



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

Issued by the Chief Inspector

Name of designated centre:	St. Gobnait's Nursing Home
Name of provider:	St. Gobnait's Nursing Home Limited
Address of centre:	Drewscourt, Ballyagran, Killmallock, Limerick
Type of inspection:	Unannounced
Date of inspection:	25 September 2024
Centre ID:	OSV-0005668
Fieldwork ID:	MON-0042334

About the designated centre

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

St. Gobnait's in Ballyagran, Limerick provides 24 hour nursing care primarily for male and female residents over the age of 65 years. The maximum capacity is 20 residents and we provide respite care as well as long-term residential care. Residents ranging from low-level dependency to max-level dependency are catered for. We also cater for persons with intellectual, physical and sensory disabilities and those with varying levels of dementia who require nursing care. Admissions to St. Gobnait's are arranged following a pre-admission needs assessment. Mass is held monthly on the first Tuesday of every month. A Eucharistic Minister attends the home every two weeks. Services and activities available to residents are: a hairdresser, chiropody, physiotherapy, speech and language therapy, arts and crafts, a sensory garden, etc. Residents are continually consulted with regarding the operation of the Home. We at St. Gobnait's operate an open visiting policy with the exception of meal times to minimise disruption to our residents. Visitors are asked to sign our visitors book. We fully support families/ friends who wish to take residents out on day trips and encourage this practice where feasible. For distant relatives we have a Skype facility. Residents care plans are person-centred and are reviewed on a 3 monthly basis. A holistic approach is taken in relation to the resident's care. The accommodation consists of the following: ten single rooms and five twin rooms. There are three bath/ shower rooms. St Gobnait's Nursing Home organisational structure is very much person-centred with the resident being at the hub of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	20
--	----

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 25 September 2024	10:00hrs to 19:00hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

From the inspector's observations and from speaking with residents and visitors, it was evident that residents were supported to enjoy a good quality of life and received a high standard of person-centred care from staff. Residents spoke positively about their life in the centre, telling the inspector "I'm very settled here" and "I'm mad about it here. I could write a book about all of the things that I like". Visitors who spoke with the inspector were also complimentary about the care provided to their loved ones.

This was an unannounced inspection. On arrival to the centre, the inspector was greeted by the person in charge of the centre. Following an introductory meeting, the inspector completed a walk around the centre. Many residents were seated in the centre's day room, while others were being assisted with their personal care by staff. Staff members' interactions with residents were respectful and friendly; they were observed knocking on bedroom doors before entering as well as seeking permission from residents before they provided assistance.

Residents were very complimentary about the care they receive and their day-to-day life in the centre. Many people who spoke with the inspector emphasised how their friendships with other residents enhanced their experiences in the centre, saying "I especially like the company of the other people who live here" and "we're a little family". Residents were observed chatting and laughing together throughout the inspection.

From the inspector's observations and from speaking with staff, it was clear that staff were knowledgeable of each resident's life histories, personal preferences and routines. Staff and residents were seen to interact in a light-hearted and friendly manner throughout the inspection. Residents described staff as "affectionate" and "caring" and praised the assistance that they received from them. They also confirmed that they could speak with staff or the person in charge if they wished to raise a concern.

Residents were offered a variety of food, snacks and refreshments throughout the day. On the day of the inspection, the inspector observed two of the mealtimes. The food was freshly prepared and served to residents promptly by staff. Residents who required assistance during their meals were supported in a respectful and unhurried manner. Residents spoke positively about the quality of the food they received and confirmed that they can choose what they wish to eat.

Residents were accommodated in single or twin bedrooms. Many of these had been personalised in line with resident's preferences and interests, with rooms containing photographs, ornaments and other items that were treasured by the residents. Residents expressed satisfaction with their accommodation, with one resident telling the inspector "I share a bedroom and that's the way I want it".

