



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

Issued by the Chief Inspector

Name of designated centre:	St. Attracta's Residence
Name of provider:	St. Attracta's Nursing Home Unlimited Company
Address of centre:	Hagfield, Charlestown, Mayo
Type of inspection:	Unannounced
Date of inspection:	13 April 2023
Centre ID:	OSV-0000386
Fieldwork ID:	MON-0037541

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 a purpose-built nursing home that can accommodate up to 70 residents of low to maximum dependency. The centre provides care to residents over the age of 18 who have care needs related to aging or dementia. Care is provided on a long and short term basis and residents who require periods of palliative care are accommodated. Residents are accommodated in single and twin rooms.

The communal facilities include a large bright reception area, bright spacious dining rooms 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, a Chapel, a hairdressing salon as well as landscaped gardens overlooking the surrounding countryside. Car parking facilities are available for visitor use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	68
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 13 April 2023	10:00hrs to 18:15hrs	Ann Wallace	Lead

What residents told us and what inspectors observed

Residents and their visitors told the inspector that the centre was a lovely place to live and that they were contented and well looked after. This was validated by the inspectors observations and findings on the day. Residents were content in their lived environment and appeared to be relaxed and comfortable in the presence of staff.

This was an unannounced inspection and on arrival the inspector was greeted by a member of staff who brought them to the person in charge. Following an introductory meeting with the person in charge and the general manager the inspector completed a walkabout of the centre with the person in charge. The centre was busy with residents, staff and visitors using the communal areas. Residents were observed participating in activities or meeting with their families and friends. The coffee dock was a particularly lively area with residents and their visitors enjoying teas and coffees together in the comfortable surroundings, overlooking the landscaped gardens. A number of visitors told the inspector that they were always made welcome and that they were encouraged to use the coffee dock as they would the resident's own kitchen to make themselves drinks and snacks when they came to visit. Families and visitors told the inspector that they had chosen the designated centre because of its proximity to where their loved one had lived at home and because they liked the welcoming and open approach of staff and managers. They were overwhelmingly positive about the care and support their relative received from staff and were also grateful for the ongoing support they received when they visited. Families said that they were kept up to date with any changes in their loved one's health or well-being and that they felt involved in any decisions made about their relative's care and daily life in the centre.

There was relaxed atmosphere throughout the day of the inspection. It was apparent that residents engaged in a variety of activities throughout the day. The schedule included a range of one to one and group activities as well as planned outings in the local area and it was evident that all residents who wished to participate were encouraged to do so. For example the residents had recently participated in a recent sponsored walk on the grounds and had raised funds for charity. Some of the residents had significant mobility needs however they had been facilitated to join in and walk the distance that they could manage. Their achievements had been celebrated with the staff and their families. Resident's art work was on display throughout the centre which created a real sense of pride in what residents had achieved.

Residents' daily routines were flexible and the inspector observed that residents could choose when to get up and where to spend their day. Staff were heard and observed asking residents if they wanted to get up and agreeing a time to come back if the resident chose to sleep in. Most residents were up and about on the morning of the inspection and were observed taking a late breakfast or enjoying morning coffees and teas either in their bedrooms or in the communal areas. Staff

were attentive and residents did not have to wait for staff to attend to them. Call bells were answered promptly.

The centre was well laid out for the benefit of the residents who lived there. Corridors were wide and had grab rails along the walls for residents to mobilise safely. Communal areas were spacious and well lit. Furnishings and fittings were of a good standard and provided a comfortable and homely living environment for the residents. Access to the outside garden areas was unrestricted and the gardens were laid out with safe pathways and items of interest for residents as well as outside seating to enjoy the warmer weather.

There were enough communal toilets and bathrooms. Overall bedrooms were well laid out and all bedrooms had en-suite facilities with either toilet and hand washbasin or toilet and shower. The provider had improved the layout of a number of twin bedrooms since the last inspection, however, two twin bedrooms required further review as their current layout did not support the needs of residents with higher dependencies of who needed to use assistive equipment such as a hoist. Bedrooms were laid out with individual wardrobe and drawer space for each resident and a bedside locker with lockable space. Those residents who spoke with the inspector said that their bedrooms were comfortable and met their needs.

