Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>St. Attracta's Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of provider:</td>
<td>St. Attracta’s Nursing Home Unlimited Company</td>
</tr>
<tr>
<td>Address of centre:</td>
<td>Hagfield, Charlestown, Mayo</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Unannounced</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>10 February 2020</td>
</tr>
<tr>
<td>Centre ID:</td>
<td>OSV-0000386</td>
</tr>
<tr>
<td>Fieldwork ID:</td>
<td>MON-0028688</td>
</tr>
</tbody>
</table>
About the designated centre

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

St. Attracta’s Residence is made up of a large bright reception area, a bright spacious dining room with additional seating overlooking the gardens, and a number of large day rooms that enable quiet time and group gatherings, a private family meeting room, training room, offices and meeting rooms, nurses station, treatment room, a Chapel, a hair and beauty salon, laundering and sluicing facilities as well as landscaped gardens overlooking the surrounding countryside. Car parking facilities are available for visitor use. There are 52 bedrooms in the centre. All bedrooms are equipped with nurse-call alarm, televisions, private telephone point and electronically adjusted orthopaedic beds.

The following information outlines some additional data on this centre.

| Number of residents on the date of inspection: | 67 |
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>Monday 10 February 2020</td>
<td>09:00hrs to 17:00hrs</td>
<td>Catherine Sweeney</td>
<td>Lead</td>
</tr>
<tr>
<td>Monday 10 February 2020</td>
<td>09:00hrs to 17:00hrs</td>
<td>Brid McGoldrick</td>
<td>Support</td>
</tr>
</tbody>
</table>
## What residents told us and what inspectors observed

On the day of the inspection the centre was managing a suspected outbreak of Norovirus. Inspectors limited their interaction with the residents as part of the infection control procedures in place and limited the inspection of the centre to the areas unaffected by the outbreak.

Residents appeared relaxed and comfortable in the company of staff.

## Capacity and capability

This was an unannounced inspection by the Office of the Chief Inspector. The person in charge and the general manager were present throughout the inspection. Inspectors also met with the registered provider representative. The management team facilitated the inspection and provided information as requested.

The registered provider had submitted an application to vary Condition 5 of the centres registration. The application referred to changing the accommodation status of room 46 from a single room to a double room. The room changes proposed were reviewed by the inspectors and found to be unsuitable to accommodate an additional resident.

The inspection also followed up on the findings of a previous inspection on 05 September 2019. The provider had completed some actions in relation to fire precautions. Further improvement were required in the systems of monitoring and oversight of the service. The robustness of the auditing process needed to be improved so that quality improvements could be achieved.

The centre was managing a suspected outbreak of Norovirus on the day of inspection. A comprehensive plan was in place to ensure that infection prevention and control were in line with the centre's infection control policy. Staffing was increased in areas of the centre where residents were confined to their rooms due to the virus. The centre had notified the Department of Public Health. Advisory notices had been posted to alert visitors to the centre of the risks associated with the virus.

A review of the staffing provision at night was required to ensure there was sufficient resource available in the case of an emergency.

The centre's Statement of purpose was found to require review to ensure
compliance with Regulation 3, Statement of Purpose.

**Regulation 23: Governance and management**

The inspectors reviewed risk management, fire safety matters and auditing systems during this inspection. Inspectors were not fully assured that appropriate management systems were in place to ensure the service provided was appropriate to the needs of residents and effectively monitored by the registered provider.

While the last inspection found the staffing levels to be adequate, this inspection found that staffing levels at night time required review to ensure they were adequate to respond effectively in an emergency. There were five suites in the centre. The centre was registered to accommodate 70 residents with 67 residents accommodated on the day of inspection. There were five staff members on night-duty. A review of the fire drills, simulating the evacuation of the Clew bay suite, found that evacuation times did not ensure the safety of residents and staff. Therefore, a review of night-time staffing levels was required.

The person in charge was supported by a general manager who participated in the management of the centre. The registered provider representative attended the centre regularly and attended monthly governance meetings discussing issues such as staffing levels and recruitment, fire safety issues and staff training requirements. Audit reviews were not included on the agenda of the governance meetings.

