Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>Holy Ghost Residential Home</th>
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<tbody>
<tr>
<td>Name of provider:</td>
<td>Holy Ghost Residential Home</td>
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<tr>
<td>Address of centre:</td>
<td>Cork Road, Waterford</td>
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<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
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<tr>
<td>Date of inspection:</td>
<td>26 August 2019</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000591</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0027588</td>
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The following information has been submitted by the registered provider and describes the service they provide.

The Holy Ghost Residential Home is a single-storey purpose built centre that includes various renovations and extensions which have taken place over the years to enhance the living spaces for residents. It contains 60 single bedrooms and 58 of these have full en-suite bathrooms with plans in place to have full en-suites in all bedrooms before the end of 2019. Communal accommodation consists of a large communal sitting room called the concourse. A large dining room is located beside a well-equipped kitchen and a second sitting room is across the corridor. Other communal areas includes a fully furnished oratory, a library, a comfortable furnished foyer, a smoking room and a hairdressing room. There are also additional seating areas along some corridors. There is an enclosed garden in the centre of the building and other outdoor spaces are available including walkways at the front of the building.

The Holy Ghost is a residential setting catering for residents to live independently with supportive care. The emphasis is on home-style living where each resident has their own room/living space. The centre is very specific in its criteria to provide supportive care only. It facilitates the older adults to continue independent living. The Holy Ghost residential home does not provide 24-hour nursing care but a registered general nurse is responsible and accountable for the daily running of the home. It provides supportive services and the staff are directed in their work by the individualised needs, requests and choices of the residents. This supportive independent care is reflected in the staffing structure which is household, catering and caring staff as in the community setting. The centre is located in Waterford city in close proximity to the city centre and to public transport networks.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 49 |
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>26 August 2019</td>
<td>01:50hrs to 16:40hrs</td>
<td>Caroline Connelly</td>
<td>Lead</td>
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</table>
**What residents told us and what inspectors observed**

This inspection was a short inspection carried out to look at a number of newly refurbished bedrooms to ensure they were fit for purpose and to follow up on actions from the previous inspection. This report should be read in conjunction with the inspection report of 14 and 15 May 2019. Due to the brevity of the inspection, although the inspector did meet a large number of residents, in depth conversations did not take place. However the overall feedback from residents was very positive and residents were delighted to see the ongoing development and redecoration of the centre. As per the previous inspection residents said they felt very safe and well cared for, yet they felt they could come and go as they pleased and continued with their lives outside of the centre as much as possible. Everyone spoken to reported that person in charge and staff were very approachable, helpful and very obliging. They described how staff go way beyond the call of duty and nothing is too much for them to do for you.

The inspector met a number of residents who had moved into their newly decorated room following the last inspection and all could not speak highly enough of the quality and dignity it brought to them having their own bathroom and extra space in their bedrooms.

**Capacity and capability**

There were very effective management systems in this centre; ensuring high quality person-centred care was delivered to the residents. The board and the management team were proactive in response to issues as they arose and improvements required from on the previous inspection had been addressed and rectified.

This inspection was a short inspection to inspect a number of newly refurbished bedrooms to ensure they were fit for purpose and to follow up on actions from the previous inspection. This report should be read in conjunction with the inspection report of 14 and 15 May 2019. Prior to the inspection of the 14 and 15th May 2019 there have been a number of changes to the premises which has extended the footprint of the building necessitating the provider to apply for registration of the centre. Twenty bedrooms had been extended to include full en-suite bathrooms. These newly renovated rooms were finished to a high specification providing plenty of storage and private space for residents use. The provider also submitted plans to continue with the renovation which included en-suites to the remaining 10 bedrooms over the course of the next number of months. Following that inspection the centre was registered to include those bedrooms. A condition was attached to the registration stipulating that the remaining renovation of centre was to be
completed in line with the plans submitted and that the rooms will not be occupied until they are inspected by an inspector of social services.

On this inspection an additional eight bedrooms were completed which included full en-suite facilities and were seen to be completed to a high specification. Call bells light fittings and all fixtures and fittings were seen to be in place and they were ready for occupancy. This phase of the plans was completed in a timely manner and the builders had commenced the final stage, where a further four bedrooms will be completed with en-suite bathrooms. This will give a total of 60 single en-suite bedrooms and two sleepover rooms. The communal areas and the entrance to the building are all part of this final phase with a completion date proposed for October 2019.

The statement of purpose and the centre plans were updated to reflect these current changes and will be updated again to reflect the completion of the next phase. The inspector saw evidence of continued monitoring of the quality and safety of care provided to residents. This was through the collection of key clinical quality indicator data including pressure ulcers, falls, medication management and administration, the assessment of risk, and health and safety. Quality management meetings had continued on a quarterly basis where all aspects of safety quality and risk are discussed and actioned.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. A sample of rosters were reviewed and staff and residents confirmed that there were adequate staff on duty at all times. Staffing levels are to increase when the resident numbers increase and to take into account the increased number of en-suites and larger bedrooms. These numbers were discussed with the inspector.

