



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

Issued by the Chief Inspector

Name of designated centre:	St Fiacc's House
Name of provider:	St Fiacc's House Company Limited by Guarantee
Address of centre:	Killeshin Road, Graiguecullen, Carlow
Type of inspection:	Unannounced
Date of inspection:	18 May 2021
Centre ID:	OSV-0000554
Fieldwork ID:	MON-0032453

About the designated centre

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

St Fiacc's House was established in 1982. It is owned by the Catholic parish of Graiguecullen/Killeshin and run by a voluntary organisation, St Fiacc's House Ltd. It is a 17-bedded, single-storey centre which provides long-term care for residents who are assessed as having low to medium dependency needs and who require minimal assistance. All residents' rooms are single occupancy. There are six toilets, three assisted showers and an assisted bathroom available for residents. Other accommodation includes two large activity rooms, a dining room, kitchen and sunroom. There is also an activity centre with a library, oratory and hairdressing salon. The café which is located in this area is open to the public. There is adequate communal space and the design of the building allows freedom of movement for residents to walk around the centre and grounds. Call bells are provided throughout. There are enclosed and external gardens which are spacious and well maintained. Seating is provided for residents and their visitors. There is ample parking space provided for residents, staff and visitors. According to their statement of purpose, the centre aims to provide a happy, safe and healthy home for older people. It also aims to respect the privacy and dignity of the residents and create a homely, warm and compassionate environment where friends and family feel welcome.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	12
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How we inspect

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 May 2021	09:30hrs to 16:00hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

To gain an insight into life in the centre, the inspector spoke at length with residents and observed the practices of staff and management. From what residents told the inspector, and from what was observed on the day, it was clear that the residents of St. Fiacc's House received an excellent level of care from skilled and compassionate staff. The supportive model of care in place ensured that the independence and rights of the resident were promoted at all times.

The inspector arrived unannounced to the centre and was met by the administration manager. All infection control procedures were followed before gaining access to the centre, including hand sanitising and declaration of potential symptoms of COVID-19. The person in charge was not present on the day but spoke with the inspector over the phone. In her absence, the senior nurse on duty was responsible for the overall delivery of care, supported by the general supervisor. A brief opening meeting was held and following this, the inspector completed a walk around of the premises. The centre was exceptionally clean and well maintained and was warm and comfortable. There was a relaxed and unhurried atmosphere and an overall sense of well-being was evident.

The centre is a large and spacious building, all on ground level. The centre has capacity to provide daycare services, however this has been suspended due to the COVID-19 pandemic. The Meals on Wheels service to the local community has continued. The residents have full access to the various communal areas including a quiet room, a library, an oratory and a sunroom. The centre is decorated and furnished to a high standard. Portraits of the founding members and volunteers of St. Fiacc's house are proudly displayed on the walls. The dining room provides access to a secure outdoor courtyard, with tables and chairs set up for outdoor dining in nice weather. This area was a calm and relaxing space, decorated with potted plants and water features. Further outdoor space is provided at the entrance to the building where recently refurbished tables and chairs are located for residents to sit and relax. The inspector observed a greenhouse which contained an abundance of plants and vegetables, potted and grown by the residents as part of the horticulture activity. Residents were observed mobilising independently around the grounds and were encouraged to do so by staff. The main sitting room and adjoining activity room were bright and spacious and allowed for social distancing. There were pictures of past events in the centre and residents' artwork on display. This area was the heart of the home and residents were seen to gather here throughout the day to chat and to participate in activities.

Residents told the inspector that Mass was an integral part of their routine. Despite the priest being unable to attend to say Mass in person, the centre ensured this important part of the resident's day was not forgotten, by broadcasting the Mass via a live stream to the large television in the main sitting room. Residents spoken with were very happy with the selection of activities on offer which included baking, art, reading, quizzes and spa treatments. Staff displayed a thorough knowledge of each

residents preferences for activities. Residents were seen coming and going from activities during the day, and spending quiet time in their rooms if they preferred. Many residents had mobile phones and one resident told the inspector that staff assisted them to download the WhatsApp messaging service to maintain instant contact with their family overseas. The inspector observed meals being served in the main dining room, with a selection of three choices for main course. Residents described the food as exceptional and said they had input into the menu selections. Minutes of the residents meetings confirmed this. The inspector observed snacks and drinks being offered during the day, and glasses of fresh water for residents were topped up regularly.