Residents appeared well groomed and appropriately dressed. Those residents who had mobility needs had comfortable seating and walking aids available which supported their comfort and independence. Residents told the inspector that they saw their General Practitioner (GP) regularly and if they were not feeling well staff were prompt in calling the doctor if necessary. This was validated in the residents' records reviewed on the day of the inspection.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of care and services provided for the residents. The findings are set out under each regulation.

Capacity and capability

This is a well managed centre which ensured positive outcomes for residents through person centred care that facilitates residents to lead a good quality of life and supports their independence and choice.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The provider is St. Attracta's Nursing Home Unlimited Company. A director of the company represents the provider entity. The management structure has clearly defined lines of authority and accountability. The

centre is managed by the person in charge and a general manager both of whom demonstrated good levels of knowledge and experience in relation the running of the designated centre and their regulatory responsibilities. Both the general manager and the person in charge were know to residents and staff. The management team promoted an open culture where feedback was actively sought and used to improve care and services for the residents.

The provider demonstrated a commitment to continuous quality improvement in order to ensure quality of life and quality of care for the residents. This was being achieved through a culture of learning in which staff were supported to attend relevant training and development in line with the profile of the residents they were caring for. A quality assurance programme was in place which was focused on identifying where improvements were needed and setting action plans with clear objectives to achieve improvements in compliance. Monitoring systems were in place to monitor standards in care and practices and outcomes for the residents. Feedback from residents, families and staff was encouraged and records of meetings showed that feedback was used to develop quality improvement plans for the service.

Overall risks were well managed and residents and /or their representatives were involves in risk assessments and their views were used to develop care plans to manage risks whilst supporting the autonomy of the resident where this did not impact on the other residents.

There were sufficient staff on duty to support the residents' assessed needs and to respond promptly to call bells and requests for support. Residents and their families reported that staff were kind and caring and that they were respectful and compassionate in their dealings with the residents. Residents who spoke with the inspector reported that their independence was promoted and they were consulted about any decisions that impacted on them.

The annual review for 2022 had been completed and this included feedback form residents and their families.

Regulation 14: Persons in charge

The person in charge has the required qualifications and management experience for the role. They work full time in the centre and have a good understanding of their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

There was a minimum of two nurses on duty at all times in the designated centre.

There were sufficient staff with the appropriate knowledge and skills to meet the needs of the residents accommodated in the centre and taking into account the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff have access to to appropriate training and support for their roles.

Staff are appropriately supervised.

Judgment: Compliant

Regulation 22: Insurance

There is a contract of insurance against injury to residents and loss or damage to the residents' property. Residents were made aware this in the resident's guide.

Judgment: Compliant

Regulation 23: Governance and management

There were sufficient resources available to ensure effective delivery of care and support in line with the statement of purpose. Staff were deployed efficiently to ensure that residents needs and preferences were addressed in a timely manner.

There is a clearly defined management structure that identifies lines of authority and accountability, specifies roles and responsibilities for all areas of care provision.

Management systems were in place to ensure that care and services were safe, appropriate, consistent and effectively monitored. Where improvements were identified this was communicated to the relevant staff and there was a prompt response to complete any actions required.

There was an annual review of the quality and safety of care delivered to residents in the designated centre and there was evidence that feedback from residents and

their families was used to inform the review and the quality improvement plan for 2023.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a contract of care in which includes details of services to be provided, whether under the Nursing Home support scheme or otherwise and the fees for these services. The contract set out the the type and number of the bedroom and the number of occupants in the room.

Contracts were signed by the resident or their representative.

Judgment: Compliant

Regulation 3: Statement of purpose

There is a written statement of purpose in place that contains all of the information set out under Schedule 1 of the regulations. The statement of purpose was reviewed in April 2023.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents occurring in the designated centre was maintained and and made available to the inspector.

Notifiable incidents were notified to the Authority within the required three day time frame.

A quarterly report was provided to the Authority of any incident as set out in the regulations.

Judgment: Compliant

Quality and safety

It was evident that there was a strong person centred approach to providing care and services for residents in the designated centre. This inspection found that decisions were made with the resident and where appropriate their representative and that residents' rights were upheld. Staff and managers were innovative in finding ways to support residents to lead their best life and to ensure that they maintained contact with their friends and families and local community. A small number of actions were required in relation to the decor to ensure damage along some corridors was addressed, and also some infection prevention and control measures in relation to storage of items. The layout of two bedrooms did not support residents privacy in their current layout.

