

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	St Fiacc's House
Centre ID:	OSV-0000554
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	Announced
Number of residents on the date of inspection:	17
Number of vacancies on the date of inspection:	1

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.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 September 2017 09:30	18 September 2017 18:00
19 September 2017 09:30	19 September 2017 15:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

St Fiacc's House was established in 1982. It is owned by the Catholic parish of Graiguecullen/Killeslin and run by a voluntary organization, 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 inspector found that 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. While fire procedures were up to date, some improvement was required to ensure that learning took place from the fire drills carried out.

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. Medication practices were in line with national guidelines.

Day care services, which are attended by many of the residents, are provided on site and residents are joined for meals by people who attend the day centre. The inspector noted that this was a social event with lively interaction between the residents and the day service attendees. Alternative spaces are provided if residents choose to dine separately.

The other action required related to the fact that the laundry did not have a wash-hand basin to minimise the risk of cross infection.

These are discussed further in the report and included in the action plan at the end

Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

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:

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

An annual review of the quality and safety of care delivered to residents was completed. The inspector read the 2016 version and saw that the centre was benchmarked against the standards and when required, action plans were put in place.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the statement of purpose.

Clinical audits were carried out that analysed accidents, complaints, care plans, medications and others. The results of audits were shared with staff for learning.

There was evidence of consultation with residents and their representatives in a range of areas at residents' meetings and also through satisfaction surveys.

Judgment:

Compliant

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector read the Resident's Guide and noted that it met the requirements of the regulations.</p> <p>The inspector read a sample of completed contracts and saw that they also met the requirements of the regulations.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 04: Suitable Person in Charge</i> <i>The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.</i></p>
<p>Theme: Governance, Leadership and Management</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The person in charge is a registered nurse and has the required experience in nursing older people.</p> <p>The person in charge had maintained her continuous professional development having previously completed courses in gerontology and management. She continued to attend training and seminars relevant to her role such as infection control and wound care.</p> <p>During the inspection she demonstrated her knowledge of the regulations and the standards. She discussed improvements that had taken place and outlined plans for further improvements to ensure compliance with the standards and regulations.</p> <p>The person in charge was observed frequently meeting with residents throughout the days of inspection and it was obvious that she was well known to all.</p>
<p>Judgment: Compliant</p>

<p><i>Outcome 06: Absence of the Person in charge</i> <i>The Chief Inspector is notified of the proposed absence of the person in</i></p>

charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of the regulatory requirement to notify the HIQA should the person in charge be absent for more than 28 days.

The person in charge is supported in her role by a senior nurse who also deputised in the event that the person in charge was absent from the centre.

The inspector spoke with this staff member during the inspection and found she was aware of the responsibilities of the person in charge and had up to date knowledge of the regulations and standards.

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 measures were in place to protect residents from being harmed or abused.

There was no restraint in use in the centre. A policy was in place should it be required.

Currently, there were no incidents of responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and a policy was in place to guide practice should it be required. When needed, residents had access to the

psychiatric services for support and advice.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff spoken to displayed sufficient knowledge of the different forms of elder abuse and all were clear on reporting procedures.

When required by residents, the centre acted as their pension agent. Currently this was for four residents. The inspector saw documented evidence that this system was currently being changed and made more robust in line with the relevant guidelines. The inspector saw that appropriate documentation was maintained.

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. Some improvement was required to the fire drill records.

It was noted that fire drills were carried out on a regular basis. However the inspector found that the records did not continue sufficient detail to ensure that any actions required were completed. For example, on one reviewed the time it took to complete of the drill was the only documented outcome. Any problems or deficiencies with the process were not recorded. Therefore there was no documented evidence that any required action such as additional training, had been taken.

Otherwise the inspector found 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. All staff had attended training.

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.

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.

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

Judgment:

Substantially Compliant

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:

The inspector reviewed the practices and documentation in place relating to medication management in the centre and was satisfied that all residents were protected by safe medication management practices.

All residents in the centre were self medicating. 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.

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.

There were written policies in place relating to the ordering, prescribing, storing and administration of medicines to residents. There were procedures in place for the handling and disposal of unused and out of date medicines.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that facilities were in place so that each resident's well-being and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care.

