



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	Announced
Date of inspection:	10 January 2024
Centre ID:	OSV-0000632
Fieldwork ID:	MON-0041976

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 21 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:	21
--	----

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 10 January 2024	08:30hrs to 17:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

This was a well-run centre where the rights of residents were promoted and where residents were enjoying a good quality of life. Residents were actively supported by the staff to make decisions on their preference for how they wished to spend their day. For example, the time they got up, the time they returned to bed, and their choice of food. Residents felt that the staff knew them well. Residents were happy with the length of time it took to have their call bells answered. The staff in the centre were familiar with the current residents. When asked about life in the centre one resident stated "I like living here". When asked about the food and the food choices a resident stated "you wouldn't go hungry" meaning they were satisfied with the quantity and quality of the food served. The observation and interaction observed between residents and staff was positive, engaging, patient and kind.

There was a high value placed on social interaction and activities in the centre. Staff spoken with displayed knowledge of the importance of social engagement with residents. The inspector observed multiple one-to-one and small group activities occurring on the day. One wall of the communal sitting room was covered in photographs of outings and shopping trips that the residents had attended. The photographs of the residents on display showed that enjoyment and fun was had. On the morning of the inspection, residents were observed moving between their bedrooms and the communal spaces without restriction. Corridors were kept clear of clutter. The staff were seen to greet each resident by name, often stopping to ask how they were. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident. Several residents told the inspector that they enjoyed the entertainment and activities in place.

On a tour of the premises, the inspector observed that the premises were clean. A number of residents stated that their bedrooms are cleaned daily. One resident told the inspector that they very much liked that their bedroom was cleaned daily by the staff. As part of the inspection the inspector reviewed a number of feedback forms that were completed by residents. One resident had commented that the centre was "cozy and warm". The residents were seen to be up and about, some having their breakfast in the communal sitting room, while others were having breakfast at their bedside. The communal sitting room was observed to be a hub of activity throughout the day. Residents moved freely between the communal rooms and where required were accompanied by a member of staff.

Friends and families were facilitated to visit residents, and the inspector observed visitors coming and going throughout the day. When asked about their satisfaction with the care provided to their relative, one visitor told the inspector that they have full confidence in the service and have never had any cause for concern.

In summary, residents were observed receiving a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of this report present the inspection findings in

relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

This was an announced inspection conducted over the course of one day 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 and to inform the application for the registration renewal of the centre. Overall, the inspector found that St. Anne's Community Nursing unit provided residents with quality, safe care in accordance with their needs and choices. On the day of inspection, the allocation of management resources and staffing resources required clarity. The person in charge also held the role of director of nursing for an unregistered health care unit. The system in place that identified the sharing of the management resource, and how this worked in practice, was unclear.

The Health Services Executive is the registered provider of St. Anne's Community Nursing unit (CNU). The centre was registered to accommodate 21 residents and there were no vacancies on the day of inspection. The person in charge was supported by a team of clinical nurse managers, registered nurses and multi-task attendants. On the day of inspection there were sufficient and safe staffing levels to meet the assessed needs of the residents.

A review of the staffing resources for the centre, as documented in the centres statement of purpose, found that staff allocated to the centre were used to supplement the staffing of the nearby health care facility. In addition, part of the role and responsibility of the management team in the designated centre was to provide management oversight to the health care facility. This reduced the resources available to the designated centre. The staffing complement outlined in the centres statement of purpose was therefore inaccurate.

Records reviewed by the inspector confirmed that training was up-to-date. Training was provided through a combination of in-person and online formats. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, fire safety, infection control, and the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Staff were appropriately supervised and supported to perform their respective roles within the centre. Staff files reviewed contained the requirement of Schedule 2. In addition, files evidenced that all new staff completed an induction process when they first commenced work in the centre.

The management team were proactive in response to issues and concerns brought to them by residents. The person in charge held responsibility for the review and management of complaints. The complaints process was displayed at the front door. At the time of inspection all complaints had been resolved and closed. An annual

review of the quality and safety of care delivered to residents has been completed for 2023 in consultation with residents and their families. Quality improvement initiatives had been identified and were in progress.

There was an audit schedule in place to monitor the delivery and quality of the care given. A review of the governance and management systems for monitoring the quality and consistency of the care was not fully effective. For example, the information collected from the audits and monitoring of restrictive practice and the management of wound care did not reflect the findings of the inspector on the day of inspection. For example; the audit on restrictive practices had not identified that an assessment of need was not completed. This meant that an appropriate action plan could not be developed and implemented to address the deficits.

A review of the incident and accident log found one incident relating to an injury that required medical treatment, and one incident of alleged abuse that had not been notified to the Chief Inspector as required by Regulation 31: Notification of incidents.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty day and night, with appropriate knowledge and skills to meet the needs of the residents taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. On the day of inspection staff were appropriately trained. Staff responses to questions asked were detailed and displayed a good level of knowledge.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the governance and management system monitoring the quality and consistency of the care delivered was not always effective. This was evidenced by

- there was poor monitoring of adverse incidents in the centre. There was a high number of resident falls reported in the centre. There was no comprehensive review of falls completed and therefore, trends or learning were not identified.
- the centre maintained a record of all restrictive practices used in the centre. The inspector reviewed this register and found that the document was not accurate. For example, the register stated that all residents had an assessment of need completed prior to the implementation of bedrails. On the day of inspection, the inspector found two examples whereby bedrails were in use and there was no assessment of need completed.
- The system in place to ensure that policies were reviewed and updated in line with best practice and regulation requirements was not effective. For example, the complaints policy had been updated in December 2023. However, the changes in Regulation 34; Complaints procedure, had not been incorporated into the updated policy.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required review to ensure that it contained accurate information as required by Schedule 1 of the regulations. The following information was not accurately included in the statement of purpose.

