



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

Issued by the Chief Inspector

Name of designated centre:	St Augustine's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Cathedral Road, Abbeyhalfquarter, Ballina, Mayo
Type of inspection:	Unannounced
Date of inspection:	16 January 2025
Centre ID:	OSV-0000649
Fieldwork ID:	MON-0044887

About the designated centre

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

St Augustine's Community Nursing Unit is a 33-bedded community nursing unit which is under the management of the Health Service Executive (HSE). It is situated in the town of Ballina close to St. Muradech's Cathedral. Nursing care is provided to long stay and respite residents who have increasing physical frailty, some living with dementia and others requiring assistance with mental health or palliative care needs. The environment is stimulating and friendly. The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions in relation to their care and support. The service promotes independence, health and well being. Accommodation includes single and twin rooms. An internal courtyard garden and a further garden to the front of the building was available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
--	----

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 16 January 2025	09:30hrs to 16:30hrs	Celine Neary	Lead

What residents told us and what inspectors observed

Overall, the inspector found that residents living in this centre were content and satisfied with the care and support provided to them. The inspector spoke with a number of residents and visitors on the day of inspection and their feedback was positive. The inspector found that residents were encouraged to make choices about their care and on how they spent their days in the centre including which activities they wished to participate in.

This centre is located overlooking the Moy river in the town of Ballina, County Mayo. Many residents living in this centre are from the town of Ballina or the local surrounding areas. The centre is comprised of single and twin occupancy bedrooms. There are two large day rooms and a spacious dining room, an oratory and an enclosed courtyard garden for residents to use as they wish.

On arrival to the centre the inspector was guided through the necessary infection prevention and control measures in place. Due to an increased level of respiratory infections in the community at the time of this inspection, all visitors and staff were requested to wear masks. This was in line with national guidance at the time.

Following an introductory meeting with the clinical nurse manager the inspector did a walk around of the centre. This gave the inspector the opportunity to observe day-to-day life in the centre and observe staff practice and interactions with residents. The inspector observed that staff were kind, respectful and consulted each resident when offering and providing care and support. Staff were knowledgeable regarding each resident's preferred morning routines and worked hard to provide care and support in an unhurried way. Residents were very complimentary of staff and knew individual staff members by name.

The inspector observed that many residents were being supported by staff whilst they were busy starting their day. Some residents were in the sitting room watching television, while other residents chose to remain in their rooms until later on in the morning. The inspector observed residents mobilising independently throughout the centre on the day of inspection.

Residents were observed participating in activities during the day which included a game of bingo, watching television and an art session. In the afternoon, the inspector observed residents and staff enjoying a birthday party celebration for one resident. This resident was presented with a cake and card and many joined in to celebrate by singing happy birthday, much to the delight of this resident. Residents were observed chatting and laughing with staff in a comfortable and relaxed manner.

The inspector sat in the day room and observed care interactions and was assured that residents were provided assistance in a timely manner when they sought help. Call-bells were audible on occasion and responded to by staff in a timely manner.

Those residents who chose to stay in their bedrooms during the day had access to a call-bell which was within easy reach should they require assistance.

There were sufficient staff on duty to meet the needs of residents. The inspectors sat and observed a mealtime in the dining area. 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 and it was "nice". The inspector observed that the food was fresh, appetising and portion sizes were generous. However, the dining room was somewhat cluttered as it was being used to store wheelchairs.

The centre was exceptionally clean throughout and housekeeping staff spoken with were knowledgeable in the role and were familiar with the infection prevention and control procedures in place.

Although the some bedrooms were small they met the minimum requirements of the regulations. The bedrooms were well laid out and had adequate storage for residents' personal possessions. Residents had personalised their bedrooms with photographs and personal belongings which added to their homely environment and sense of belonging. There were appropriately placed privacy screens in the multi-occupancy rooms and residents had access to a television and their personal belongings when the privacy screens were drawn.

The inspector observed that construction works were underway in bedroom 24 which was being converted into a shower room for residents. Another bedroom, room 17 was being converted for storage. The inspector observed several areas in the centre such as the day room, bedrooms and the dining room were being inappropriately used to store large items of equipment such as comfort chairs and wheelchairs. This took away from the homely environment of these rooms and made the rooms appear cluttered as a result. The inspector observed there were six wheelchairs being stored in the dining room throughout the day of the inspection and a further three large comfort chairs.

