<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Fiacc's House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000554</td>
</tr>
</tbody>
</table>
| Centre address: | Killeshin Road,
                 | Graiguecullen, Carlow.         |
| Telephone number: | 059 914 3892                |
| Email address:  | fiaccsreception@gmail.com     |
| Type of centre: | Health Act 2004 Section 38 Arrangement |
| Registered provider: | St Fiacc's House Limited |
| Provider Nominee: | John Joseph Dunphy          |
| Lead inspector: | Sheila Doyle                  |
| Support inspector(s): | None                       |
| Type of inspection: | Unannounced                |
| Number of residents on the date of inspection: | 16                           |
| Number of vacancies on the date of inspection: | 2                            |
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 28 July 2016 13:30  To: 28 July 2016 18:00

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
St Fiacc’s House was established in 1982. It is owned by the Catholic parish of Graiguecullen/Killeshin and run by a voluntary organisation, St Fiacc’s House Ltd. It is an 18-bedded, single-storey centre which provides long-term and respite care for residents who are assessed as having low to medium dependency needs and who require minimal assistance.

The person in charge was not available at the time of inspection and the inspector met with the nurse deputising in her place.

The inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance, in a range of areas, with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The safety of residents was promoted. A risk management process was in place for all areas of the centre. Staff had received training and were knowledgeable about the prevention of abuse of vulnerable persons. There was evidence of safe recruitment
practices.

The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. The dining experience was very pleasant and residents were treated with respect and dignity by staff.

These are discussed further in the report. No actions were required from this inspection.
Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
St Fiacc’s House was established in 1982. It is owned by the Catholic parish of Graiguecullen/Killeshin and run as a limited company St Fiacc’s House Ltd which has charitable status.

There were no changes to the governance and management of the centre since the previous inspection. There is a board of directors which consists of seven members who oversee the organisational, financial and management of the centre. The chairperson of the board is the nominated provider for the centre who reports to the board. The person in charge reports to the provider and prepares and presents a regular report to the board.

The provider visits the centre on a regular basis and meets with the person in charge on a formal basis to discuss ongoing management issues for the centre.

There were systems in place to assess the quality of life and safety of care. The inspector viewed audits completed by the person in charge and staff. There was evidence of ongoing improvements following the audits and action plans were completed when required. The annual review of the quality and safety of care was available.

Judgment:
Compliant
Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The person in charge was not on duty during this inspection. At the previous inspection inspectors found that she was an experienced nurse and manager who was involved in the day-to-day running of the centre and was found to be easily accessible and well known to residents, relatives and staff.

The inspector reviewed training records which confirmed the person in charge had attended relevant training courses and had kept her clinical knowledge up to date.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. The inspector saw that elder abuse detection and prevention training was ongoing and training records confirmed staff had received this mandatory training. This training was supported by a policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.

Residents managed their own finances. The inspector saw that each resident had their own personal safe in their bedroom.

Staff had attended training on the management of behaviours that challenge and there
was a policy in place to guide practice. Advice and support was available from the psychiatry of old age services. The inspector saw evidence of positive behavioural strategies and practices implemented to prevent behaviours that challenged.

There was a policy on restraint but no resident was using restraint at the time of inspection.

Judgment:
Compliant

**Outcome 08: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that the provider and person in charge had prioritised the safety of residents.

There was a health and safety statement in place. Environmental risk was addressed with health and safety policies implemented which included risk assessments on all areas of the centre. The inspector read the risk management policy which met the requirements of the Regulations.

The environment was kept clean and was well maintained and there were measures in place to control and prevent infection.

Robust procedures for fire detection and prevention were in place. Service records indicated that the fire alarm system was serviced three-monthly and fire equipment was serviced annually. The inspector noted that the fire panels were in order and fire exits, which had daily checks, were unobstructed. Weekly fire door checks were completed. The fire alarm system was in working order.

There was evidence of frequent fire drills taking place and all staff had attended training.

An emergency plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency.

All staff had attended the mandatory training in moving and handling.