- the arrangements for dealing with complaints had not been updated to reflect the changes in the regulations.
- the organisation structure and the allocation of management resources that are utilised to provide support for the unregistered health care facility were not clearly outlined. This is a repeated finding.
- the description of the centre in the statement of purpose did not align to the floor plans submitted for the purpose of registration renewal of the centre.
- the arrangements in place for the management of the designated centre where the person in charge is absent was not clearly outlined.
- The number of registered beds was not accurate.
- The whole time equivalent (WTE) staffing outlined in the statement of purpose was not accurate. For example; the registered nurse compliment was stated as 3.85 WTE. This number of registered nurses is insufficient to ensure

that there was a nurse on duty at all times.
Judgment: Substantially compliant
Regulation 31: Notification of incidents
Notification of incidents, as required by Regulation 31, were not submitted to the Chief Inspector. The provider had failed to submit a notification relating to an injury that required medical treatment, and one incident of alleged abuse.
Judgment: Not compliant
Regulation 4: Written policies and procedures
The person in charge had reviewed the complaints policy in December 2023. However, the changes in the Regulations had not been incorporated into the updated policy.
Judgment: Substantially compliant
Quality and safety
<p>Overall, the inspector found that the standard of care which was provided to residents living in this centre was of a good quality. Residents spoke positively about the care and support they received from staff. Residents confirmed that their experience of living in the centre was positive. The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Staff were observed to be respectful and courteous with residents. Notwithstanding the positive findings, a review of nursing records found that action was required to ensure full compliance with Regulation 5: Individual assessment and care plan, and in the transfer of information when a resident was temporarily transferred to another health care facility.</p> <p>The inspector reviewed a sample of resident files. Following admission, a range of validated assessment tools were used to assess the needs of the residents including skin integrity, falls risk, nutrition and manual handling needs. This information was used to develop a care plan for each resident which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre. In the main, daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided to residents. However, the inspector</p>

found that the nursing care was not always delivered in line with the care plan in place. For example; the instruction on the frequency of dressing changes within care plans was not fully implemented and the rationale for decreasing the wound frequency was not documented.

The inspector reviewed the documentation in place that was used to ensure that the transfer of residents from the centre were carried out in line with the requirements of the regulations. A review of the transfer records of three residents from the designated centre did not ensure that the transfer process ensured information pertinent to the care of the resident was communicated to the receiving health care facility.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other health care professionals, in line with their assessed need.

The provider had systems in place to monitor fire safety precautions and procedures within the centre. The centre was had an appropriate fire detection and alarm system. The exact location of the fire detector could be quickly identified on the panel, to assist swift evacuation. The fire alarm was serviced. There were records of simulated drills and the length of time taken to evacuate the largest compartment had improved since the previous inspections. Records documented the scenarios created and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Annual fire training had taken place in 2023.

On a walk of the premises the centre was visibly clean. Housekeeping staff who spoke with the inspector were knowledgeable about the cleaning process required in the centre. Cleaning schedules were in place. The residents hairdressing salon and oratory were situated on the first floor. While there was a lift in place, the lift did not accommodate all residents due to the size of their specialist equipment. The person in charge had identified this issue. On the day of the inspection, there was no resident negatively effected by the limitations of the size of the lift.

There were regular residents' meetings held which provided residents with opportunities to consult with management and staff on how the centre was run. Minutes of recent meetings showed that relevant topics were discussed. Residents had access to an independent advocacy service. Friends and families were facilitated to visit residents, and the inspector observed visitors coming and going throughout the day.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 17: Premises

The premises was found to be appropriate and well maintained on the day of the inspection. There was adequate sitting, recreational and dining space available to all residents in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The provider did not ensure that all relevant information about a resident was provided to the receiving hospital. For example, records of three transfer letters sent with residents who were transferred to hospital did not outline the rationale for the referral, or provide detail of the current health status of the resident.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. Records documented the scenarios created, and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector found that assessments of need were not always completed. In addition, the care plan advice was not always implemented. This was evidenced by;

- on the day of inspection there were two residents with bedrails in use that did not have any assessments of need in place.
- the care plans for two residents with wounds did not have their care plans fully implemented in line with the instructions contained within the care plan.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse and palliative care.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider had provided facilities for occupation and recreation for the residents in the designated centre. Residents' rights were respected, and their choices were promoted in the centre by all staff. Residents were provided with access to independent advocacy services if required. Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence or discharge of residents	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially 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-0041976

Date of inspection: 10/01/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Additional time is scheduled for audits and review of deficits identified on this inspection. HSE QPS support is being given to support the improvement of these reviews.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of purpose updated incorporating the changes in Complaints management. Complaints policy updated incorporating the changes in the regulation in 2023.</p>	
Regulation 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The two notifications highlighted are now notified to HIQA. Reminder to staff on procedure and requirement for notification completed.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Complaints policy has been updated incorporating the updated regulations.</p>	
Regulation 25: Temporary absence or discharge of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents: Updated and revised transfer document / discharge letter is in use now.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Care plans and care folders were completely audited and feedback given to staff and all assessments are in place now.</p> <p>Clinical staff advised on importance of following wound care plans protocols and Restraint management completing all assessments for the same at most recent staff nurse meeting.</p> <p>Restraint management training for all grades of staff ongoing.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	27/02/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre,	Not Compliant	Orange	27/02/2024

	hospital or place.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	27/02/2024
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Yellow	27/02/2024
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	27/02/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a	Substantially Compliant	Yellow	27/02/2024

	resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.			
--	---	--	--	--