



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

## Issued by the Chief Inspector

Name of designated centre:	St Anne's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Westport Road, Clifden, Galway
Type of inspection:	Unannounced
Date of inspection:	23 June 2022
Centre ID:	OSV-0000632
Fieldwork ID:	MON-0037048

## About the designated centre

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

St Anne's Community Nursing Unit is a designated centre in County Galway providing care for male and female residents over the age of 18 years. Residents are accommodated on the ground floor of the building in single, twin and multi-occupancy (occupancy greater than two people) rooms. Appropriate communal sitting and dining space is available in the centre, as well as safe and suitable outdoor space. The centre is located in a quiet rural area and there are transport links available to get into the local town. The centre is currently registered to accommodate 22 people, and each resident's dependency needs are regularly reviewed to ensure their care needs are met.

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

Number of residents on the date of inspection:	20
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 23 June 2022	10:30hrs to 17:30hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

The feedback from residents on the service provided in this centre was positive. Residents spoke very highly about the staff as individuals and also as a group. No resident had any cause to make a complaint. Residents were happy with the time it took to have their call bells answered. Residents felt safe in the centre.

The atmosphere observed by the inspector was calm, welcoming and homely. The communal sitting room was occupied by residents throughout the day. Residents were observed enjoying a wide variety of social activities. The room was supervised by a member of staff at all times. In addition, a second staff member was available to attend any additional requests made by residents. This meant that activities were not unnecessarily interrupted.

Residents were seen moving about the centre unrestricted. Residents had access to enclosed internal gardens. The space was filled with bright colourful wooden benches. There were multiple raised flower pots and there was an area dedicated to the housing of chickens. Residents told the inspector about how they enjoyed the daily task of feeding the chickens. Although the space was small it was seen in use throughout the day.

The majority of residents spent their day in the communal room. The inspector observed staff asking residents about how they would like to spend the day. Choice was respected. For example; for one of the music sessions a resident requested to return to their bedroom and staff facilitated the request immediately. A resident who spent the day in their bedroom informed the inspector that this was their choice. Throughout the day, the inspector had observed the staff checking in with the resident and chatting about topics of interest to them.

The inspector observed that residents in the centre were not rushed. Staff availed of every opportunity to engage at a social level with residents. For example; during the cleaning of bedrooms the cleaning staff chatted with residents. Residents that required assistance with mobility were actively encouraged to walk to their destination and were not rushed. Staff in attendance chatted openly and freely. It was evident that the staff knew the residents well and had very good knowledge of their likes and dislikes. A resident described the staff as their second family. The resident told the inspector that residents often dedicated the saying of the rosary, to the staff, for keeping residents safe.

The centre had had a significant outbreak of COVID-19 and had been through a difficult time. Despite the challenges faced, all residents spoken with expressed confidence in the service and supports available to them. Residents were putting the experience of the pandemic behind them and were very optimistic about the future.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements

impacted on the quality and safety of the service being delivered. The inspector found a high level of compliance with the regulations reviewed.

## Capacity and capability

Overall, the inspector found that residents received a high standard of care that met their assessed needs. The governance and management of the centre was well organised and resourced. Information requested was made available in a timely manner and presented in an easily understood format. The provider was committed to quality improvement that would enhance and improve the daily lives of the residents.

The Health Service Executive is the registered provider of St Anne's Community Nursing Unit. This unannounced risk inspection was carried out to assess an application made by the provider to remove a condition of registration attached to the registration of the centre specific to the management of Regulation 28 Fire precautions. While the majority of the works had been completed, the Chief Inspector was awaiting clarification that the evacuation process was updated into the fire management policy. In addition, as a result of the last inspection the occupancy of one of the multi occupancy bedrooms had decreased by one. Therefore, the registered provider was also required to submit an application to vary condition one and condition three of the current registration to reflect these changes.

The inspector found that there were clear lines of accountability and responsibility in the centre. Staff knew who to report to and many stated to the inspector that they felt supported by the management. Staff who engaged with the inspector had very good knowledge of the systems in place that monitor the service.

An effective auditing schedule was in place. Audits had been completed in a number of key areas including, care plan audits, hand hygiene audits and medication management audits. Audits completed were analysed and were used to drive and sustain quality improvements.

The centre had experienced an outbreak of COVID-19 that had affected a number of residents and staff. Following the outbreak, a post COVID-19 outbreak review meeting had been held. The minutes of the meeting were documented and evidenced that the lessons learnt had been discussed with staff. The inspector was assured that the provider had maintained good levels of oversight to ensure that despite the challenges posed by the outbreak, a consistent high standard of quality care continued to be provided and that the safety of the residents was maintained.

A review of the complaint management systems in the centre found that complaints were managed in line with the requirements under Regulation 34: Complaints procedure. The centre management welcomed feedback. There was a suggestions

box in the main entrance that was for relatives to provide feedback.

### Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The registered provider had made an application to remove condition 4 of the registration. The Chief Inspector was awaiting documentation to evidence that the evacuation process was updated into the fire management policy.