Residents were very knowledgeable about the COVID-19 restrictions and confirmed that despite the negative impact of the virus, the quality of care remained at a high level throughout. Staff were seen to engage with residents in a positive and respectful manner. Independence was promoted and assistance offered only when necessary. Residents whom the inspector spoke with were highly complimentary of all the staff in the centre, and described them as "just fantastic" stating of the person in charge "we would be lost without her". Residents expressed their happiness with the way in which they were treated, and the facilities and services they were provided with, describing the centre as a home from home. One resident remarked "I thought I would never find happiness again until I came here". It was evident that this homely environment, and dedicated staff promoted the well-being of the residents and provided them with a high level of comfort and care.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered

Capacity and capability

This centre had a strong management system in place, ensuring that the quality and safety of care was consistently monitored. As a result, the residents living in the centre had a very good quality of life. There was adequate resources available to provide the level of care outlined in the centre's Statement of Purpose. The centre had a history of very good compliance with the regulations.

St Fiacc's House Company Limited by Guarantee, which is a limited company with charitable status, was the registered provider. There is a currently a board of six directors who are legally required to act in the best interests of the company. One of the board is the nominated representative for St. Fiacc's House. The centre is a low-dependency supported care home and was 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. There was a clearly defined, overarching management structure in place, with all staff having a good awareness of their individual roles and responsibilities. The

person in charge of the centre was a registered nurse, and worked full time in her role. She was supported in the operational running of the centre by a general supervisor and an accounts and administration manager. A team of senior nurses, activity coordinators, catering, and care and support staff were onsite daily.

This was an unannounced risk inspection which took place over one day, to monitor ongoing compliance with the regulations. The centre had recently been granted renewal of their registration by the Chief Inspector. The inspector acknowledged the challenges of the past year, and the difficulties encountered by residents and staff during the pandemic restrictions. The centre had remained free of COVID-19 infection during this time. A comprehensive contingency and containment plan had been prepared and the centre was ready to implement this should an outbreak occur.

The inspector found that there was sufficient staff rostered daily to meet the low-dependency needs of the residents. There was a registered nurse onsite from 9.30am to 4pm. This nurse was also on call from 8am-9.30am and from 4pm-10pm. A registered nurse was rostered to be on call overnight from 10pm to 8am. The inspector saw evidence in residents' nursing notes of this nurse being contacted and coming to the centre overnight when required. A night support worker was onsite each night from 10pm to 8am to support and assist the residents during this time. The staff complement was enhanced by the inclusion of a number of Community Employment scheme workers that provided essential cleaning, catering and maintenance services. All staff in the centre had received training appropriate to their individual roles through a combination of online and in-person training sessions. There was an ongoing training schedule in place to ensure all staff had relevant and up to date knowledge and skills. In addition to the mandatory training modules, staff were encouraged to complete various additional training courses including human rights training, wound management, and food and nutrition training.

The centre had good systems in place to monitor the ongoing quality and safety of the care delivered to residents. The management team undertook a regular schedule of audits. Due to the low dependency level of the residents, incidents and accidents were not a regular occurrence, however the person in charge maintained clear records when incidents did occur. The annual review of the quality of care had been completed for 2020 in conjunction with the residents and included their views and opinions of the service, and the quality improvement plan for 2021. The inspector saw evidence of regular staff meetings, where all aspects of the service were discussed and actions agreed on.

Complaints within the centre were at a minimum level. Residents meetings were held weekly during the pandemic restrictions, with residents confirming that any feedback on the service could be addressed collectively at these meetings, or in private at any time. Residents described how the views of the residents were considered and any minor issues were addressed immediately by the person in charge. This ethos of open disclosure meant that the centre rarely received complaints from the residents.

Regulation 15: Staffing

Staffing levels in the centre were sufficient to meet the assessed needs of the residents. An appropriate skill mix of staff were rostered on duty daily. There was sufficient cleaning and catering staff allocated, having regard for the size and the layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the centre's training matrix identified that all staff had completed mandatory training in safeguarding vulnerable adults from abuse, fire safety and people moving and handling. All registered nurses had completed medication management training. A suite of online training in infection prevention and control had been completed by staff including COVID-19 specific training, hand hygiene and donning and doffing (putting on and taking off) of Personal Protective Equipment (PPE).