There was evidence of regular nursing assessments using recognised tools for issues such as falls risk assessment, self-medication management and dependency levels and these were repeated on a regular basis. Care plans were developed based on the assessments. There was evidence of residents' involvement in the review of their care plan.

Residents, where possible, were encouraged to keep as independent as possible and were observed moving freely around the centre and the grounds. Residents said they were satisfied with the healthcare services provided. On one of the days of inspection, the inspector noted that a large number of the residents participated in an exercise programme which was held twice weekly by popular demand.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and weekly when indicated. Nutritional care plans were in place when needed.

Residents retained access to the services of their own general practitioner (GP) and usually visited the GP in the surgery for routine reviews. Residents' brought their own file to the surgery which contained a record of ongoing medical and medication reviews. A number of residents spoken with stated that they visited their GP on at least three-monthly intervals. When needed the GP's visited residents in the centre and residents had access to an out-of- hours service for emergencies or other situations.

A full range of other services was available on referral including speech and language therapy (SALT), physiotherapy and occupational therapy (OT) services. Chiropody was provided in the centre. Dental services were also available with most residents continuing to attend their own dentist.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:

St Fiacc's House is an 18-bedded, single-storey centre which provides long-term and respite care for residents who are mainly capable of living independently and who require minimal assistance.

Residential accommodation comprises 18 single bedrooms, including one respite room. The inspector noted that the room set aside for people availing of the respite services was smaller than the other rooms. The inspector formed the opinion that this room was not suitable for a resident. The person in charge and provider nominee assured the inspector that this room was not allocated to residents living in the centre.

There are five toilets, four of which are assisted, two assisted showers and an assisted bath available for residents.

There was adequate communal space and the design of the building allowed freedom of movement for residents to walk around the centre and grounds. Rooms were nicely personalised with photos and memorabilia. Residents were very complimentary about the centre.

Call bells are provided throughout. There was limited need for assistive equipment as residents were generally independent and the inspector saw that what was in place was regularly serviced.

The kitchen was very clean and well organised. The inspector visited the laundry which was also organised, clean and tidy. However it was noted that there was no wash-hand basin. This could pose a risk of cross infection. This was discussed with the person in charge and a plumber was called to address this.

Appropriate arrangements were in place for the disposal of waste.

There were enclosed and external gardens which were spacious and well maintained. Seating was provided there for residents and their visitors.

There is ample parking space provided for residents, staff and visitors.

Judgment:
Substantially Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The complaints procedure in the designated centre was found to be appropriately managed and reviewed.

The inspector read the complaint's log and saw that a minimal number of complaints were received and appropriate records were maintained. No complaints were received this year.

The procedures in place to deal with complaints were clearly set out and understood by staff members spoken with. The complaints' procedure and forms were available in the reception area should residents or visitors wish to comment of the service provided.

Judgment:
Compliant

Outcome 18: Suitable Staffing

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.

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. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and found that they were complete and met the requirements of the regulations. An induction plan was in place and staff appraisals were completed on a yearly basis and the inspector saw evidence of this on the staff files.

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. There was a staff nurse on duty each day, including weekends, from 8am to 5pm who also provided care to people that attend the day centre. In addition, there is 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.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that all had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the regulations.

There were a number of staff from community employment schemes that provide services such as catering, housekeeping and maintenance services. Residents confirmed to the inspector that staff members were available to meet their needs.

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, food and nutrition, medication management and wound care.

Assurance was given by the person in charge that Garda Síochána (police) vetting was in place for all staff.

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

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Fiacc's House
Centre ID:	OSV-0000554
Date of inspection:	18/09/2017
Date of response:	28/09/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Any problems or deficiencies with the fire drills completed were not documented to ensure learning took place.

1. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

As discussed with our Inspector, we did have feedback sessions after each fire drill and the following was noted during our review (Date of drill, who activated, where evacuated to, roll call, length taken, any incidents, actions taken and any learning outcomes.) but some of this information was not recorded. To ensure compliance on this issue I have drawn up a checklist. Going forward this checklist will be completed and kept on file with our fire register (copy of checklist attached).

Proposed Timescale: 28/09/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There was no wash-hand basin in the laundry.

2. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:

A hand basin is being installed in our laundry 29/09/2017.

Proposed Timescale: 04/10/2017