Judgment: Substantially compliant

### Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of the residents. There were sufficient healthcare staff on duty supporting the nursing staff in the direct provision of care.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had completed mandatory training courses, including safeguarding vulnerable adults and fire safety. The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control, including hand hygiene and the donning and doffing of personal protective equipment (PPE).

The inspector reviewed staff files and found that there was a system in place that captured how staff are appropriately supervised.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found the centre was delivering a high standard of care to the residents. The management team that interacted with the inspector throughout the day were organised and familiar with the systems in place that monitor the care. Care audits had been completed. The centre was found to be sufficiently resourced.

The 2021 annual review of the service had been completed.
Judgment: Compliant
<b>Regulation 31: Notification of incidents</b>
The person in charge was aware of the requirement to submit notifications to the Chief Inspector.
Judgment: Compliant
<b>Regulation 34: Complaints procedure</b>
The inspector reviewed the complaints log. Records available contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result. Residents reported feeling comfortable with speaking to any staff member if they had a concern.
Judgment: Compliant
<b>Quality and safety</b>
<p>The inspector found that the residents in St Anne's Community Nursing unit were receiving a high standard of care that supported and encouraged them to actively enjoy a good quality of life. Residents indicated that they felt safe living in the centre and knew the staff. As previously stated, the office of the chief inspector was awaiting fire documentation that would allow for the removal of Condition 4 of the registration. In addition, on the day of inspection the inspector found documentary evidence that stated that further work was required under regulation 28 fire precautions specific to the emergency lighting to bring the centre into full compliance.</p> <p>The inspector acknowledged that considerable progress had been made with the requirements of Regulation 28 Fire precautions. The fire precautions in the centre were kept under review. There was evidence that the fire alarm system and fire fighting equipment were serviced and maintained in line with regulatory requirements. Fire drills had been completed. There was sufficient details in fire drill records. The inspector found that staff demonstrated excellent knowledge of fire</p>



safety procedures and were familiar with the residents' personal emergency evacuation plan system in use.

A review of residents care records evidenced that residents' needs were assessed on admission to the centre through validated assessment tools in conjunction with information gathered from the residents and, where appropriate, their relative. Care plans were sufficiently detailed to guide the staff in the provision of person-centred care to residents. Care plan reviews were carried out at intervals not exceeding four months and residents and their relatives were involved in the review process. Residents' medical needs were met through timely access to their general practitioner (GP) and, where necessary, onward referral to allied health and social care professionals for further expertise and assessment.

Resident's rights were promoted in the centre. Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre.

### Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted.

Judgment: Compliant

### Regulation 12: Personal possessions

As a result of the actions taken following the last inspection, residents sharing the multi occupancy bedrooms had adequate space to store their clothes and other personal possessions.

Judgment: Compliant

### Regulation 27: Infection control

Overall the building was found to be clean. Cleaning staff were knowledgeable on the cleaning system in place and were observed to adhere to same.

The inspector spent time observing staff practices regarding the use of PPE and found good practice. Training records reviewed indicated that staff had completed infection prevention and control training.

The management team had put in place the following measures to protect residents:

- appropriate signage was in place to remind staff of the need to complete hand hygiene
- appropriate use of face masks was observed by staff
- there were sufficient supplies of PPE in stock
- there was hand hygiene gel dispensers strategically placed along corridors.

Judgment: Compliant

### Regulation 28: Fire precautions

Further action was required to bring the centre into full compliance with the regulations. For example;

- A report provided by an external company dated May 2022 outlined that an upgrade of the emergency lighting was required to comply with current regulations and to provide sufficient illumination.
- The office of the chief Inspector was awaiting receipt of an updated fire policy that incorporated the evacuation process.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident in the centre. All care plans reviewed were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed and informed the care plans. There was evidence of ongoing discussion and consultation with the families in relation to care plans. Care plans were maintained under regular review and updated as required.

Judgment: Compliant

### Regulation 6: Health care

Residents were provided with timely access to medical and health and social care professional services as necessary. In addition, there was good evidence that advice received was followed which had a positive impact on resident outcomes.

Judgment: Compliant

### Regulation 9: Residents' rights

Interactions between residents and staff were observed to be kind, dignified and respectful. Residents were encouraged to exercise choice and had control over how they spend their day and their right to privacy was upheld.

Residents were supported to maintain their individual style and appearance. Residents had the choice to participate in a variety of activities or spend time in their bedrooms reading and watching television.

Residents had access to an independent advocacy service.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Anne's Community Nursing Unit OSV-0000632

Inspection ID: MON-0037048

Date of inspection: 23/06/2022

## 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
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially Compliant
Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration: All outstanding information was submitted to the Registration office on 21st July 2022.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All outstanding information as referenced in the report was submitted to the Chief Inspector on 21st July 2022.  The emergency lighting issue referenced in the report of 22-05-2022 is a recommendation by the contractor. The emergency lighting in place is certified as meeting relevant Irish Standard, I.S. 3217:2013+A1:2017.	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Registration Regulation 7 (3)	A registered provider must provide the chief inspector with any additional information the chief inspector reasonably requires in considering the application.	Substantially Compliant	Yellow	21/07/2022
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	21/07/2022