



**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:	Unannounced
Date of inspection:	08 February 2023
Centre ID:	OSV-0000632
Fieldwork ID:	MON-0039300

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:	21
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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
Wednesday 8 February 2023	10:45hrs to 18:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

The feedback from residents was positive. Throughout this one day of inspection, the inspector observed a warm, friendly, and welcoming atmosphere in the centre. Residents stated that they were well cared for by staff who were kind and attentive to their needs. On the day of inspection, the inspector found that residents living in this centre were provided with a good standard of care. One resident told the inspector, "don't worry about here" - meaning that the care was very good. This sentiment was expressed by all of the residents that spoke with the inspector.

Residents told the inspector that they felt safe in the centre and that they could freely raise any concerns with the staff. When chatting with residents, the inspector noted that the residents referred to the staff by name. Residents were very familiar with the team that were supporting them. This familiarity with the care staff positively impacted on the lived experience of residents in the centre. It contributed to the open, friendly atmosphere observed by the inspector.

Residents who were unable to speak with the inspector, due to cognitive inability, were observed to be content and comfortable in their surroundings.

Throughout the day, residents were observed relaxing in the main communal room and in their own bedrooms. Residents moved freely around the centre, interacting with each other and staff. Staff supervised the large communal sitting room and those residents who chose to remain in their rooms were monitored by staff throughout the day. In the communal sitting room, the inspector observed that there were opportunities for residents to participate in recreational activities of their choice and ability. Residents told the inspector that they were supported to spend the day as they wished, and were satisfied with the activities schedule. On the afternoon of the inspection, the inspector observed a number of one to one activities including card playing, knitting and building blocks. The residents appeared to enjoy the activities.

The inspector observed that residents had a choice of when and where to have their meals. Residents told the inspector that they also had a choice of meals and drinks available to them every day and they were satisfied with the quality of food. The dining experience in the evening was observed to be a social, relaxed occasion and the inspector saw that the food was appetising and well-presented. Residents were assisted by staff, where required, in a sensitive and discreet manner.

Throughout the day, the inspector observed staff providing care to residents in an unhurried fashion. Friendly, respectful conversations between residents and staff could be overheard throughout the centre. Residents that were able to mobilise were encouraged to avail of the opportunity to get exercise and were not rushed. The inspector observed a resident being supported by staff to walk the length of the corridor when they requested to return to their bedroom. The staff member followed the resident behind with a wheelchair should a rest be needed. The staff member

actively encouraged the resident. When the destination was reached the staff member stated " If you do this walk every day, it will make a job of you". The resident was observed to have enjoyed the exercise and was pleasantly amused by the encouragement.

The inspector observed that personal care and grooming was attended to a good standard. The nursing staff had introduced a document titled "care at a glance" that was kept in each bedroom. This document was kept up to date with the most relevant care needs of the residents and the information, when cross referenced with the assessments, was accurate.

Friends and families were facilitated to visit residents, and the inspector observed visits occurring throughout the day.

Accommodation was provided for 21 residents and comprised of single, twin and treble bedrooms. The centre was clean, tidy and free of clutter. However, flooring in parts of the centre was in a poor state. In addition, the bath had been decommissioned for over a year and so the residents did not have the option to have a bath. Both observations was known to the provider and the inspector was informed that a schedule for repair of flooring was in place. Pricing for the installation of a new bath was in process.

In summary, the inspector found a good level of compliance with regulations, with a responsive team of staff delivering safe and appropriate person-centred care and support to residents. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This unannounced risk inspection took place over one day. There were 21 residents accommodated in the centre on the day of the inspection.

The inspector found that this was a well-managed centre where residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of an appropriate standard and the findings reflected that residents received care in accordance to their assessed needs. The governance and management structure had changed following the last inspection. This meant a reduction in the management resources allocated to the centre. The office of the Chief Inspector had not been informed of the changes which meant that the centre

was not resourced as per their statement of purpose. In addition, the inspector found that the management of records was not robust resulting in incomplete records. The detail and impact of these findings are discussed below.