A programme of activities was available to residents, which was provided by an activity co-ordinator with the support of health care staff. On the day of the inspection, live music and singing took place in the day room. Residents were observed enjoying this performance, as well as a number of games throughout the day of the inspection. Staff encouraged residents to engage with the activities in line with their own capacities and capabilities. Residents spoke positively about the activities programme, with one resident saying "we're kept busy with the activities as well as outings to places like Ballybunion".

Visiting arrangements in place were not restrictive and it was clear that visitors were welcome to attend the centre throughout the day and evening. Visitors who spoke with the inspector said that staff were very communicative in relation to their loved one's needs and any changes that occurred.

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 well-managed centre, which ensured that residents were provided with good standards of care to meet their assessed needs. Overall, there were effective management systems in place which provided oversight to maintain these standards.

This was a one day unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). The nursing home had recently changed ownership and a new management team had commenced in their roles since July 2024. The inspector followed up on the provider's compliance plan response to the previous inspection in August 2023. The findings of this inspection were that the provider had completed the actions set out in that plan. All records relating to the operation of the centre were now stored on site, a programme of maintenance works was ongoing and shared bedrooms had been reconfigured to optimise space and privacy for each resident. However, this inspection found that regulation 5, Individual assessment and care plan, and regulation 8, Protection, were not in full compliance with the requirements of the regulations.

St Gobnait's Nursing Home Limited is the registered provider of the designated centre. A person in charge had been newly appointed in July 2024. They worked full-time in the centre and also participated in the management of the centre at a senior level. They were supported in their role by a senior staff nurse as well as a team of nurses, health care assistants, catering, housekeeping and maintenance staff.

The provider had introduced management systems to monitor the service and these continued to be developed at the time of the inspection. For example, a schedule of meetings with staff and residents was in place, but formal records of management meetings were not available. The person in charge advised that informal meetings occurred and that a standing agenda was being devised. A programme of audits was in place to review the quality of the service. There was evidence that action plans were developed to address any deficits that were identified.

On the day of the inspection, there were adequate numbers of skilled staff available to meet residents' needs. A minimum of one nurse was on duty at all times. Rosters were available for review and these reflected the staff on duty on the day of the inspection. Staff were facilitated to complete training suitable to their role and there were arrangements in place to ensure that staff were appropriately supervised.

A review of staff files indicated that they contained all of the documentation required by Schedule 2 of the regulations. This included evidence of vetting by An Garda Síochána and nursing registration.

An annual review of the quality and safety of care delivered to residents in 2023 had been completed. This contained an overview of key areas of the service and included quality improvements that the provider planned to complete during 2024. Some of these actions had been completed at the time of the inspection.

A review of a sample of the contracts for the provision of services in place for residents found that they met the requirements of the regulation. Each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts detailed the services to be provided and the breakdown of fees for such services.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role.

Judgment: Compliant

Regulation 15: Staffing

On the day of the inspection, the number and skill mix of staff was appropriate with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

There were arrangements in place to ensure that staff were facilitated to access training in areas such as fire safety, safeguarding of residents and moving and handling practices. Staff were appropriately supervised in accordance with their role.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined. There were sufficient resources available to ensure the delivery of care in accordance with the centre's statement of purpose.

An annual review of the quality and safety of care in 2023 had been completed, which included a quality improvement plan for 2024.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts for the provision of services confirmed that residents had a written and signed contract of care which clearly outlined the services to be provided and the fees to be charged, including fees for any additional charges.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of the regulations. A review of the centre's records found that complaints and concerns were managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Quality and safety

Residents who spoke with the inspector said that they received a good standard of care and support which ensured that they were safe and that they could enjoy a good quality of life. Additional action was required to ensure compliance with regulation 8, Protection.

The inspector reviewed a sample of residents' care records. For the most part, validated assessments had been completed, which informed the development of person-centred care plans. However, the inspector found that care plans were not always reviewed or updated when a resident's condition changed or to reflect additional recommendations made by allied health professionals. A number of care plans relating to an identified risk of one resident contained conflicting information in relation to their plan of care and therefore could not consistently guide staff in relation to that resident's care.

