



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Ave Maria Nursing Home
Name of provider:	Cummer Care Limited
Address of centre:	Tooreen, Ballyhaunis, Mayo
Type of inspection:	Unannounced
Date of inspection:	07 November 2024
Centre ID:	OSV-0000315
Fieldwork ID:	MON-0044034

## About the designated centre

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

Ave Maria Nursing Home is a purpose built single storey building, registered to provide care for 41 residents. The designated centre is family run and is located in a small country village. The centre is surrounded by mature gardens some of which are laid out with seating areas and vegetable gardens. The provider's cat and dog visit the centre every day and are enjoyed by the residents. All resident bedrooms are well laid out and have an en-suite bathroom facility. The centre provides care to residents over 65 years with chronic illness, residents living with dementia and those requiring end of life care. The philosophy of care at Ave Maria Nursing Home is to create a home away from home environment, to deliver person centred care to each individual resident, in a comfortable, safe environment.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	38
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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 7 November 2024	09:30hrs to 14:00hrs	Celine Neary	Lead

## What residents told us and what inspectors observed

On the day of inspection, the inspector observed that residents were supported to enjoy a good quality of life and were supported by a team of staff who were caring, kind and responsive to their needs. The feedback from residents was that they were happy with the care they received and that staff looked after them well. All residents who expressed an opinion said that they felt safe and secure living in the centre.

Upon arrival to the centre the inspector was met by the person in charge. The centre had an open door policy and residents and visitors could come and go freely. An introductory meeting with the person in charge and registered providers was held and the inspector discussed the purpose of the inspection, which included an application submitted to renew the centres registration and review the providers compliance plan arising from the previous inspection held in June 2024. Following this meeting, the inspector commenced a tour of the building where they had the opportunity to meet and chat with residents and staff members.

There was a calm and relaxed atmosphere in the centre. Some residents were up and about and were spending time in the communal rooms while others were still in their bedrooms. Household staff were observed attending to resident rooms while care staff were observed assisting residents with their personal care support in a respectful manner. It was obvious that staff were aware of residents assessed needs and this contributed to positive social interactions between them.

Residents were observed in different areas of the nursing home throughout the day. Some residents chose to stay in bed longer in the morning and were offered breakfast when they decided to get up. Residents also chose where they wanted to have their meals. Most chose to come to the dining room and some preferred to eat in their bedrooms. Staff facilitated these choices.

Ave Maria Nursing Home is a one storey purpose built premises set in the countryside in County Mayo. Many of the residents in this centre are from the local community and expressed their happiness to be able to remain living in their own locality.

The provider is Cummer Care Ltd. which has three directors, two of whom work in the designated centre. The person in charge was found to have responsibility for the day to day service and was supported by the provider. Records showed that the provider met with the person in charge regularly and that any day to day issues, incidents and complaints were managed through these meetings.

There was a clinical nurse manager to support the person in charge and to provide day to day supervision of nursing and care staff as well as carrying out clinical audits and training. The clinical nurse manager had supernumerary hours to carry out these duties.

The inspector walked around the centre and found that it was clean and well organised. Residents' bedrooms were nicely decorated and each resident had adequate storage space, all residents spoken with were happy with their bedrooms. All bedrooms contained adjoining en suite toilet and shower facilities.

The centre was well maintained and well laid out to suit the needs of residents with directional signage and free access to come and go from the centre as residents wished. Resident communal rooms were spacious, comfortable and warm. They were nicely decorated with pictures, memorabilia and furniture which added to a homely environment.

Residents had access to televisions and radios in their bedrooms and in the communal lounges. Newspapers and books were also available. Residents had access to the internet if they wished to use it. Residents could use a telephone in private and a number of residents had their own mobile phones and tablet devices to keep in touch with families and friends.

There was sufficient staff on duty to meet the needs of residents and call bells were responded to in a timely manner. The inspector sat and observed a mealtime in one of the dining areas. Staff were observed sitting beside residents and assisting them with their meals. Residents were observed enjoying their meals and interacting with one another and staff. The food was well presented and residents received their choice from the menu. Residents told the inspector that they enjoyed the food. The inspector observed that the food was fresh, appetizing and portion sizes were generous.

The next two sections of the report discuss the capacity and capability of the provider to provide a safe service for the residents. The compliance with the care and welfare regulations is discussed under the relevant regulation in each section.