Staff were well supervised in their roles daily by the person in charge, and in her absence by the senior nurses and supervisor. Annual staff appraisals were undertaken with the person in charge.

Judgment: Compliant

Regulation 21: Records

A sample of staff files reviewed by the inspector were found to be very well maintained. These files contained all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. Garda vetting disclosures were in place for all staff, and the management team assured the inspector that no staff member commenced employment without this in place.

Judgment: Compliant

Regulation 23: Governance and management

There was an effective governance structure in place. Management systems were clearly defined, with identified lines of authority and accountability to ensure that appropriate, safe and consistent care was delivered to the residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the record of incidents and accidents occurring in the centre and found that all required notifications were submitted to the office of the Chief Inspector within the specified time lines.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre held a record of all complaints received. A review of this record found a very low level of documented complaints. The complaints that were received were seen to have been well managed and included details of the investigation into the complaint, the outcome of the complaint and the satisfaction of the complainant.

The complaints procedure was displayed prominently in the entrance hall and included details of access to independent advocacy services.

Judgment: Compliant

Regulation 4: Written policies and procedures

Centre-specific policies and procedures relating to the matters set out in Schedule 5 of the regulations were in place. These were updated recently and reflected changing needs and issues relating to the current pandemic.

Judgment: Compliant

Quality and safety

It was evident that this centre promoted a human rights-based approach to care, which was respectful and inclusive of the residents views, opinions and choices. The well-being of the residents' was at the centre of the service. Residents were consulted with regularly and proactively engaged in the running of the centre. The centre had made provisions for the safety of the residents and their visitors and were offering indoor visits in line with the updated national guidance.

Residents regularly participated in fire drills within the centre and had attended fire safety talks from the external fire servicing company. However, a review of the fire drill procedures in place was required, to ensure the safe evacuation of residents at night. This is discussed further under Regulation 28: Fire precautions. The centre had good oversight of the resident's individual health needs. Due to the low dependency of the residents, there was a very minimal level of wounds, incidents and restraints in the centre. When these did occur, the data was collected and reviewed to identify any improvements required. Prior to the pandemic, residents attended general practitioner (GP) and other healthcare services with their families; this procedure had changed due to the restrictions and staff were made available to attend any appointments with residents, ensuring the residents access to healthcare was not disrupted. Residents were involved in the development of their individual care plans. Care plans were updated in line with changing needs due to the COVID-19 pandemic, for example social care plans were updated to include the ways to ensure that residents maintained contact with their family, friends and the wider community. The dependency levels of the residents were assessed regularly, as the centre can only cater for low dependency residents. Residents confirmed that they were made aware on admission that they may in time need to move to a higher dependency facility, should their dependency level increase.

The centre had a good approach to risk management. There was a proactive system in place for the continued maintenance and upkeep of the centre, it's equipment and the grounds. There was a comprehensive risk register in place which detailed various risks, both clinically and environmentally. Risks were seen to be well controlled and reviewed regularly. The centre's COVID-19 contingency plan identified which areas of the centre were to be used to isolate and cohort residents. There was a single ensuite room held vacant to allow for the isolation of new admissions, or residents returning from hospital stays, as per current national guidance. The centre continued to participate in the regular serial COVID-19 testing of all staff and vaccinations had been completed for all staff and residents. Newly admitted residents could access the vaccine via the local GP if they had not yet received it. There was a robust procedure in place for the daily cleaning of the centre and the regular deep cleaning of residents rooms and the shared communal spaces.

The privacy, dignity, choice and independence of residents in St. Fiacc's house were safeguarded. Residents were cared for a respectful and supportive manner, that promoted the rights and abilities of each resident. The restrictions imposed by COVID-19 resulted in a significant decrease in the level of engagement with the wider community, as the adjoining day care centre had been closed since the beginning of the pandemic and the longstanding involvement of community volunteers to contribute to the social activity within the home had ceased.

