



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

Issued by the Chief Inspector

Name of designated centre:	St David's Nursing Home
Name of provider:	St. Davids Nursing Home Limited
Address of centre:	Gentian Hill, Knocknacarra, Salthill, Galway
Type of inspection:	Unannounced
Date of inspection:	30 March 2022
Centre ID:	OSV-0000391
Fieldwork ID:	MON-0035811

About the designated centre

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

St. David's is a residential home situated in Gentian Hill, a quiet area of Salthill, Galway. As St. David's is a small home, every resident is assured of individual attention to their needs. St. David's is committed to providing a safe and secure environment for our residents. We endeavour to provide high quality care in a homely environment. The centre comprises of 16 single bedrooms and one double. The living area comprises of a communal day and dining room and a conservatory with views of Galway Bay.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	17
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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
Wednesday 30 March 2022	10:00hrs to 16:40hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

From what the inspector observed there was evidence that the residents living in this centre were supported to enjoy a good quality of life by staff who were kind and caring in their interactions with them. On the day of the inspection, the inspector observed that the residents were well cared for by a committed and dedicated team who worked hard to ensure they were supported with all their needs. There was a friendly, warm atmosphere throughout the centre. The feedback from the residents who spoke with the inspector was that they were happy and content. A lot of good practice was observed on the day and regulatory compliance was found across most regulations.

This unannounced risk inspection took place over one day. There were 17 residents accommodated in the centre on the day of the inspection and one vacancy. On arrival the inspector was guided through the infection prevention and control measures in place which included temperature checks, hand hygiene and face covering before entering the centre. The centre was experiencing an outbreak of COVID-19 on the day, with two residents confined to their bedrooms on the advice of public health. The centre had previously experienced an outbreak in January 2022. The staff and management described the heightened anxieties and difficulties as a result of both outbreaks. The inspector acknowledged that residents and staff living and working in the centre had been through a challenging time since the onset of the pandemic.

The inspector spent time in communal areas observing resident and staff interaction. Residents were observed to be up and about and the inspector observed that personal care and grooming was attended to a high standard. The inspector spoke with five residents and the feedback was positive. One resident told the inspector that the centre was 'absolutely lovely'. Another resident said 'there's a great atmosphere and you couldn't ask for a better place, no question about it'. Another resident said there was 'plenty to do' and told the inspector that they loved to walk around the centre and especially the outdoor courtyard. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

The inspector completed a walk around of the designated centre with the provider. The building was laid out to meet the needs of the residents and to encourage and aid independence. The communal areas were styled with comfortable furnishings and residents had access to views of the outdoors. Bedrooms were appropriately decorated with many residents personalising their rooms with pictures, books and furniture. All bedrooms were observed to have sufficient space for residents to live comfortably. This included adequate space for residents to store personal belongings.

The corridors were brightly decorated and were equipped with appropriate handrails to maintain residents' safety. The building was warm and well ventilated throughout.

Call bells were available throughout the centre.

Residents had safe unrestricted access to a bright outdoor space with a variety of seating areas, seasonal plants and garden furniture.

There was good infection prevention and control signage in place at key points throughout the centre. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Residents who spoke with the inspectors were aware of the need for hand hygiene and the recent restrictions.

Throughout the day, residents were observed in the various areas of the centre. A number of residents sat together in the day rooms listening to music, reading, and watching TV. Others chose to remain in their own rooms, preferring to spend time on their own. It was evident that residents were supported by the staff to spend the day as they wished. Residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff throughout the day. Staff who spoke with inspectors were knowledgeable about the residents and their needs.

The residents were provided with opportunities to participate in recreational activities, of their choice and ability, seven days a week. The inspector observed a number of residents enjoying a bingo session on the afternoon of the inspection.

Residents had unlimited access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Visiting was facilitated in line with current guidance (Health Protection Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

Residents had a choice of where to have their meals throughout the day. On the day of the inspection, the lunchtime period was observed by the inspectors. The inspector observed that there was a good choice of nutritious meals available and the meals served to the residents were well presented. The residents were complimentary about the food in the centre. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Staff members and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful. A choice of refreshments was available to the residents throughout the day.