## Capacity and capability

The inspection found that the designated centre was well-managed for the benefit of the residents who lived there. The oversight and governance systems that were in place helped to ensure that care and services were provided in line with the designated centre's statement of purpose and that residents were able to enjoy a good quality of life in which their preferences for care and support were upheld. The provider ensured that there were sufficient resources in place to provide services that met the assessed needs of the residents.

This was an unannounced inspection by an inspector of social services carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 (as amended). The inspector also followed up on the compliance plan received from the provider following the previous inspection held in June 2024.

An application to renew the registration of the designated centre was received by the Chief Inspector and was currently being processed in line with procedures.

The inspector found that the registered provider had mostly completed their compliance plan. However, some improvements were required in relation to the oversight and processes of assessment and care planning in place. Staff had received training and guidance in assessment and care planning but further development and oversight was required.

The inspector reviewed a sample of governance and management documentation including audit records, records relating to incident reports and complaints.

The inspector found that on the whole there were systems in place to provide effective oversight and to monitor the quality of care and services provided for the residents. Where improvements were identified action plans were put into place to improve the quality of the service provided. However, the inspector found that care plan audits required review as they had not identified deficits found by the inspector on the day of inspection.

A comprehensive annual review had been completed for 2023 and included input from residents and their families.

There was sufficient staff on duty on the day of the inspection to meet the needs of the residents and staff worked well together to provide care and support for residents. A sample of staff files were reviewed and all staff were found to have up-to-date garda vetting and mandatory training certificates in place.

Staff training records and inspector's observations showed that staff had appropriate access to mandatory training. There was a comprehensive training matrix schedule in place and all staff had up-to-date training. Staff had recently undergone training in care planning, fire safety, manual handling and safeguarding. Supplementary training in palliative care had also been completed.

A directory of residents was made available to the inspector for review and contained all the required information as required by the regulations.

The inspector reviewed a sample of contracts of care and was assured that these had been recently updated to include the correct registered provider details and any additional charges required. Where the registered provider acted as a pension agent for residents, they had arrangements in place and in line with the department of social protection to safeguard and protect residents finances.

## Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was submitted to the Chief Inspector and included all information as set out in Schedule 1 of the registration regulations. The

provider was applying to register additional rooms for storage and staff facilities as part of this application.

Judgment: Compliant

### Regulation 19: Directory of residents

The centre had established and maintained a directory of residents containing all information as required by the regulations. This documentation was made available to the inspector for review.

Judgment: Compliant

### Regulation 23: Governance and management

The management systems in place were sufficient to ensure that the service was safe, appropriate and effectively monitored through the use of a comprehensive audit programme. However, some improvements were required in relation to the oversight of care planning processes as set out under Regulation 5.

There were sufficient staffing resources in place on the day of the inspection and the centre had a clearly defined management structure in place with appropriate lines of authority.

An annual review had been completed which was comprehensive and included residents feedback and area's for improvement.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed, residents had a written contract of care that included the services provided and fees to be charged, including clearly outlined fees for additional services. They also included the room to be occupied and were signed by each resident. Contracts had been updated to reflect clearly that the contract of services was between the provider Cummer Care Ltd and the resident.

Judgment: Compliant



## Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Significant improvements had been made in the availability of training and development to all staff. A review of the training matrix and staff files found that all staff were up to date with their mandatory training in fire safety, manual handling, cardio pulmonary resuscitation, hand hygiene, safeguarding and medication management.

The inspector observed that staff were appropriately supervised.

Judgment: Compliant

## Quality and safety

The inspector found that the interactions between residents and staff were kind and respectful throughout the inspection. The quality of care and services was good and residents were well supported to spend their days as they wished in the centre. Residents reported that the staff, and their environment, made them feel safe living in the centre.

Overall, residents in the centre lived in an unrestricted manner according to their needs and capabilities. Residents' health, social care and spiritual needs were well catered for. The centre itself was well-maintained, comfortable and appropriate to residents' needs. The person in charge and staff team were well-known to residents and were seen to provide person-centred care. Residents told the inspector that they were content living in this centre and felt safe.

The inspector acknowledged that additional work and training had taken place in relation to individual assessment and care planning for residents since the last inspection. However, a sample of residents individual assessment's and care plans reviewed by the inspector found that further improvements were required. Although there was evidence that resident's needs had been assessed using validated

assessment tools, not all care needs were reflected in each care plan. This is discussed further under Regulation 5: Individual Assessment and Care Plan.

