.

Staff were observed knocking on bedroom doors before entering and introducing themselves. There was social interaction when personal care was delivered, and staff were seen to take time to ensure residents were satisfied with their appearance. The inspector observed that residents were well dressed, and residents confirmed that staff assisted them in a kind and patient way.

Resident's personal clothing was laundered on-site. Residents expressed their satisfaction with the service provided, and described how staff took care with their personal clothing and returned it promptly to their bedroom.

In summary, the residents in the centre received a high quality service from a team of staff that were committed to supporting the residents to have a good quality of life. The care was person-centered. The following sections of this report detail the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

Overall, the findings of the inspection evidenced that the quality and safety of the services provided were of a very high standard. There was clear evidence of ongoing quality improvements that had positive outcomes for the residents who lived in the centre. The inspector found that this was a well-managed centre. The governance and management was well organised, and the centre was sufficiently resourced to ensure that residents were supported. The provider had implemented the compliance plan following the last inspection of July 2022. On the day of inspection, the inspector found good compliance over most of the regulations

reviewed. An area of improvement was identified in relation to the documentation required for volunteers in the centre, that was not fully in line with the requirements under Regulation 30. The provider was in the process of addressing this issue.

This was a risk inspection carried out by an inspector 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). The provider of this centre was St Mary's Nursing Home Unlimited Company. There was a clearly defined management structure in place with identified lines of authority and accountability. The director of nursing, who was the person in charge, facilitated this inspection. Information requested was made available in a timely manner. The person in charge was supported in this role by an assistant director of nursing and a full complement of staff including nursing and care staff, an activities team, housekeeping, catering, administrative and maintenance staff. The team on duty demonstrated a good understanding of their roles and responsibilities. The management team were a visible presence in the centre and were well known to the residents and staff.

On the day of the inspection, there were sufficient resources in place to ensure effective delivery of high quality care and support to residents. It was evident from conversations with the staff that they were familiar with the needs of the residents. Staffing and skill mix were appropriate to meet the assessed needs of residents, and teamwork was evident throughout the day. The team providing direct care to residents consisted of at least two registered nurses on duty at all times and a team of health care assistants. The director of nursing, supported by the assistant director of nursing, provided clinical supervision and support to all the staff. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with residents. For example; staff walking along corridors greeted the residents by name as they passed.

The provider had management systems in place to monitor and review the quality of the service provided for the residents. A range of clinical and operational audits had been completed which reviewed practices such as, care planning, falls management and call bell audits. Where areas for improvement were identified, action plans were developed and completed. An annual review of the quality and safety of the services had been completed for 2022, and included a quality improvement plan for 2023. As part of the quality improvement plan, the provider had organised for the resident guide to be available in audio format.

There were effective communication systems in the centre. The provider met with the local management team and minutes of the last meeting in April 2023 were available for review. Minutes reviewed by the inspector, showed that a range of topics were discussed such as risk management, health and safety, audits and other relevant management issues. The person in charge and assistant director of nursing were on duty five days a week in a supervisory role. In addition, meetings with the registered nurses, care staff and activities staff were held.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding and infection prevention and control training. The provider had placed high value on staff training, staff induction and

ongoing support for staff. For example; the provider had supported the education of staff to become in-house safeguarding and safety training trainers and manual handling instructors. Staff files contained all of the information required under Schedule 2 of the regulations. All new staff went through a process of induction into the centre. The documentation to support this induction process was comprehensive and detailed. The person in charge had completed annual performance appraisals with clinical staff as part of the supervision system in place.

Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services, as required.

The provider had ensured that a contract of insurance, against injury to residents, was in place. The directory of residents was in the process of changing from a paper based system to an electronic format. The register contained all of the information required under Schedule 3 of the regulations. As previously stated, volunteers had returned to the centre since the lifting of COVID-19 restrictions and provided much welcomed entertainment to the residents. Notwithstanding this positive reintroduction, on the day of inspection, the documents required by the regulations under Regulation 30; Volunteers, was not available for review. This will be addressed in the compliance plan response.

Regulation 15: Staffing

The number and skill mix of staff was appropriate with regard to the needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection staff were appropriately trained. While there were minor gaps in the training records, a plan was in place to address this. Staff responses to questions asked were detailed and displayed a good level of knowledge.

Judgment: Compliant

Regulation 19: Directory of residents

The provider was in process of changing from a paper based Directory of Residents to an electronic form. On the day of inspection, all of the information specified in paragraph (3) of Schedule 3 regulations was made available to the inspector for review.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that a contract of insurance against injury to residents was in place.

Judgment: Compliant

Regulation 23: Governance and management

The centre was found to have adequate staffing resources in place to provide safe and effective care to the current residents. The person in charge was organised and familiar with the systems in place to monitor the care. Care audits had been completed. The annual review of the quality and safety of the service had been completed.

Judgment: Compliant

Regulation 30: Volunteers

On the day of inspection the documentation required for all persons working in the centre on a voluntary basis was not made available for review. For example; the roles and responsibilities were not set out in writing.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the designated centre received a high standard of direct care. The inspector found that the quality and safety of the services provided in this centre were of a very high standard.