Each resident had a comprehensive assessment of their health and personal and social care needs prior to their admission to ensure that their needs could be met in the designated centre. Following admission this information was used to develop a person centred care plan with the resident and/or their representative. Care plans were reviewed every four months or if the resident's needs changed.

The provider had processes in place to ensure residents had access to their general Practitioner (GP) and to the wider health and social care team. Records showed that where residents needed specialist review that this was organised in a timely manner. As a result residents' health was monitored appropriately and they had access to health and social care expertise in line with their assessed needs. This included access to relevant health promotion and national screening programmes if the resident chose to participate. The provider had systems in place to assess capacity in line with legislation where this was needed to enable residents to make informed choices.

There was an open and responsive culture in the centre in which staff and residents were supported to raise and discuss any issues or concerns they may have. Staff who spoke with the inspectors were clear about what might constitute abuse and how to respond appropriately. Staff said they felt able to report any concerns they might have to a senior member of staff. The centre had robust recruitment and selection processes in place to ensure appropriate personnel were recruited to the team. In addition staff received safeguarding training as part of their induction and mandatory refresher training.

Overall this inspection found that residents' rights were protected and residents' views and opinions were respected and valued by managers and staff. Resident and family feedback was actively sought and was used to develop and improve the service. Daily routines were flexible and focused on the residents individual preferences and needs and not the convenience of staff which led to good outcomes for the residents. Staff addressed the residents by their preferred names/titles.

For the most part the design and layout of the centre meets the needs of the residents who live there. The communal spaces provides a homely and stimulating environment for the residents with opportunities for rest and recreation. There is appropriate signage and colour schemes to help residents orientate themselves and

minimise confusion or distress. The centre was clean, appropriately heated and free from unpleasant odors on the day of the inspection.

There is suitable equipment available for residents to use in order to promote their comfort and independence. Equipment was stored appropriately and was regularly maintained. There were appropriate sluice and laundry facilities available.

The provider had reviewed the layout of a number of bedrooms since the previous inspection and the revised helped to ensure that residents sharing these rooms had sufficient space and privacy to carry out personal activities in private. However the layout of two bedrooms, 8 and 11, did not ensure that if a resident needed two staff to provide care that there was sufficient space within each resident's private bed space for two staff to work safely without encroaching on the second resident's bed space.

Residents told the inspector that they enjoyed living in the centre and that they were kept busy. Residents were facilitated to participate in meaningful activities in accordance with their interests, abilities and capacities. Residents had unrestricted access to a safe outdoor space in the centre. There was clear evidence that the centre was at the heart of the local community and was supported by that community. Residents had access to local services and amenities and were encouraged to go out on local day trips to places of interest. These activities helped to promote their physical and mental well-being and socialisation.

Residents had access to newspapers, television and radio. There was Internet available throughout the centre. A number of residents had mobile phones which they used to keep in touch with families and friends. Residents also had access to a portable phone if they wished to make a call in private. Families and friends were actively encouraged to remain involved with residents in their day to day lives living in the centre.

Resident meetings were held regularly and were well attended. Feedback from these meetings was shared with managers and relevant staff teams and was used to make changes where required. Residents had access to independent advocacy services and information about the service was in easily understandable notices on the resident's notice board. The resident guide included a summary of the service and facilities in the centre; the terms and conditions relating to living in the centre; the complaints procedure and arrangements for visiting.

There were effective structures and processes in place for the implementation of infection prevention and control measures however some improvements were required as set out under Regulation 27.

The provider had completed a number of fire safety improvement works in 2021/22. They were awaiting the final sign off by their fire engineer at the time of this inspection. This inspection found that there were systems in place to ensure the environment was safe for residents, visitors and staff. Staff who spoke with the inspector were knowledgeable about fire safety and the fire evacuation procedures.

Regulation 11: Visits

Residents were able to meet with their visitors as they wished. There were private spaces for residents to take their visitors other than their bedroom. Visitors were made welcome with tea and coffee and snacks made available for them.

Visitors signed into the visitors book on entry to the centre and staff were available to take visitors to the resident.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to and retained control over their personal property, possessions and finances. Where residents needed support or supervision to ensure they could access their possessions and finances safely the provider put suitable arrangements in place.

Residents had a lockable storage space in their bedroom if they wished to use it.

