



**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 Brendan's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Lake Road, Loughrea, Galway
Type of inspection:	Unannounced
Date of inspection:	09 November 2022
Centre ID:	OSV-0000633
Fieldwork ID:	MON-0037824

About the designated centre

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

St. Brendan's Community Nursing Unit is a purpose built residential care facility overlooking the lake in the town of Loughrea in County Galway. It provides twenty four hour nursing care for 100 people over the age of 18 years whose care needs range from low to maximum dependency. The building comprises four care areas. Sliabh Aughty and Crannogs on the upper floor and Knock Ash and Coorheen on the ground floor. Coorheen provides care for people with dementia. Each care area has 21 single rooms and two double rooms and all bedrooms have accessible en-suite toilet and bathroom facilities. There are two sitting/dining rooms in each care area. An additional quieter sitting room is located on the ground floor which has tea and coffee making facilities. The Day/Dining Room located on the ground floor is available for residents from each care suite to enjoy large group recreational activities and dining while maintaining social distancing. There is a palliative care suite supported by the hospice home care team available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	65
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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 9 November 2022	10:00hrs to 17:50hrs	Fiona Cawley	Lead
Thursday 10 November 2022	08:00hrs to 13:35hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were provided with good standards of care in a supportive environment. The inspector observed a warm, friendly atmosphere throughout the centre. Feedback from residents was that this was a good place to live, and that they were well cared for by staff who were kind and attentive to their needs. A lot of good practice was observed during the inspection, with good regulatory compliance across the majority of regulations.

Following an introductory meeting on the first day of the inspection, the inspector completed a tour of the centre. The centre was a purpose built facility on the outskirts of Loughrea, County Galway. The living and accommodation areas were spread over four units located on two floors, Sliabh Aughty and Crannogs on the upper floor and Knock Ash and Coorheen on the ground floor. Both floors were serviced by an accessible lift. Accommodation was provided for 100 residents and comprised of single and twin bedrooms, all of which were ensuite. The décor was modern throughout and all areas of the centre were appropriately furnished to create a homely environment. Many residents commented on the beautiful views of the lake which could be seen from many of the communal rooms and bedroom areas. Residents were observed to be up and about in the various areas of the centre. Some residents were having breakfast, others were relaxing. The inspector also observed that other residents were having their care needs attended to by staff.

The building was found to be well laid out to meet the needs of residents, and to encourage and aid independence. The centre was bright, warm and well ventilated throughout. Call bells were available in all areas and answered in a timely manner. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. There was a choice of communal areas provided for residents on both floors, including day rooms and a parlour. There was also a large day/dining room on the ground floor which was available for use for activities and dining. A multi-denominational prayer room was available for residents to use for quiet time. Overall, bedroom accommodation provided residents with sufficient space to live comfortably and adequate space to store personal belongings. The inspector observed that many residents had decorated their rooms with personal items of significance.

Residents were provided with unrestricted access to bright outdoor spaces which contained a variety of suitable seating areas and garden furniture.

There was a designated smoking area which was adequate in size and well ventilated. The inspector observed that measures were put in place to ensure the residents' safety when using this facility, including access to suitable fire fighting

equipment.

The inspector interacted with a large number of residents and spoke with a total of 18 residents on the days of the inspection. Residents told the inspector that they were satisfied with life in the centre, that they felt safe and that they could freely raise any concerns with staff. Residents said that they had everything they needed and described staff as 'excellent, 'great' and 'brilliant'. One resident told the inspector that they were 'as happy as Larry', while another resident said that the centre was 'better than home'. A number of residents described their day-to-day lives in the centre. One resident told the inspector that sometimes they felt a bit 'fed up', but that staff were obliging and provided them with assistance when they required it. A small number of residents said they spent most of the day in their own bedrooms and that while they were offered the opportunity to join in communal activities, they preferred their own company. They told the inspector that they had plenty to do including watching TV, reading and doing exercises. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

Throughout the two days, residents were observed relaxing in communal areas and in their own bedrooms. Residents also moved freely around the centre, interacting with each other and staff. Those residents who chose to remain in their rooms were monitored by staff throughout the day. Residents told the inspector that they were supported to spend the day as they wished. There were opportunities for residents to participate in recreational activities of their choice and ability, either in the communal day rooms or their own bedrooms. Scheduled activities were provided seven days a week. On both days of the inspection, the inspector observed residents taking part in activities in the various communal areas in the centre. Activities included board games, knitting, music and card games. A number of residents were observed enjoying a flower arranging session in the large day/dining area. Other residents were observed taking part in an interactive activity specially designed for people living with dementia which they appeared to enjoy. Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also available.