Residents were provided with access to general practitioner (GP) services as well as to allied health professionals such as dietitian, psychiatry of later life and palliative care services.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' individual and collective needs. Since the previous inspection, the layout of the centre's shared bedrooms had been reviewed to ensure that each resident's privacy was maintained and that their personal storage space was suitably located. A programme of maintenance work was ongoing to ensure that the building and furnishings remained in a suitable condition. The actions from the previous inspection in relation to maintenance and cleaning had been completed.

The centre promoted a restraint-free environment and there was oversight and monitoring of the incidence of restrictive practices in the centre. Risk assessments informed the implementation of any restrictive practice, which was subject to regular review. There was a positive approach to the care of residents who experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

While the provider had systems in place to protect residents from abuse, these required review to ensure that any occurrence of suspected abuse was appropriately investigated, in line with local and national policy. Staff had completed training in relation to the prevention, detection and response to abuse.

There were clear processes in place for the safe storage and management of residents' personal monies. The provider acted as pension agent for a number of residents. It was evidence that any payments were managed appropriately.

Residents' rights and choices were promoted and respected by staff. Residents had opportunities to participate in meaningful activities, in line with their interests and capacities. Residents had access to local and national newspapers, television and radio. There were arrangements in place to ensure that residents were informed of, and were facilitated to access, advocacy services.

Residents were provided with opportunities to be involved in the running of the centre, through regular residents' meetings as well as daily engagement with the person in charge.

Regulation 11: Visits

Visitors were welcomed into the centre throughout the inspection. Residents who spoke with the inspector confirmed that there were flexible visiting arrangements in place for their families and friends.

Judgment: Compliant

Regulation 17: Premises

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

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of the residents' assessments and care plans found that they were not compliant with the regulatory requirements. For example;

- Care plans were not always reviewed or updated when a resident's condition changed. One resident's care plan had not been updated to reflect recent recommendations made by allied health professionals, while another had not been updated to reflect key information in relation to responsive behaviours
- An assessment of need was not available for one resident identified as being at risk of falling
- One resident's weight had not been measured for 11 months, despite being assessed as being at risk of malnutrition.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to health and social care professional services, as needed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A restraint-free environment was promoted in the centre, in line with local and national policy. The use of restraint was informed by an up-to-date risk assessment, which was regularly reviewed.

Judgment: Compliant

Regulation 8: Protection

At the time of the inspection, an incident of potential concern had not been investigated in line with national policy.

There were arrangements in place to ensure that residents' finances were protected. The provider acted as pension agent for a small number of residents and there was evidence that these were managed appropriately.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were respected and they were encouraged to make choices regarding their lives in the centre. Residents' privacy and dignity was respected in their lived environment and by staff caring for them in the centre.

Resident's social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities that met their interests and capacities.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Gobnait's Nursing Home OSV-0005668

Inspection ID: MON-0042334

Date of inspection: 25/09/2024

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 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: Monthly audits are in place to ensure areas that requires improvements and that residents care plans are up-to-date. Residents care plans are based on an ongoing comprehensive assessment of their needs. Care plans are person centered and reflect residents’ needs. The support they require to maximize their quality of life is always ensured. The quality of care and experience of residents’ needs are monitored, reviewed, and improved where necessary. Comprehensive reviews on a four-monthly basis are carried out to ensure that care plans are appropriate to residents’ changing needs. Appropriate interventions are in place for residents assessed needs with the collaboration of other relevant healthcare professionals.</p>	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: St. Gobnait's has a system in place to ensure that all residents are protected from any type of abuse. Staff have completed Safeguarding Vulnerable Adults training and are very familiar with all signs of potential abuse. They are aware of the reporting procedure in the event of suspected abuse. All residents are monitored closely for any signs of abuse. Their safety and welfare are paramount at St.Gobnait's Nursing Home.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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	30/09/2024
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	Substantially Compliant	Yellow	28/09/2024

	where appropriate that resident's family.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	06/11/2024