Each resident had a wardrobe with inbuilt shelving and hanging space as well as a locker and additional shelving if they wanted to use this to store their personal items and photographs.

Residents personal laundry was appropriately laundered and returned to them in a timely manner.

Judgment: Compliant

Regulation 17: Premises

The walls in a number of bedrooms were badly scuffed from contact with large items of assistive equipment and needed repair and redecorating.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a resident's guide made available for residents with information in respect of the designated centre.

The guide included a summary of the services and facilities provided in the centre, the terms and conditions relating to living in the the centre, the visiting arrangements and the complaints procedure.

The resident's guide was available in large font at the reception desk for residents who might find it difficult to read normal size font.

Judgment: Compliant

Regulation 27: Infection control

Overall infection prevention and control practices and procedures were delivered to a high standard however, some staff practices required improvements to ensure that residents were protected from the risk of transmission of infections.

- A used night time catheter bag was hanging in an en suite toilet
- Clean towels were being stored in the bath in one of the communal bathrooms.
- Used towels were left draped over the handrail beside the toilet in two en suite bathrooms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Adequate precautions were in place against the risk of fire. All fire equipment, means of escape, building fabric and services were appropriately maintained to protect residents in the event of a fire emergency. Staff received appropriate fire safety training and updates and were aware of what to do in the event of fire emergency. Regular fire drills were completed to ensure staff staff on duty could evacuate residents in a timely manner.

Oxygen not in use was stored safely outside of the building. This was an improvement action from the previous inspection.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe processes in place for the handling of medicines, including controlled drugs which were in line with current professional guidelines and legislation.

Staff followed appropriate medicines management practices so that residents received their prescribed medications.

There were improved procedures in place for the handling and disposal of unused and out of date medicines including controlled drugs. This was an improvement action from the previous inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

It was evident that care was delivered to a high standard. Each resident had a comprehensive assessment of their needs when they were admitted and these were updated regularly. The assessments were used to prepare a care plan with the resident and where appropriate their representative. Care plans were regularly reviewed with the resident and/or their representative and as such the care plans reviewed on inspection reflected the current needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Residents had access to their general Practitioner (GP) and specialist medical and other health and social care professionals. Where residents needed specialist support or review this was arranged in a timely manner.

When medical treatment was recommended by the resident's GP or other health care professional this was implemented.

Judgment: Compliant

Regulation 8: Protection

Residents reported that they felt safe in the centre and could talk to a member of staff if they had any concerns.

Staff demonstrated up to date knowledge and skills regarding the protection and safeguarding of the residents.

Records of incidents showed that residents were protected from abuse and that any concerns were followed up appropriately.

Judgment: Compliant

Regulation 9: Residents' rights

The layout of twin bedrooms 11 and 18 did not ensure that residents could carry out personal activities in private. In these bedrooms the space around each resident's bed did not ensure that if the the resident needed two people to provide their care or if the resident needed to use assistive equipment such as a hoist that the bed could be pulled away from the wall and the hoist used without encroaching on the other resident's bed space.

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:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Attracta's Residence OSV-0000386

Inspection ID: MON-0037541

Date of inspection: 14/04/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: A program of painting has been recommenced (since 23rd May 2023) to maintain the presentation standards of the house. This will continue for the coming months and ensure that all scuffed areas are painted and well maintained. Ongoing.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The three issues highlighted all relate to staff training. Staff have been re-educated on the procedures for correct storage of towels and catheter bag disposal. We believe this will ensure no recurrence of the identified issues. These issues will be included in all future IPC training. Complete 12th June 2023</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Room 11 and 18 are twin rooms which meet the current floor space requirements of the Regulations.</p> <p>These rooms are currently fully occupied and the residents currently in situ do not</p>	

require the use of a hoist. We will ensure that henceforth only residents who do not require hoist use are assigned to these rooms. The layout of both rooms has been reviewed to ensure optimum privacy for the residents and to ensure all residents can carry out personal activities in private.

St. Attracta's has secured planning permission for a sizeable extension to the nursing home including a number of single rooms. It is planned that as part of this projects, rooms 11 and 18 will be converted to single bedrooms. Layout of rooms review Complete 12th June 2023

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	23/05/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	20/06/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident	Substantially Compliant	Yellow	20/06/2023

	may undertake personal activities in private.			
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