A review of the management oversight of the risk management system was required to ensure that all risks were reviewed and updated in line with the centre's risk management policy. This issue is addressed further under Regulation 26, risk management.

There was no schedule of audits in place and audits reviewed did not contain the detail required to ensure that a system of quality improvement was in place. For example, an audit reviewing manual handling of residents found that the audit did not measure against best practice guidelines or resident assessment. This was a restated action from the last inspection. From the audits reviewed and discussion with the management team, the inspectors concluded that further training was required in auditing.

**Judgment: Substantially compliant**

**Regulation 3: Statement of purpose**
The statement of purpose required review to ensure that staffing levels were accurately reflected, and that there was an organisational structure outlined which clearly identified the registered provider. The use of closed circuit television (CCTV) was not reflected in the arrangements to ensure the protection of the privacy and dignity of residents in the statement of purpose.

Judgment: Substantially compliant

Quality and safety

The inspectors reviewed risk management, infection control, fire safety precautions and residents rights.

A review of the risk register found that risk management was disjointed and difficult to review. Risk hazards had not been appropriately identified. Identified risks such as fire precautions, on-going building works and infection control had not been identified or updated to the risk register in line with the centre's risk management policy. Two risk documentation systems were in use in the centre. It was therefore difficult to assess if appropriate measures had been taken and reviewed to address identified risks.

Infection control measures were in place on the day of inspection due to an outbreak of a suspected Norovirus. The control measures were reviewed by the inspectors and were found to be in line with best practice.

Further improvements were required to ensure compliance with Regulation 28, Fire Precautions. While some actions had been addressed from the previous inspection, significant gaps were found in staff knowledge in relation to fire safety procedures and the identification of learning from evacuation drills. A system to evaluate the effectiveness of fire safety training was required to ensure that every member of staff was appropriately trained to respond to an emergency.

A full fire risk assessment to review the totality of the system was required to ensure compliance with the regulation.

Inspectors found that residents rights were respected in the centre. Residents had access to social activity programmes and communal and private sitting areas.

The provider was in the process of adding two shower rooms to the Clew Bay unit and refurbishing a further shower room.

A review of the location of the monitoring screens used for the CCTV was required to ensure minimal impact on residents privacy.
## Regulation 26: Risk management

Improvements were required to risk management to ensure that all risks were identified, assessed and measures put in place to control the risks identified.

Inspectors reviewed the risk management policy and the computerised risk register in the centre. Inspectors noted that a number of identified risks were not included in the risk register reviewed by the inspectors such as:

- risks identified in relation to fire safety did not have effective actions to mitigate risks for the safety of the residents. The fire risk assessment had not been updated following non-compliance requiring immediate action found on the previous inspection.
- the dependency of the residents in the largest compartment and resources required for the safe and effective evacuation of residents had not been considered as part of the fire safety plan.
- risks identified on the previous inspection with regard to the provision of showers.
- new controls had not been added to the risk register to reflect the works underway to increase the bathroom/shower rooms.
- no assessment of the risk of decommissioning one of the two showers available on the clew bay unit. This resulted in only one shower being available for 19 residents.
- risk identification was not comprehensive. For example, the only risk identified to residents in relation to fire was 'burns'. The assessment did not identify 'smoke inhalation' as a hazard.
- a system of storage of fire safety documents had not been assessed as to accessibility in the event of a fire.

Inspector were informed by the management team at the feedback meeting that a manual register and an online system were in place to document and manage risk. The on-line system was kept updated by senior management. The result of this was that while staff on the ground could identify risk, the online register was not updated to reflect the interventions taken or if further action was required. This system of risk management required review.

**Judgment:** Not compliant

## Regulation 27: Infection control

On the day of inspection, a number of residents and staff had experienced symptoms of the Norovirus. The outbreak was confined to one area in the centre. Actions were taken by the management team to reduce the risk of spread of the suspected virus. These included
residents with symptoms were confined to one area of the centre,
- Staff had been delegated to this wing,
- notices had been displayed to alert visitors,
- contractors and allied professionals had been contacted and services were postponed as measures to contain the suspected virus,
- good hand hygiene practices were observed.