The centre was clean and tidy on the day of the inspection and well maintained. Housekeeping staff who spoke with the inspector were knowledgeable about the cleaning process required in the centre. Cleaning schedules were in place and equipment was cleaned after each use.

In summary, the inspector found a good level of compliance with the regulations, and a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

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 on the quality and safety of the service being delivered.

Capacity and capability

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 inspector also followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection in February 2021.

The inspector found the residents were supported and facilitated to have a good quality of life. The findings of the inspection reflected a commitment from the provider to ongoing quality improvement for the benefit of the residents who lived in the centre. Care and services were of a satisfactory standard and the management and oversight of the centre was robust and ensured that standards of safe care and services were maintained. The provider had addressed a number of the actions of the compliance plan following the last inspection. However, the inspector found that further improvements were still required to bring the service into full compliance with Regulation 23: Governance and management, Regulation 34: Complaints procedure and Regulation 5: Individual assessment and care plan.

The registered provider was St David's Nursing Home Ltd. The company had two directors one of whom was involved in the day-to-day operation of the centre.

There was a person in charge in post who was supported in their role by a full complement of staff including nursing and care staff, housekeeping staff and catering staff. The person in charge demonstrated a clear understanding of their role and responsibility and was a visible presence in the centre.

On the day of the inspection, the centre had a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. The team providing direct care to the residents consisted of one registered nurse on duty at all times and a team of healthcare assistants. The nurse on duty held responsibility for the provision and coordination of direct care to residents and reported directly to the person in charge. The person in charge provided clinical supervision and support to all the staff. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way. Staff had the required skills, competencies and experience to fulfil their roles. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection.

Policies and procedures were available which provided staff with guidance about

how to deliver safe care to the residents.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role.

The inspector observed that staff meetings had taken place in the centre during the previous year. Minutes of meetings reviewed by the inspector showed that a range of relevant topics were discussed including resident care, policies and fire safety.

The provider had systems in place to ensure the service was monitored. A range of audits had been completed which reviewed practices such as medication management, and infection prevention and control, use of restraint, nutrition and end of life care. An annual review of the quality and safety of the services had been completed for 2021 and included a quality improvement plan for 2022.

Risk was found to be effectively managed in the centre. There was a risk register which identified risks in the centre and controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. There was an emergency plan in place which included a COVID-19 contingency plan with controls identified in line with public health guidance.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. However, both the policy and process in place required review to ensure all complaints were managed in line with the regulatory requirements. This a repeated non compliance from the previous inspection. This will be discussed further under Regulation 34: Complaints procedure.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

There was one registered nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. This included infection prevention and control, manual handling, safeguarding and fire safety.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in the centre with identified lines of authority and accountability.

The management team was observed to have strong communication channels and a team-based approach.

There were systems in place to monitor and evaluate the quality and safety of the service. However, the inspector found that further improvements were required in the oversight of nursing documentation and complaints management in order to identify areas requiring a quality improvement plan.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge had not submitted the required monitoring notifications for notifiable events in the centre in line with regulation 31. For example the Chief Inspector was not notified of the following;

- An outbreak of a notifiable infectious disease within three days of its occurrence.
- Any occasion when restraint was used.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the complaints records found that resident's complaints and concerns were not managed and responded to in line with the regulatory requirements. For example;

- there was no evidence that the complainant was satisfied with the outcome of the investigation into the complaint/concern.

- the information contained in the complaints procedure on display in the centre did not correspond with the information in the complaints policy and procedure.
- the nominated person to investigate complaints was the nominated person to ensure complaints were appropriately responded to.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that the residents in this centre received a high standard of safe care. Care delivery was observed to be evidence-based and person-centred. Observations on the day of the inspection found that residents' rights and choices were upheld, and their independence was promoted. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. Staff were respectful and courteous with the residents.