While staff were busy attending to residents throughout the centre on both days of the inspection, care delivery was observed to be unhurried and respectful. There was a comfortable atmosphere and polite conversations were overheard between residents and staff. The inspector observed that personal care and grooming was attended to a satisfactory standard.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the two days. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

The inspector observed that overall, residents had a choice of when and where to have their meals throughout the day. A number of residents told the inspector that they were offered a choice of location for meals including the day/dining room on the ground floor but that they preferred to have meals in their bedrooms. The

majority of residents were observed having meals in the communal areas. Meals served were well presented and there was a good choice of nutritious food available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. Residents were complimentary about the food in the centre. Staff and residents were observed to chat happily together throughout mealtimes and all interactions were respectful. A choice of refreshments was available to residents throughout the day.

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 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 two days. There were 65 residents accommodated in the centre on the days of the inspection and 35 vacancies.

The inspector found that the overall, 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 a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre.

The provider of this centre was the Health Service Executive (HSE). There was a clearly defined management structure in place with identified lines of authority and accountability. The assistant director of nursing, who was the person in charge, facilitated this inspection. They demonstrated an understanding of their role and responsibility and were a visible presence in the centre. They were supported in this role by a second assistant director of nursing, five clinical nurse managers and a full complement of staff including nursing and care staff, housekeeping, catering, administrative and maintenance staff. Management support was also provided by the service manager for Older Person Services.

The governance and management of the designated centre was well organised and the centre was well resourced to ensure residents were supported to have a good quality of life. On the day of the inspection there were sufficient numbers of suitably

qualified staff available to support residents' assessed needs. The team providing direct care to residents consisted of at least one registered nurse on duty at all times in each unit and a team of healthcare assistants. Staff had the required skills, competencies and experience to fulfil their roles. The assistant director of nursing and clinical nurse managers provided clinical supervision and support to all the staff. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents.

The provider had systems in place to monitor and review the quality of the service provided for the residents. A range of audits had been completed which reviewed practices such as care planning, use of restraint, antimicrobial use, medication management, and infection prevention and control practices. Where areas for improvement were identified, action plans were developed and completed. There was an annual review of the quality of the service provided for 2021 which included a quality improvement plan in place for 2022.

There were contracts for the provision of services in place for the majority of residents which detailed the terms on which they resided in the centre. However, action was required to ensure full compliance with Regulation 24: Contracts for the provision of services.

There were policies and procedures available to guide and support staff in the safe delivery of care.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding and infection prevention and control training. There was an induction programme in place which was completed by all staff.

There was evidence of effective communication with staff in the centre. Regular staff group meetings had taken place including management, health and safety, housekeeping, COVID-19 response and activities meetings. Minutes of meetings reviewed by the inspector showed that a range of relevant topics were discussed including COVID-19, infection prevention and control, clinical issues, risks and activities amongst other relevant topics.

There was a risk register which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place. There was a comprehensive COVID-19 contingency plan with controls identified in line with public health guidance.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 15: Staffing

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

Inspectors found that staff had access to mandatory training and staff had completed all necessary training.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents contained the information specified in paragraph 3 of schedule 3 of the regulations.

Judgment: Compliant

Regulation 21: Records

A sample of four staff files were reviewed by the inspector and found to have all the required information as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector found that contracts for the provision of service were not in place for a number of residents who were in the centre on a short term basis.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of Regulation 34. There was a comprehensive record of all complaints.

A review of the records found that complaints and concerns were promptly managed and responded to in line with the regulatory requirements.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and updated on in line with regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector observed that residents living in this centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. There was a person-centred approach to care, and residents' well-being and independence were promoted. Residents who spoke with the inspector were very complimentary about staff and the care they received. However, action was required to ensure that all residents received health and social care that was in line with regulatory requirements, in particular with regards to care planning for short term residents.