The Health Services Executive is the registered provider of this centre. As previously stated, following the last inspection the governance and management structure in place had been changed. The person in charge was appointed to the role of Director of Nursing. This meant that the person in charge had been assigned the added responsibility for the monitoring and clinical oversight of an unregistered health care unit. In tandem with this change, the allocation of management resources decreased. The resources allocated to the governance and management of the centre now required a review as it was not in line with the statement of purpose submitted for the registration of the centre. As a result of future planning for services within the region, resources for this centre had been directly impacted. The office of the Chief Inspector had not been informed of these changes. The person in charge was no longer working full time hours in the centre. On average between 10-15 hours of their working week was redirected to the management of the unregistered health care unit.

On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. While the inspector acknowledges the provider had ensured that the staffing levels in the centre were maintained by a minimum of one registered nurse, 24 hours a day, supported by a team of multi task attendants, there was no clear staffing strategy in place to ensure this staffing level could be maintained. There was an over reliance on the use of staff from the unregistered health care unit combined with the use of agency staff. Management confirmed to the inspector that they had assessed the staffing situation in the centre as a risk. This incomplete staffing strategy was compounded by the reduction in management hours. The clinical nurse manager was also required to work in the direct provision of care when the registered nurse complement could not be filled through the transfer of a nurse from the community hospital or an available agency nurse.

A review of the staffing rosters found that the number of nursing staff and multi-task attendants committed to in the centres statement of purpose did not reflect the number of staff available on the roster. As stated, the clinical nurse manager was required to be redirected and allocated to work in the provision of direct nursing care. This impacted the resources available to fulfil the requirements of the management role. For example, incomplete staff files, resident care plan records and the updating of policies and procedures. The inspector acknowledged that there was an ongoing recruitment campaign in place to fulfil all of the current staffing vacancies.

The centre is registered to accommodate 22 residents in single, double and treble occupancy bedrooms. The registered provider had reduced the occupancy of one bedroom. This had resulted in an overall reduction in bed capacity to 21. The inspector acknowledges the change had enhanced the service provided to residents. However, the provider had failed to notify the Chief Inspector of this change, as is

required under the registration regulations.

There was evidence of governance and management meetings to provide effective governance and oversight of the service. The quality and safety of direct care delivered to residents was monitored through a range of audits. The audits included reviews of care planning documentation, incidents involving residents' falls, and medication management audits. Where areas for improvement were identified, action plans were developed and action was taken.

Staff had access to education and training appropriate to their role. This included infection prevention and control training, fire safety, manual handling and safeguarding training. Annual appraisals of staff performance were completed. While there were minor gaps in the training, a plan was in place to address the gaps. In addition, the inspector acknowledges that on the day of inspection, staff demonstrated a good level of knowledge in relation to the care of residents.

The centre had a complaints policy in place. However, the complaints policy was not updated to reflect the current complaints process in the centre. This was discussed at the feedback meeting and a commitment was given to review all policies in the centre and ensure they were centre-specific.

Regulation 15: Staffing

On the day of inspection, there was sufficient staff on duty with appropriate skill mix to meet the needs of all 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. While there were minor gaps in the training, a plan was in place to address this. Staff demonstrated a good level of knowledge in relation to resident care.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the information as required by Schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

The provider had failed to ensure adequate oversight of records management. For example:

- Staff that had transferred from an unregistered health care unit had their vetting disclosure transferred with them which meant that the centre had not ensured up to date disclosures were in place for this centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that the changes in the allocation of resources that have occurred in the centre following the last inspection of June 2022 was having a negative impact in this centre. Further action was required in relation to the staffing strategy, the updating of policies and records management. The totality of the findings evidenced that the person in charge and the support structures in place required strengthening to ensure that the systems are implemented and effective and result in full compliance with regulation requirements.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had failed to ensure that the statement of purpose was updated as changes had occurred. For example: changes in the governance and management structure that had occurred in July 2022 following the June 2022 inspection. The governance and management structure had significantly changed. The 15 hours of support to the person in charge from a senior nurse manager role was now not in place. The clinical nurse manager role which was the person in charge role was now the Director of nursing with responsibility for this centre and an unregistered health care unit. This had a negative impact on the role of the person in charge, who was no longer working full-time in this centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Quality and safety

The inspector found that the standard of care which was provided to residents living in this centre was of a good quality. Residents were complimentary about the care and support they received from staff and 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 kind in their interactions with residents. Overall the inspector found a high level of compliance with the regulations reviewed.