Residents had access to local information, newspapers, telephones, televisions and radio. Visitors were made welcome in the centre and were seen coming and going freely to visit friends and family members on the day of the inspection.

The next two sections of the report will present the findings in relation to governance and management arrangements in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

This inspection found that overall the centre was well managed by an experienced management team who ensured there was good oversight and monitoring of the services provided.

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 inspector also followed up on completion of the compliance plan from the last inspection in February 2024 and found that although the provider had completed some of the actions to bring the centre into compliance further actions were needed to bring Regulation 17: Premises, Regulation 31: Notifications and Regulation 9: Residents Rights into compliance.

Inspections carried out in 2024 and 2023, found that the provider was not compliant with Regulation 17, Premises as the centre did not have sufficient shower facilities to meet the needs of 33 residents. As a result of the repeated not compliant findings the Chief Inspector attached a restrictive condition to the designated centres registration to ensure that no new residents were admitted to the designated centre until the provider installed additional shower facilities to bring the centre into compliance. This inspection found that the provider was in the process of converting a bedroom into a shower room for residents use and was also converting another bedroom for storage.

The Health Service Executive is the registered provider for St Augustine's Community Nursing Unit. The management team in the centre consists of the person in charge, a clinical nurse manager, nurses, health care assistants, housekeeping staff, catering staff, maintenance and administration staff.

The person in charge is supported in their role by a person participating in management from the Health Service Executive. This was validated by a review of meeting records and the person in charge confirmed that they were supported in their role. As a national provider involved in providing residential services for older people, the designated centre benefits from access to and support from centralised departments such as human resources, training, accounts and information technology.

There are management systems in place, to monitor the quality and safety of the care and services provided for residents, and audits were completed in line with the centres own audit plan.

A newly appointed clinical nurse manager, supported the person in charge and was afforded management time to carry out the functions of their role, and supervise and monitor clinical care provided each day.

There was regular management meetings at organisational level, which were attended by the person in charge. There was also meetings between local management and staff. Minutes of these meetings were available for review.

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

A review of the staff training records showed that staff were facilitated to attend up-to-date mandatory training requirements and professional development training to ensure residents' needs were met.

There was a low number of accidents and incidents involving residents in the centre and arrangements were in place to ensure appropriate actions were taken to mitigate risk of recurrence and that any areas of learning identified were implemented. However, not all incidents involving residents as specified in Schedule 4 of the regulations were notified to the Office of the Chief Inspector.

Written policies as required by Schedule 5 of the regulations were available to staff and were implemented. These policies had been reviewed within the last three years and were available to staff to inform their practice.

Regulation 15: Staffing

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

A review of the staff roster provided assurances that staff resources were consistent and that any planned or unplanned leave was adequately resourced.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and completed all necessary training appropriate to their role. Staff were appropriately supervised according to their roles and responsibilities.

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.

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: Compliant

Regulation 31: Notification of incidents

While most notifications were submitted to comply with Schedule 4 of the regulation, a review of incident record book indicated that not all serious injuries to a resident that required immediate medical and/or hospital treatment, had been notified to the office of the Chief Inspector.

Judgment: Not compliant

Regulation 4: Written policies and procedures

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

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high-quality care to residents. The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met. Notwithstanding the positive findings, this inspection found further improvements were required in respect of premises and residents rights and will be detailed in the report under the relevant regulations.

Residents' nursing care and support needs were met to a high standard by staff. Residents were facilitated with timely access to their GP and most health care

professionals. The provider had made arrangements for an occupational therapy service to be made available for residents which had been identified on the previous inspection and four residents had received this specialist service since their referral. However, on this inspection the residents' did not have access to a dietetic service for review and to meet their nutritional needs when required. Whilst there was a system in place to ensure that residents' nutritional status was assessed monthly by nursing staff and where a need was identified, nursing staff contacted the residents GP and liaised closely with them to address the need for nutritional advice and/or supplementation residents did not have access to specialist dietetic advice and support in line with their needs.

Residents' living environment was maintained to a good standard. The centre was decorated in a traditional style that was familiar to residents. Communal spaces were comfortable and residents were encouraged and supported to personalise their bedrooms in line with their individual preferences. Residents could access the outdoor space as they wished. However, this inspection found that there still was a lack of appropriate storage available in the centre for items of equipment including residents' assistive equipment. The inspector's findings are discussed under Regulation 17; Premises. The provider was in the process of converting two bedrooms, one into a shower room and another into a store room in order to come into compliance with the regulations and to meet the personal care needs of 33 residents.