Judgment: Compliant

Regulation 28: Fire precautions

The inspectors reviewed documentation relating to fire safety including the fire register and the fire policy and procedure documents. Daily and weekly fire safety checks had been completed. A service record was in place for all fire fighting equipment. A fire system maintenance certificate which was reviewed quarterly was available for inspection. A emergency evacuation sheet was available on all beds.

An immediate compliance plan submitted following the inspection on the 05 September 2019 had been partially addressed. The provider had taken some action to address issues of non-compliance found on the last inspection. For example,

- fire safety floor plans were displayed throughout the centre
- the wording of the emergency procedures and policy had been reviewed to ensure clarity
- fire safety and evacuation training had been provided to staff
- monthly evacuation drills scheduled to include all staff members
- the provider has confirmed that an L1 fire system is in place throughout the centre.
- personal evacuation plans were in place for all residents. There is a weekly resident register which is updated to reflect if residents are in the centre or have been transferred to hospital.

However, further improvements were required. For example,

- 'Fire Plans' displayed in various locations throughout the premises did not accurately reflect the actual location of fire evacuation aids and fire safety equipment. Some of the 'Fire plans' did not detail the room numbers.
- the drills records identified evacuation times of over six minutes for one compartment, however, no actions had been taken to mitigate this risk such as reducing the dependency of residents in the compartment, subdivision of the compartment or provision of additional staff.
- a review of the distance between the furthest fire sensor and the fire panel is required to ensure that the distance does not pose a significant delay to the evacuation of residents
- while inspectors acknowledge that training in fire safety had been provided,
staff interviewed gave inconsistent responses about the initial procedure to be followed in response to a fire alarm activation, including
- the number of staff required to carry out an initial sweep of a building compartment to identify the sources of a fire,
- how they would communicate their findings back to the person coordinating at the fire panel,
- where they could safely leave the residents while the evacuation was taking place, or
- who would supervise the residents when evacuated.
A new inductee had not received any fire safety training prior to commencing duty and could not tell inspectors where the fire alarm was located.

These factors could lead to a delay in fire evacuation.

The inspectors concluded that the systems in place for the identification and management of fire safety risk in the centre were ineffective. A fire risk assessment by a competent person was required to look at the totality of the service. Furthermore, the frequency of drills required review and further training was required.

Following the inspection, the registered provider advised that the dependency of the residents and the number of residents in the Clew bay unit had been reviewed and changes were made on foot of the review.

**Judgment:** Not compliant

**Regulation 9: Residents' rights**

Resident’s rights and dignity were observed to be well respected on the day of inspection. Staff were observed to call residents by their preferred name and spoke with residents in a kind and respectful manner.

Residents had been facilitated to vote in the recent elections in the centre by special register or at the polling station if preferred.

Residents had access to an independent advocacy service.

Residents in the communal areas were observed to be socially engaged and had access to appropriate recreational activities including newspapers, televisions, radios and the internet.

Inspectors noted that there was limited shower access for the residents in the Clew Bay unit. The registered provider told the inspectors that the plan to increase the number of showers on the clew bay unit from two to four, will improve the quality of life for residents living there. When complete the additional two showers will improve access and will reduce the distance for residents to travel for personal care.
Inspectors observed the development work to be in progress.

The accommodation in the Clew bay suite limits the number of possessions that the residents can have. The registered provider told inspectors that there was a long term plan in place that included the upgrading of the suite so that all residents would have access to single room accommodation with an en-suite, similar to accommodation provided in the new extension.

CCTV is in use throughout the centre. Monitoring screens are displayed in public areas. Notices are in place informing residents, visitors and staff however the use and display of the cameras requires review to ensure that residents privacy is not compromised.