Residents were provided with an adequate standard of healthcare and support in the centre. They had access to general practitioner (GP) services, who attended the centre when required and there was an out of hours on call GP service available. A review of residents' records found that there was regular communication with residents general practitioners (GP) regarding their health care needs. Referrals had been made in a timely manner to other health care professionals such as physiotherapy, chiropody, dietitians and speech and language.

Staff could describe how to detect and report a safeguarding issue. They were knowledgeable in their responses about varied situations that could arise. All had received training on this topic. Regular safety pauses were held each day and any concerns could be openly discussed.

There was a detailed schedule of activities organised for the residents and this was on display in the nursing home. There were group activities and one-to-one activities available to meet the individual needs and preferences of the residents. The residents care plans also reflected the individual preferences for activities based on their individual assessments. Attendance records were made available to the inspector to review on the day which provided assurances that all residents were offered the opportunity to participate regardless of their capacity or capabilities.

Visitors were not restricted and visitors were welcomed.

Residents were provided with nutritious and wholesome meals that were cooked in the centre. Mealtimes were sociable occasions with all residents choosing to dine in the dining room together. Residents were very complimentary of the food and there was choice offered at mealtimes. Refreshments and drinks were served throughout the day and the inspector observed the dietary needs of residents were being met.

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and nursing documentation and found that there were deficits in the documentation to guide staff with providing clinical care. For example;

- two residents with wounds did not have wound care plans in place to monitor and support wound healing.
- one resident with continence care needs did not have a continence care plan in place to guide staff on their appropriate care.

Judgment: Substantially compliant

## Regulation 6: Health care

The inspector was satisfied that the health care needs of residents were met. Residents in the centre had access to medical care. Local general practitioners visited the centre. There was evidence of recent medical reviews in residents files. Access to allied health was evidenced by regular reviews by the physiotherapist who attended the centre one day per week. Audiology and ophthalmics had recently visited residents in the centre. There was also services such as speech and language, dietetics, tissue viability, chiropody and psychiatry of old age available as required. Occupational therapy referrals were made when required. Residents were offered the opportunity to participate in National Screening Programmes.

Judgment: Compliant

## Regulation 8: Protection

There was an appropriate safe-guarding policy in place in the centre and it was recently reviewed and up dated. Staff had access to online and on site training in relation to the detection, prevention and response to abuse. Staff could tell the inspector what they would do if they had a concern regarding a residents safety. Residents told the inspector they felt safe in this centre and knew who they could speak to if they had any worries or concerns.

The provider acted as a pension agent for two residents and had implemented appropriate financial arrangements for the safeguarding of residents finances since the last inspection.

The inspector found that residents personal possessions were safeguarded and that they could access them when required.

Residents who required additional measures to ensure their safety and well-being had safeguarding care plans in place to protect them from harm.

Records showed that staff had been vetted by An Garda Siochana prior to commencing the service.

Judgment: Compliant

## Regulation 9: Residents' rights

There was a programme of activities in place that reflected the interests and capacities of residents. One to one activities were provided for residents that did not

take part in group activities. During the month of November residents took part in creating gift boxes for Christmas for a local charity.

Residents had access to local news and information by radio, television and newspapers. Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis and they included residents feedback.

The layout of the centre with all single en-suite bedrooms helped to ensure that resident's privacy and dignity were upheld and that residents could undertake personal activities in private.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
<b>Quality and safety</b>	
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Ave Maria Nursing Home OSV-0000315

Inspection ID: MON-0044034

Date of inspection: 07/11/2024

## 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:</p> <p>The new robust auditing system will ensure all care plans are updated at four monthly intervals and as and when the resident’s needs change. DON to ensure admissions policy and procedure is adhered to and care plans are to be updated within 48hrs of admission. Using our weekly KPI reports and audits, we are able to identify gaps in care plans and assessments. This information is used in our staff meetings, both departmental and individual meetings.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>One to one support for care planning and epicCare system provided by CNM and DON. DON to ensure admissions policy and procedure is adhered to and care plans are to be updated within 48hrs of admission. Emphasize on importance of person centered care and resident’s involvement in the care planning was discussed on nurses meeting on 03/12/2024.</p> <p>Protected hours were allocated to each nurse to ensure all care plans and risk assessments were updated accordingly. Additional care planning training will be organised in the first quarter of 2025. for all nurses.</p> <p>We have developed a guide for the nurses on the assessments, care plans and timelines associated with each. This is available at the nurses’ station for each nurse to access.</p>	





**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	31/01/2025
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 the resident concerned and where appropriate that resident’s family.	Substantially Compliant	Yellow	31/01/2025