Each resident had a comprehensive assessment of their health and social care needs prior to admission to ensure the centre could provide the appropriate level of care and support. Following admission, a range of clinical assessments were carried out

using validated assessment tools. The outcomes were used to develop an individualised care plan for each resident which reflected their assessed needs. The inspector reviewed a sample of eight resident files as part of the inspection process and found that, overall, care plans that were in place were holistic and contained person-centred information. Daily progress notes demonstrated good monitoring of care needs and effectiveness of care provided to residents. However, some care plans for residents receiving short term care were not up-to-date and action was required to ensure all care plans were developed in line with regulatory requirements. This is discussed further under Regulation 5: Individual assessment and care plans.

While there was evidence of multidisciplinary meetings and discussions about discharge planning for short term residents, action was required to ensure that the plan was clearly documented and accessible to both staff and 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 centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. There were a number of residents who required the use of bedrails and records reviewed showed that appropriate risk assessments had been carried out in consultation with the multidisciplinary team and resident concerned.

The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Residents were provided with opportunities consult to with management and staff on how the centre was run. Resident meetings were held and resident satisfaction surveys were carried out. Resident feedback was observed to be acted upon. Residents had access to an independent advocacy service.

Overall, the premises was found to be suitable to meet the needs of residents. There was adequate communal and dining space available to ensure that all residents had the option to spend their day in a large communal space, have their meals in a dining area or, if they preferred in their bedrooms.

All areas of the centre were observed to be very clean and tidy and the premises was generally well maintained on the day of the inspection. Cleaning schedules were in place and equipment was cleaned after each use.

Regulation 10: Communication difficulties

The inspector observed that the provider had systems in place to ensure residents

with communication difficulties were facilitated to communicate freely.
Judgment: Compliant
Regulation 11: Visits
The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.
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 18: Food and nutrition
Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.
Judgment: Compliant
Regulation 20: Information for residents
The provider had prepared a guide for residents which contained the requirements of the regulation.
Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed a number of records for residents who were in the centre on a short term basis and found that there was no documented discharge plans in place available for review. While staff who were spoke with demonstrated knowledge of discharge plans, there was no documentary evidence that discharges were discussed, planned for and agreed with residents or, where appropriate, their families.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 .

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector observed that action was required to ensure care plans were developed and reviewed in line with the assessed needs of the residents and as required by the regulation. For example, a number of residents in the centre did not have up-to-date care plans developed based on the assessment carried out on or before admission to the centre. One resident did not have a care plan in place to address psychological needs identified in the pre-admission assessment. Another resident did not have a care plan in place to direct the care required to address skin care needs.

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, 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 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.

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	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Brendan's Community Nursing Unit OSV-0000633

Inspection ID: MON-0037824

Date of inspection: 10/11/2022

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
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>This compliance plan response from the registered provider did not adequately assure the office of the Chief Inspector that the actions will result in compliance with the regulations</p> <p>The non-compliance identified relates to Short Stay beds. The HSE does not issue contracts of care for these admissions. Their stay is under existing HSE protocols and procedures. A contract of care applies only to long stay residents.</p> <p>A letter of admission will be issued to all short stay patients to confirm that they are admitted subject to HSE policies and procedures from January 2023.</p>	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>The pre-assessment form has been updated to enhance discharge communication between the acute hospital and the Multidisciplinary team in St Brendans CNU. In addition, a discharge template has been developed in conjunction with the Multidisciplinary team in St Brendans CNU for resident discharge, to ensure that there is documentary evidence that discharges are discussed, planned for and agreed with residents or where appropriate their nominated representative.</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:</p> <p>All residents admitted to the Short stay unit have care plans developed in conjunction with the resident or nominated representative as appropriate. Care plans are developed based on residents care needs identified in their appropriate assessments. Short stay residents care plans audit added to audit schedule.</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 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/01/2023
Regulation 25(4)	A discharge shall be discussed, planned for and agreed with a resident and, where appropriate, with their family or carer, and in accordance with the terms and conditions of the	Substantially Compliant	Yellow	30/12/2022

	contract agreed in accordance with Regulation 24.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/12/2022