Judgment: Substantially compliant
**Appendix 1 - Full list of regulations considered under each dimension**

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

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 26: Risk management</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 28: Fire precautions</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Substantially compliant</td>
</tr>
</tbody>
</table>
Compliance Plan for St. Attracta's Residence OSV-0000386

Inspection ID: MON-0028688

Date of inspection: 10/02/2020

**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. **Specific** to that regulation, **Measurable** so that they can monitor progress, **Achievable** and **Realistic**, and **Time** 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:**

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Substantially Compliant</td>
</tr>
</tbody>
</table>

Outline how you are going to come into compliance with Regulation 23: Governance and management:
A review of night time staffing levels will be completed as requested. This was last completed in December 2018 and resident numbers have not changed. Date: 30th June 2020

Audit reviews are now included on the agenda of all governance meetings. Training in auditing will be organized in the coming months in order to reassure the inspector of our commitment on this point. Whilst we have always completed a number of audits and used the findings to inform our improvements in the nursing home we take on board that our system of auditing requires review. Due Date: 30th June 2020

| Regulation 3: Statement of purpose                      | Substantially Compliant   |

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Statement of Purpose was revised at the request of the inspector with the required editions and submitted most recently to HIQA on 3rd March 2020. The nursing home has a clear policy on CCTV of which a summary has in the past been included in the residents guide; this has now been added to the Statement of Purpose.
<table>
<thead>
<tr>
<th>Regulation 26: Risk management</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 26: Risk management: A review of our risk management processes will be carried out to ensure it is consistent with best practice guidance. Due Date 30 June 2020</td>
<td></td>
</tr>
<tr>
<td>‘The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.’</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 28: Fire precautions</th>
<th>Not Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire plans on walls will be updated to include evacuation audits, any missing room numbers and fire safety equipment. Date: 30th June 2020</td>
<td></td>
</tr>
<tr>
<td>A full fire safety risk assessment was completed by an external expert company on 18th March 2020. The points raised by HIQA have been highlighted to the risk assessor for consideration. We are awaiting receipt of the report.</td>
<td></td>
</tr>
<tr>
<td>Staff fire safety training has been reviewed since inspection. Fire training will continue to take place annually for all staff with an external trainer. In addition staff will assist with weekly fire checks, undergo spot checks of their knowledge and understanding of emergency response, be trained on operation of the fire panel and be involved in monthly fire drills commencing as soon as possible. New/trainee staff will be given a fire safety briefing during their first week by a senior manager. We plan to have all staff fire training requirements complete by 30th June 2020.</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
<th>Substantially Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outline how you are going to come into compliance with Regulation 9: Residents' rights: St. Attracta’s has always considered and prioritized resident’s dignity and privacy in relation to CCTV. Our CCTV policy has been reviewed since inspection to ensure resident’s privacy is not compromised.</td>
<td></td>
</tr>
<tr>
<td>All shared bedrooms in the center meet the current regulations.</td>
<td></td>
</tr>
</tbody>
</table>
‘The inspector has reviewed the provider compliance plan. This action proposed to address the regulatory non-compliance does not adequately assure the chief inspector that the action will result in compliance with the regulations.’
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>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 23(a)</td>
<td>The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/06/2020</td>
</tr>
<tr>
<td>Regulation 23(c)</td>
<td>The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/06/2020</td>
</tr>
<tr>
<td>Regulation 26(1)(a)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/06/2020</td>
</tr>
<tr>
<td>Regulation</td>
<td>Description</td>
<td>Compliance Status</td>
<td>Colour</td>
<td>Date</td>
</tr>
<tr>
<td>------------</td>
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</tr>
<tr>
<td>26(1)(b)</td>
<td>The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.</td>
<td>Not Compliant</td>
<td>Yellow</td>
<td>30/06/2020</td>
</tr>
<tr>
<td>28(1)(e)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/06/2020</td>
</tr>
<tr>
<td>28(2)(iv)</td>
<td>The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/06/2020</td>
</tr>
<tr>
<td>03(1)</td>
<td>The registered provider shall prepare in writing a statement of</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>03/04/2020</td>
</tr>
<tr>
<td>Regulation 9(3)(b)</td>
<td>A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>03/04/2020</td>
</tr>
</tbody>
</table>