The provider had introduced electronic care records since the previous inspection. The inspector reviewed a sample of four resident files. The residents' health and social care needs were assessed using validated tools which were used to inform care planning. While most care plans were developed to reflect the assessed needs of the residents, a small number of care plans did not contain up-to-date information to guide staff in their care needs. This is described further under Regulation 5: Individual assessment and care plans. Overall, daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided.

Residents were provided with opportunities to consult with management and staff on how the centre was run. Resident satisfaction surveys were also carried out with very positive results. The inspector looked at minutes of residents' meetings and a range of topics were discussed including COVID-19, activities, and food and nutrition. Residents had access to an independent advocacy service.

The premises and residents' equipment was clean on observation and examination.

The centre had a COVID-19 contingency plan in place which included the guidance from Health Protection Surveillance Centre (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities).

Regulation 11: Visits

Visits were facilitated in line with the current guidance (Health Protection Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities). The inspector observed visitors being facilitated on the day of the inspection. Residents who spoke with the inspector confirmed that they had appropriate access to their families and friends through face to face visits and telephone calls.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

Judgment: Compliant

Regulation 26: Risk management

The centre had a risk management policy in place which contained the required elements as set out in Regulation 26 .

Judgment: Compliant

Regulation 27: Infection control

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the

necessary precautions required. There were protocols in place for active monitoring of staff and residents for early signs and symptoms of the COVID-19 virus.

Judgment: Compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Regular fire evacuation drills were undertaken including night time drills. Personal evacuation plans were in place for each resident. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The medicines management system was reviewed since the previous inspection. The inspector observed that medication was administered to the residents in accordance with the directions of the prescriber.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of assessment and care planning was required to ensure regulatory compliance. For example;

- One resident did not have a comprehensive assessment of their needs carried out immediately before or on admission to the centre. In addition, the care plan was not prepared for this resident within 48 hours following admission to the centre in line with the regulatory requirement.
- Of the sample reviewed, three residents did not have their medical care needs integrated into their care plan.
- Two different assessment tools were used to assess residents' risk of developing pressure related injury which provided conflicting information about the care needs of the residents.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 9: Residents' rights

The centre had facilities for activities and recreation.

Residents' rights were upheld in the designated centre. Inspectors saw that the residents' privacy and dignity was respected. Residents told the inspectors they were well looked after and that they had a choice about how they spent their day.

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 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Substantially 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	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St David's Nursing Home OSV-0000391

Inspection ID: MON-0035811

Date of inspection: 30/03/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The PIC will review the quality and safety of care, provided to each resident at regular intervals.</p> <p>There will be clearly defined management structures that identifies the lines of authority, accountability, specific roles, and details responsibilities for all areas of care provision.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The PIC shall ensure that notice is given to the Chief Inspector without delay of the occurrence of outbreaks of any infectious diseases within the nursing home.</p> <p>Fully detailed quarterly returns will be submitted in a timely manner including all incidents of restraint.</p>	
Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
 Complaints will be investigated appropriately, and without delay.
 A record of all complaints, including details of investigations, and outcomes will be documented.
 Measures will be put in place for improvement in response to complaint times.

Where the complainant is dissatisfied with the response ,and the complaint is upheld a nominated independent body (resident advocate) is available, to ensure the complaint is appropriately responded to.

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 The PIC will have a care plan for a recent admission in place, based on assessments, no later than 48 hours from admission.

Care plans will be revised every 4 months, and more frequent where residents needs have changed.

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 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	21/04/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	21/04/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence	Substantially Compliant	Yellow	21/04/2022

	of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.			
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	21/04/2022
Regulation 34(3)(a)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to.	Not Compliant	Yellow	21/04/2022
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the	Not Compliant	Yellow	21/04/2022

	person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	21/04/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	21/04/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with	Not Compliant	Orange	21/04/2022

	the resident concerned and where appropriate that resident's family.			
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