A sample of residents' files were reviewed by the inspector. Residents' care plans and daily nursing notes were recorded. A comprehensive assessment on admission ensured that residents' individual care and support needs were being identified. Residents' care plans were developed within 48 hours following admission to the centre. Care plans were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity and malnutrition. Information requested was presented without delay. For example; the end of life advanced care plans was clearly documented. Care plan reviews were carried out at regular intervals. Transfer letters to and from the centre were seen in care documentation; this ensured that the most relevant information was provided in accordance with the residents current needs. There was evidence that care plan reviews were completed in consultation with the resident concerned or, where appropriate, that resident's family. Care plans were person-centered and guided care.

Residents were reviewed by a medical practitioner, as required or requested. Referral systems were in place to ensure residents had timely access to health and social care professionals for additional professional expertise. There was clear evidence that recommendations made by allied health care professionals was implemented which had a positive impact on a resident's overall health. For example; residents with known weight loss had started to regain weight following the implementation of advice received from dietetic services.

Residents expressed a high level of satisfaction with regard to the quality and quantity of food they received, and confirmed the availability of snacks and drinks at their request. Staff were available to provide discreet assistance and support to residents.

The centre promoted a restraint-free environment, and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, were only initiated after an appropriate risk assessment, and in consultation with the multidisciplinary team and resident concerned.

The centre was visibly clean. There was sufficient staffing to ensure that the premises were cleaned daily. There was a colour-coded cloth and mop system in place that utilises one cloth per room to ensure that each area is cleaned with a new cloth/mop on every occasion. Housekeeping staff were observed to clean the centre according to a schedule, and cleaning practices were observed to be consistent to ensure all areas of the centre were cleaned.

The design and layout of the premises was appropriate for the current residents. Residents were provided with appropriate storage in their bedrooms for personal possessions, and were encouraged to personalise their private space with items of significance to each resident. Residents clothing was laundered on-site. The laundry system in place minimised the risk of items of clothing becoming damaged or misplaced. Residents were satisfied with the laundry service provided.

Residents had access to advocacy services and information regarding their rights. Residents were supported to engage in activities that aligned with their interests and capabilities. There was a number of information notice boards strategically placed along corridors.

Residents' safety was supported through staff awareness of what to do in the event they had suspicions of abuse or had abuse reported to them. Residents spoken with were complimentary of the care provided by staff. This was supported by the observations of the inspector who observed a number of positive interactions between staff and residents. This was further supported by the positive comments from a number of visitors. In addition, visitors confirmed that there were no restrictions in place with visiting their loved ones.

Fire safety precautions and procedures within the centre met with regulatory requirements. Fire drills were completed that included night time simulated drills to reflect night time conditions. Records documented the scenarios and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff. Appropriate documentation was maintained for weekly, monthly and yearly checks and servicing of fire equipment. Annual fire training had taken place.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to adequate personal storage space in their bedrooms.

Laundry services were on-site, and there were no issues raised by residents regarding laundry.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre was found to be appropriate and well maintained on the day of the inspection. There was an ongoing maintenance programme in place to ensure that the overall premises were in a good state of repair externally and internally.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge had systems in place to ensure that each resident had a choice at mealtimes. Meals were wholesome and nutritious. The inspector observed that there was adequate numbers of staff available to provide assistance to the residents when needed.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

Transfer letters to and from the centre were seen in care documentation; this ensured that the most relevant information was provided in accordance with the residents current needs.

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate training and all staff had completed this. Good practices were observed

with hand hygiene procedures and appropriate use of personal protective equipment.

On the day of inspection the premises were observed to be clean.

Judgment: Compliant

Regulation 28: Fire precautions

Following the last inspection the provider had installed automated fire doors throughout the centre which had eliminated the use of door wedges. The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. Records documented the scenarios created. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. All care plans reviewed were person centered and guided care. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with residents and when appropriate their families.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to medical and health and social care professional services as necessary. In addition, there was good evidence that advice received was followed which had a positive impact on resident outcomes.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

Judgment: Compliant

Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection.

Judgment: Compliant

Regulation 9: Residents' rights

All residents who spoke with the inspector reported that they felt safe in the centre and that their rights, privacy and expressed wishes were respected. Independent advocacy services were available. Residents expressed high levels of satisfaction with the activities in the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Mary's Residential Care Centre OSV-0000726

Inspection ID: MON-0040735

Date of inspection: 06/07/2023

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 30: Volunteers	Substantially Compliant
Outline how you are going to come into compliance with Regulation 30: Volunteers: A review of volunteers' files has been carried out and those files brought up to date.	

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 30(a)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre have their roles and responsibilities set out in writing.	Substantially Compliant	Yellow	17/07/2023
Regulation 30(c)	The person in charge shall ensure that people involved on a voluntary basis with the designated centre provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.	Substantially Compliant	Yellow	28/07/2023