Nevertheless, the inspector found that activities within the centre had increased and there was a varied programme of activities on offer, with the aim of ensuring residents were adequately engaged each day. Minutes of regular residents meetings showed that residents had been kept updated with the changing COVID-19 guidelines and how they affected the running of the centre.

Regulation 11: Visits

All resident's were offered visits on an appointment basis, in line with updated guidance an in accordance with the resident's wishes. There were dedicated, safe and comfortable visiting booths designed specifically for indoor visits. Systems were in place for the appropriate cleaning and decontamination of the visiting booths after each visit. Outdoor visits, window visits and visits on compassionate grounds were also facilitated.

Judgment: Compliant

Regulation 17: Premises

The overall premises was designed and laid out to meet the assessed needs of the residents and was in keeping with the centre's statement of purpose. There was adequate outdoor, communal and sanitary facilities to meet the needs of residents living in the centre.

Judgment: Compliant

Regulation 26: Risk management

The centre had an up-to-date risk management policy which detailed the five specific risks as required by the regulation. There was a major incident emergency plan in place, in the event of serious disruption to essential services.

The centre's risk register was well maintained with environmental and clinical risks identified and assessed, and measures and actions in place to control the risks.

Judgment: Compliant

Regulation 27: Infection control

The centre had a comprehensive preparedness plan in place, in the event of an outbreak of COVID-19 occurring. Policies were in place to guide staff and specific training had been provided which included hand hygiene and donning and doffing of personal protective equipment. Several staff had completed specialised Infection Prevention and Control Champion training and undertook to guide and supervise staff in appropriate infection control procedures. Staff were seen using PPE such as surgical face masks appropriately, in line with the training provided. Alcohol gel dispensers were available and observed in use throughout the building.

Cleaning staff demonstrated good knowledge with regard to their roles and the cleaning routines and schedules in place were comprehensive and in line with current guidance. Protocols were in place for symptom monitoring and health checks for residents, staff and visitors to the centre.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector was not assured that measures were in place to ensure the safe evacuation of residents at night. Fire drill records reviewed did not simulate the evacuation of the centre's largest compartment of 6 residents with the lowest staffing levels of one staff member at night.

The provider was requested to carry out a full, timed compartmental evacuation of the centre's largest compartment with the lowest staffing levels. This was submitted following the inspection and found to be completed in a satisfactory manner. But further ongoing drills are required to ensure all staff are competent in the compartmental evacuation.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents care plans were seen to be person-centred in nature and detailed any required interventions. There was routine completion of risk assessments using validated tools to assess various clinical risks including risks of pressure ulcers and falls, and to monitor dependency levels.

Based on a sample of care plans viewed, there were appropriate interventions in place to meet the various needs of the residents. There was evidence of a holistic approach to care, with care plans reviewed at regular intervals, not exceeding four months, or more frequently when there was a change to a resident's condition.

Judgment: Compliant

Regulation 6: Health care

Residents had good access to a GP of their choice in the local area. There was evidence of frequent GP reviews and appropriate referrals to allied health professionals such as physiotherapy, chiropody and optical services. Where recommendations were made they were implemented and updated in residents' care plans.

Judgment: Compliant

Regulation 9: Residents' rights

The minutes of the regular residents meetings provided evidence that residents were consulted with and participated in the organisation of the centre. Residents to whom the inspector spoke confirmed this. The provider ensured that there were appropriate facilities for occupation and recreation available to residents, and that opportunities for residents to participate in meaningful group and individual activities were facilitated by appropriately experienced activity staff. The design and layout of the premises promoted residents' privacy and dignity, and staff were observed to support residents to exercise choice in how they led their daily lives.

Social assessments detailing residents preferences, interests and previous occupations and hobbies were completed with residents which informed their individual activity plans. Residents had unrestricted access to television, radio, newspapers and telephones.

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 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Fiacc's House OSV-0000554

Inspection ID: MON-0032453

Date of inspection: 18/05/2021

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 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The safety of our Residents is paramount to us. Going forward we will continue to carry out a minimum of 3 day time evacuation drills annually. We will also carry out 2 night time compartmental evacuation drill scenarios as was our practice pre-covid.	

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 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.	Substantially Compliant	Yellow	19/05/2021