Residents bedrooms were found to be compact but well organised. Residents stated that they found their rooms manageable and that they felt that they had enough of space. Each bedroom had an integrated hoist to facilitate the accommodation of residents with complex mobility needs.

Residents' needs were comprehensively assessed using validated assessment tools at regular intervals and when changes were noted to a resident's condition. The inspector saw that residents appeared to be well cared for and residents gave positive feedback regarding their life and well-being in the centre. A selection of care plans reviewed by the inspector found that they were person centred, detailed and reflective of the care being provided at the time of inspection.

Residents' rights and choices were for the most part promoted and respected within the centre. Activities were provided in accordance with the needs and preferences of residents, and there were daily opportunities for residents to participate in group or individual activities. Residents had access to a range of media, including newspapers, WIFI, telephone and television. There was access to advocacy with contact details displayed in the centre. There were resident meetings to discuss key issues relating to the service provided. However, some residents had expressed that they would like to go out into the local community or day trips more often in their community. From speaking with staff and reviewing the activities for 2024 the inspector was not assured that any outings or day trips had taken place during 2024. The centre no longer had access to their own transport to bring residents on outings. This was discussed at feedback and management were open to reviewing it, consulting with residents and planning activities in their local community for 2025.

Regulation 17: Premises

There were not sufficient accessible bath and shower facilities for 33 residents. This was identified at the previous three inspections. The provider had not ensured that there was sufficient bath and shower facilities for 33 residents. This was a repeat finding from the previous two inspections. There was one twin bedroom with en-suite shower facilities. However, the remaining 31 residents were sharing one assisted bathroom and two accessible shower rooms which meant that up to 11 residents were using one facility. This did not ensure that all residents in the designated centre had equal and timely access to shower facilities.

There was not sufficient storage available in the designated centre and as a result communal area's and three vacant bedrooms which were registered for residents accommodation were being used to store equipment. Furthermore, the inspector observed six wheelchairs and three comfort chairs being stored in the residents communal day area's.

The flooring in bedroom twenty four required repair or replacement.

Judgment: Not compliant

Regulation 27: Infection control

The provider met the requirements of Regulation 27: Infection Control and the National Standards for Infection Prevention and Control in Community Services (2018).

The registered provider ensured that procedures, consistent with the standards were implemented by staff. Up to date training had been provided to all staff in infection control, hand hygiene and the correct use of personal protective equipment (PPE).

The inspector observed that staff completed hand hygiene procedures as appropriate. Waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with best practice guidelines and cleaning schedules were in place that were completed by staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of a sample of residents files found that each residents had a comprehensive assessment of their care needs assessed. Care plans reviewed were informed by the assessments. Care plans were detailed and person-centred.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a GP of their choice. GPs visited residents in person and were contacted if there were any changes in the resident's health or well being. However, residents did not have access to a dietitian to meet their nutritional needs.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were respected for the most part and residents were encouraged to make choices regarding their lives in the centre. However, improvement was required in relation to residents accessing their local community in line with their capacities and preferences.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Augustine's Community Nursing Unit OSV-0000649

Inspection ID: MON-0044887

Date of inspection: 16/01/2025

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>All identified notifications that were inadvertently missed have been submitted. We will ensure all notifications required in the future are submitted on time.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Bathroom and Storage room are ongoing at present and allocated time frame for bathroom completion is due for completion on or before 31/3/2025.</p> <p>We have engaged a flooring contractor to replace floor coverings as required and are awaiting a date for installation but expect completion on or before 30/5/2025</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>There is no Dietetic service available to us in community- GPs are presently prescribing supplements for residents. Risk assessment is in place for this.</p> <p>Referrals continue to be submitted to primary care for Dietetic service.</p>	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: We are planning a schedule of outings for 2025 with our residents. We are engaging with local transport companies on transport. We expect this plan to be in place for 28-2-2025.	

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Not Compliant	Orange	30/05/2025
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.	Not Compliant	Orange	30/05/2025
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in	Not Compliant	Orange	20/02/2025

	charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Substantially Compliant	Yellow	20/02/2025
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	28/02/2025
Regulation 9(3)(c)(iv)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to voluntary groups, community resources and events.	Substantially Compliant	Yellow	28/02/2025