The provider had systems in place to monitor fire safety precautions and procedures within the centre. 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. Appropriate documentation was maintained for daily, weekly, monthly and yearly checks and servicing of fire equipment. Annual fire training had taken place in 2022. The policy required review as it did not clearly outline the actions that the staff in this centre should take in the event of a requirement to evacuate the residents. The inspector acknowledges that staff responses to questions asked on the fire evacuation process were comprehensive.

The centre had an outbreak of gastroenteritis in December 2022. The centre had been in contact with Public Health and followed guidance given. Housekeeping staff who spoke with the inspector were very knowledgeable about the cleaning process

required in the centre. Cleaning schedules were in place. The management had completed infection prevention and control, environmental and hygiene audits. Following the last inspection clinical hand hygiene sinks had been installed in resident bedrooms. Staff were observed to complete hand hygiene. Resident meetings confirmed that safe hand hygiene and the importance of this was discussed. The inspector observed that the nursing staff only had access to one medicine fridge which meant that clinical specimens would be stored in the medicines fridge.

The inspector reviewed a sample of resident files. Following admission, a range of validated assessment tools were used to reflect 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 and reviewed as changes occurred. There was clear evidence that residents are part of the review process. The documentation in place to guide care in end of life and advanced care planning was detailed and the steps to take in the event of sudden deterioration was clearly documented. The inspector found that the care plans reviewed by the inspector were person-centred, holistic and contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided to residents.

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 healthcare professionals in line with their assessed need.

The inspector reviewed the use of restrictive practices and found that the centre has a small number of resident bedrails in use. Appropriate assessment of the use of bedrails was in place and monitoring of resident safety checks was completed.

Residents' meetings were 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.

Regulation 11: Visits

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

Judgment: Compliant

Regulation 13: End of life

Residents and, where appropriate, their relatives were involved in the decision making process with regard to end of life wishes and advanced care plans in consultation with the residents General Practitioner (GP).

The centre had access to specialist palliative care services to provide further support to residents during their end of life.

Judgment: Compliant

Regulation 27: Infection control

The centre had access to one clinical fridge. This meant that medications that required refrigeration were stored alongside specimens that were awaiting transfer to a laboratory for analyses. This poses a risk of cross infection.

Judgment: Substantially 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. Each resident had a completed personal emergency evacuation plan in place to guide staff.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The inspector reviewed a sample of resident's medication kardex and medication administration records and observed that medication management practices complied with professional regulatory requirements, guidelines and the centres own policies.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were person-centered and guided care.

Judgment: 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, psychiatry of old age and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre in line with local and national policy. The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage.

Judgment: Compliant

Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection. Gaps found in staff vetting is actioned under Regulation 21: Records.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Independent advocacy services were 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0039300

Date of inspection: 08/02/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Revised vetting disclosures have been requested for the staff concerned and are in process. All staff have been vetted by the provider for the roles they fulfill.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Changes in management are now reflected in the revised statement of purpose submitted to the Chief Inspector on 31/3/23. The Person in Charge is based in the Designated Centre with additional management support from 0.5 CNM2, giving 1.5 WTE CNM2. The provider is satisfied that this provides fulltime person in charge cover for the unit.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose: A revised statement of purpose has been submitted to the Chief Inspector on 31/3/23 detailing revised management changes.</p>	

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Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:
A second fridge has been provided.

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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/04/2023
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/03/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	31/03/2023

	associated infections published by the Authority are implemented by staff.			
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	31/03/2023