Good systems of information governance were in place and the records required by the regulations were maintained effectively. Copies of the standards and regulations were available and accessible by staff. Maintenance records were in place for equipment such as fire-fighting equipment. Improvements were seen in records and documentation as required from the last inspection and staff files now met the requirements of Schedule 2 of the regulations.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed. This was particularly relevant when the building work was underway in the centre and in the grounds.

**Regulation 15: Staffing**

Due to the increased size of the recently renovated bedrooms with additional en-suite bathrooms and the proposed return to normal resident numbers staff levels
have been reviewed. Increased hours have been allocated daily to ensure the needs of the residents and the service are fully met.

Judgment: Compliant

**Regulation 21: Records**

On the previous inspection a sample of staff files viewed by the inspector were found not to fully meet the requirements of schedule 2 of the regulations. Gaps were seen in two of the CVs reviewed and further ratification of references was required to ensure they were from the last employer at a senior level to ensure appropriate information was received. The management team provided assurance to the inspector that all staff had Garda vetting in place prior to commencing employment in the centre.

On this inspection the inspector saw that a full audit of all staff files had been completed. Gaps in CVs were clarified and a more robust system around attaining and ratification of references had been introduced. The inspector was satisfied that the requirements of schedule 2 of the regulations was now met.

Judgment: Compliant

**Regulation 23: Governance and management**

Good governance and management continued to be apparent with a clearly defined management structure in place and staff were aware of their roles and responsibilities. The board were actively involved in the running of the centre and the centre was adequately resourced and met the needs of the residents.

Actions required from the previous inspection had been addressed and the proposed further works were ongoing and in line with the time frames submitted.

Judgment: Compliant

**Regulation 3: Statement of purpose**

An updated statement of purpose was sent to the Chief Inspector outlining all the works completed to date.
Quality and safety

Overall, residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and a premises that met their needs. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspector found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and relatives gave very positive feedback regarding all aspects of life and care in the centre.

As identified on the inspection of the 14 and 15 May 2019, the centre ensured that the rights and diversity of residents were respected and promoted. Residents’ choice, privacy and dignity and independence were safeguarded. Residents spoken with reported positively on the experience of living at the centre and the inspector saw evidence that residents adopted a relatively independent daily routine and were fully supported in doing so by both staff and management. The centre describes the ethos in its statement of purpose as having an "emphasis on a home style setting where staff are directed in their work by the expressed needs and preferences of the residents by promoting independence, self care and healthy ageing in interactions with residents". The inspector found that the intention of this statement was actively promoted by both staff and management in the day-to-day care at the centre. Resident surveys had been undertaken and there was evidence that residents were consulted with and had an opportunity to participate in the organisation of the centre.

On the previous inspection the inspector had identified that improvements were required in the administration and recording of administration of medications in the centre. On this inspection the inspector found that improvements had taken place with further training provided to staff and numerous checking and auditing systems introduced to prevent errors occurring.

The provider had put systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile in keeping with the centre’s statement of purpose. The newly extended bedrooms were spacious and comfortable. The centre now has a total of 58 single bedrooms with en-suite facilities and plans are in place to have the final bedrooms completed with en suites in the next number of months and a few changes and improvements in decor to communal spaces and offices are also planned. There is a lovely enclosed, landscaped courtyard area with adequate seating and secure access for residents. The environment and atmosphere overall
was homely and very much in keeping with the needs of the residents.

**Regulation 17: Premises**

The location, design and layout of the centre were suitable to meet the individual and collective needs of the resident profile in keeping with the centre’s statement of purpose. The building was well constructed and maintained. Provisions were in place to address health and safety hazards including call-bell systems and grab rails where necessary. Parking adequate to the service was available on site.

The centre had undergone numerous renovations and additions and the recent renovations to a further eight bedrooms were completed to a very high specification. These additional eight bedrooms were single en-suite large in size with plenty of wardrobe and locked storage space. Additional to en-suite facilities, there are assisted toilets in close proximity to communal areas. The bedrooms that were registered on the previous inspection were fully occupied and were seen to be highly personalised with memorabilia and items from home. Residents had good access to televisions and all home comforts.

Judgment: Compliant

**Regulation 29: Medicines and pharmaceutical services**

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two staff.

On the previous inspection, following a review of a sample of prescription and administration records, the inspector identified a number of issues with medication management that required immediate attention. During the inspection some of these issues were dealt with prior to the end of the inspection. On this inspection the inspector saw that there were additional safeguarding mechanisms introduced including an auditing and checking system to ensure all medications were administered as prescribed. All "as required" medications now have a corresponding administration recording sheet to ensure it is clear if a resident had received a medication or not. Further medication administration training was provided for staff involved in medication administration in the centre.

Judgment: Compliant
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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
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<tr>
<td><strong>Capacity and capability</strong></td>
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<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
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<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
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<tr>
<td><strong>Quality and safety</strong></td>
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<td>Regulation 17: Premises</td>
<td>Compliant</td>
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<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
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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:**

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Outline how you are going to come into compliance with:
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
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