Judgment:
## Outcome 09: Medication Management

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

All residents in the centre undertook self-medication. Each resident had an assessment carried out by the person in charge to establish their capacity to self-medicate and the level of supervision required.

Medications were delivered in a monitored dosage system by the pharmacist and these were stored in a locked cupboard in each resident’s room. Residents and the nurse told the inspector that the pharmacist provided advice and support to them when they delivered the medications. Residents told the inspector how pleased they were that they could take charge of their own medication and with the service provided by the pharmacist. A detailed description of each medication and its uses was provided.

A member of the care staff monitored the residents to ensure they were taking their medicines and to prompt residents when required. A daily check was then undertaken by the nursing staff to ensure that each resident had taken their medication at the appropriate times.

A medication reconciliation document was completed whenever a resident left the centre for example if going home for the weekend or being transferred to hospital.

Residents told the inspector how pleased they were that they could take charge of their own medication and the service provided by the pharmacist. A detailed description of each medication and its uses was provided.

**Judgment:**

Compliant

## Outcome 15: Food and Nutrition

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

---

Page 8 of 11
**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that residents were provided with food and drink at times and in quantities adequate for their needs. Food was wholesome and nutritious while also properly prepared, stored and cooked.

The inspector visited the kitchen and found that it was clean and organised. Residents spoken with also expressed satisfaction with the food provided. The chef on duty discussed the special dietary requirements of individual residents and information on residents’ dietary needs and preferences which was documented and records held in the kitchen. No residents currently required their meal in an altered consistency.

Weights were recorded on a monthly basis or more frequently if required. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were repeated if any changes were noted in residents' weights.

The inspector saw that the dining room was bustling with conversation during mealtimes. Tables were nicely laid and meals well presented.

The inspector reviewed the menus and saw that choices were available at each meal. The menus had been reviewed by a dietician who was satisfied with the menu and had made some suggestions which were taken on board.

Snacks and drinks were readily available throughout the day. The inspector observed and residents confirmed that the catering staff continued to produce a wide range of home-baking including a variety of scones, cakes and home-made desserts.

**Judgment:**
Compliant

---

**Outcome 17: Residents’ clothing and personal property and possessions**

Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
**Findings:**
The inspector was satisfied that robust systems were in place to manage residents' personal property and laundry services within the designated centre were satisfactory.

A policy on resident's property and possessions was in place which outlined how residents' possessions were to be managed.

There was sufficient space for residents to store their belongings. Lockable storage facilities were available in each room.

The inspector visited the laundry and saw that it was very clean and well organized. Residents said they were happy with the laundry facilities. Clothes were discreetly marked and residents said that the laundry was returned to them and in a timely fashion.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 18: Suitable Staffing</th>
</tr>
</thead>
<tbody>
<tr>
<td>There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.</td>
</tr>
</tbody>
</table>

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector was satisfied that there were appropriate numbers of staff on duty with the required skill mix to meet the needs of residents.

The centre is registered on the basis that the residents do not require fulltime nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The inspector reviewed staff rosters and found that there sufficient numbers of staff on duty to provide for residents. During inspection staff were observed caring out their duties in a caring, respectful and professional manner.
There was a staff nurse on duty each day, including weekends, from 8am to 5pm who also provides care to people that attend the day centre. There was also a staff nurse on-call from 5pm to 8am each day in the event of an emergency. There was also a night support worker on site from 10pm to 8am.

There were a number of staff from a community employment scheme that provide catering, cleaning and maintenance services. The inspector observed that staff were supervised appropriately as there was a housekeeping supervisor on duty each day with the person in charge.

Residents confirmed to the inspector that staff members were available to meet their needs. The actual and proposed staff rosters were reviewed by the inspector.

Staff were encouraged to maintain their continued professional development. The records showed that a range of training had been provided including moving and handling, infection control, end of life care and the management of behaviour that challenges.

Staff appraisals were completed on a yearly basis and the inspector saw evidence of this on the staff files.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority