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 High Support Unit
Name of provider:	Mulranny Day Centre Housing Limited
Address of centre:	Mulranny, Westport, Mayo
Type of inspection:	Unannounced
Date of inspection:	22 July 2021
Centre ID:	OSV-0000389
Fieldwork ID:	MON-0033648

About the designated centre

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

St. Brendan's High Support Unit is a purpose-built facility which can accommodate a maximum of 36 residents of mixed gender. It provides care to dependent persons aged 18 years and over who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency.

This centre is situated in the village of Mulranny on the N59 Newport to Achill road and just off the Great Western Greenway. It is part of a supported housing complex and day care service operated by Mulranny Day Centre Housing Limited. The building is split level over two floors with lift access to the upper floor. Bedroom accommodation for residents is available on both floors and consists of single and double rooms. A variety of communal space is available for residents to use during the day and includes two sitting rooms, a dining area, an oratory and visitors' room. The centre is set in spacious grounds and overlooks the sea.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	29

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 22 July 2021	09:00hrs to 17:00hrs	Gordon Ellis	Lead
Thursday 22 July 2021	09:00hrs to 17:00hrs	Brid McGoldrick	Support

What residents told us and what inspectors observed

Inspectors met and spoke with several residents during the inspection. Residents spoke positively about the care and service provided and commented that they were comfortable and content living in the centre.

Inspectors arrived unannounced to the centre and were guided by the nursing staff through the infection prevention and control measures necessary on entering the designated centre. The centre's General Practitioner was on site. Later in the morning the Person in charge arrived to the centre and assisted inspectors with the inspection.

Residents spoken to were knowledgeable on the complaint process, there were no active complaints at the time of the inspection. From review of the resident meetings there was evidence that residents were listened to and that their suggestions are taken on board for example a suggestion around changes to the menu has been acted upon.

Residents were delighted that the priest could attend the centre and also reported satisfaction with the resumption of music sessions. On the day of the inspection there were limited activities provided as activity personnel were required to carryout other duties due to vacancies. A resident who had a medical appointment was accompanied by staff member. Two other residents left the centre for personal appointments with their family/ friend.

Visits were facilitated in line with public health guidance. There were adequate arrangements for residents to receive their visitors in private taking into account the Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance. Resident said they were very pleased to see family and friends again. All visits were pre-arranged. There was a new designated room available to facilitate visits but Inspectors noted that the newly purposed visitors room was in fact too small to hold visitors in the centre. Visitors had their temperature checked on arrival and were requested to declare that they were symptom-free when entering the centre.

Throughout the day, the observation and interaction between residents and staff was positive, patient and kind. However inspectors observed one resident who requested assistance and had to wait for their needs to be met due to insufficient staff provision.

Although the opportunity for activity was reduced on the day of inspection due to activity staff being redeployed to other duties, inspectors observed that in the afternoon a group activity did occur. Inspectors were told by residents that they were making plans to celebrate the upcoming Olympic games. There was reduced outdoor garden space available due to construction works and while inspectors observed a small number of residents going outside for a stroll in the sunshine

inspectors concluded that a a structured programme was required to facilities outdoor activities in line with residents wishes.

Overall the premises continues to require improvements to meet the requirements of regulation 17. The inspectors observed areas that were not well maintained and were in need of refurbishment with visible signs of wear and tear. However residents confirmed that they were satisfied with their living arrangements and were well informed on the proposed works being carried.

Inspectors saw and residents confirmed that each resident's food choices is respected and that each resident is supported to eat and enjoy their food. Residents commented on the home made breads which were provided to them.

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 the quality and safety of the service being delivered.

Capacity and capability

This inspection was a one day risk based inspection. The inspection was carried out by inspectors of social service one of which was a fire and estates inspector to monitor compliance with fire safety regulation, regulation 28.

The governance structure in place was accountable for the delivery of the service. There were clear lines of accountability and all staff members were aware of their responsibilities and who they were accountable to.

The provider of this centre was Mulranny Day centre Housing LTD. Overall, there was an improvement in the management of the centre as there was now evidence of structured management meetings which included members of the board. In addition there were quality and safety meetings where a range of topics were covered including admissions, activity provision, complaints, staffing and infection prevention and control. These system improvements required additional strengthening to ensure they had oversight and monitored the quality and safety of care to residents. The findings of this inspection evidence that inadequate arrangements were in place to oversee maintenance, infection prevention and control and fire safety. Since the findings of the last inspection the provider was working towards ensuring full compliance with the regulations. All nurses were trained in use of new fire alarm panel . A fire warden was on duty on each shift day and night. Staff completed fire warden training and a fire safety officer was appointed. Records of the routine fire safety checks to fire doors, escape routes and fire alarm were complete and up-to-date. A double yellow line was painted to ensure cars parking was appropriately to ensure fire exits and assembly points are

unobstructed at all times and the oxygen storage area had a lock in place.

Staffing numbers and skill mix were not appropriate to meet the support requirements of 29 residents.There was a decrease in number of care assistants from that outlined in the statement of purpose and function. Additional resources were also required to support household staff. A recruitment campaign was in progress. Staff had access to relevant guidance and policies to guide their practice. There was evidence of regular staff meetings, memos and the introduction of 'safety pause meetings' during the shift to ensure timely updates.

The management team were committed to providing ongoing training to staff. There was a training schedule in place and training was scheduled on an on-going basis. Further education was required on the cleaning and decontamination processes to ensure that equipment used by residents equipment and shower areas are cleaned effectively. Some staff did not have up to date cardiopulmonary resuscitation (CPR) . Thirteen of the twenty nine residents had recorded in their care plan that if necessary CPR should be provided. Management agreed to ensure that this training would be provided as a priority.

Feedback from residents' committee meetings was used to inform the review of the safety and quality of care delivered to residents to ensure that they could achieve better outcomes for residents. The annual review on the quality and safety of care in the centre had been not been completed for 2020. A copy of the report and action is required to be submitted to Office of Chief inspector when complete

The inspectors were satisfied that complaints when received were managed in line with the centre complaints policy.

On this inspection , the inspector of social services was accompanied by the fire estates inspector who reviewed the findings from the previous inspection report held in May 2019 and the submitted fire safety risk assessment dated January 2019. Fire precautions was assessed with a particular focus on the fire safety management practices in place and the physical fire safety features in the building.

Inspectors noted many good practices in relation to fire precautions; escape routes were clear and bedroom doors were fitted with devices which provided residents with a choice to safely keep their door open or closed. Staff spoken with and the person in charge were knowledgeable on the procedures to follow in the event of a fire. External storage sheds had been organised and fitted with fire detection and fire doors had been upgraded. The alarm system had been upgraded to a full L1 alarm system for the centre.

While significant progress had been made, improvements were still required based on fire issues identified on inspection relating the deficiencies in; containment, fire doors, emergency and directional signage to the rear had not been fitted, storage in the centre of refuse materials to the rear on an escape route had not been rectified, signage was missing to notify staff of the location of the gas valve in the laundry room and staff belongings were being stored inappropriately. None-fire rating attic hatches had not been upgraded and the fire safety risk assessment has not been reviewed and updated since January 2019 considering construction work was taking

place at the designated centre of the time of inspection.

A review of the fire safety risk assessment is to be carried out by the Provider and the findings of which are to be submitted to the Chief Inspector for review.

Regulation 15: Staffing

The staffing numbers and skill mix were not appropriate to meet the support requirements of 29 residents. This was evidenced by

- A resident was observed waiting for assistance in the morning as staff were busy attending to other residents care needs
- There was in-sufficient staff to maintain the cleanliness of the centre to the required standard.

Judgment: Not compliant

Regulation 16: Training and staff development

Training in infection prevention and control, including hand hygiene and the donning and doffing of PPE was provided through HSE online training. A record was maintained of staff attendance at these mandatory training sessions. The centre's training record identified some gaps for example newly recruited staff had not completed training on cardiopulmonary resuscitation.

Judgment: Substantially compliant

Regulation 23: Governance and management

The arrangements for governance and oversight required improvement. This was evidenced by:

- The environmental audits did not identify potential risks observed by inspectors on the day of the inspection
- inadequate systems of monitoring infection, prevention as detailed under regulation 27
- inadequate monitoring of fire safety precautions
- No annual review had been completed for 2020

The management systems in place for risk identification required improvement by:

- Risk associated with the access ramp in the dayroom.
- Risk associated with new construction work being carried out at the designated centre.
- Risk associated with the vacancies in care staff.

In consideration of the fire safety matters identified during inspection, the inspector was not assured that appropriate management systems were in place to ensure the service provided was safe, appropriate, consistent and effectively monitored by the provider. For example;

- The registered provider had not reviewed the fire safety risk assessment since 17 January 2019 for the designated centre.
- The process for identification and management of fire safety risk required improvement.
- The storage of refuse and oxygen cylinders was not in line with the centres own policy.
- Deficiencies noted in the maintenance and fire performance of fire doors in the centre.

Judgment: Not compliant

Regulation 3: Statement of purpose

The Statement of Purpose required review to ensure it contained all of the required information. For example:

- there were changes to the purpose and function of rooms for example the oratory was now the visitors room
- the whole time equivalent of staff employed had changed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The required notifications were submitted where required.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints log found that complaints were managed in line with the requirements of regulation 34.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the centre was providing a good standard of care and quality of life for residents. Improvements were required in the premises, fire safety precautions and infection prevention and control. Significant improvements were required in the oversight and resources provided to ensuring compliance with the national infection, prevention control standards. It is acknowledged that this centre remained covid free, management and residents reported that there was excellent uptake of vaccine by staff and residents. Due to the focus on prevention of of Covid 19, and the construction works in place the annual quality report for 2020 had not been finalised.

Residents accommodation was provided in seven single and twelve double bedrooms. Four of the resident's bedrooms are served by en-suites in compartment six. A barrier was erected to separate the centre from the current construction work being carried out at the centre so inspectors were unable to observe beyond this barrier. Improvements to the premises were required specifically in relation to some of the double rooms, staff changing facilities, cleaning facilities, storage and on going maintenance issues as described under regulation 17.

Residents health care needs were appropriately assessed and a comprehensive care plan was developed to address the health and social care needs of the residents.There was evidence of reviews by health- care professionals such as general practitioner, dietitians and physiotherapy.

Residents rights were observed to be upheld. The inspector found that residents were free to exercise choice about how they spent their day with going out to visit family, remaining in their bedrooms or attending the communal areas.

Residents did not have access to a garden area. While staff facilitated resident walks a structured plan is required to enable residents get to spend time outdoors.

A review of the infection prevention and control procedures in place found that there were some positive infection prevention and control measures in place including:

- Alcohol hand sanitizers were available throughout the centre.
- Appropriate signage was in place reminding all persons to complete hand

hygiene and transmission based precautions

While systems to support infection prevention and control practices were in place improved oversight was required to ensure they were implemented in practice. Inspectors observed staff changing area, bathroom and a bedroom which were not cleaned effectively. Some equipment for use by residents for example wheels of chairs were not clean.

From a fire safety perspective, inspectors noted many good practices in the designated centre and found both staff and the person in charge to be knowledgeable of both the procedures to follow and of the residents assessed evacuation needs. However, it was evident that improvements are required with the premises to adequately protect staff and residents from the risk of fire.

Improvements were required to ensure adequate containment of fire. Deficiencies noted to fire doors and penetrations through ceilings meant that inspectors were not assured that the fire safety containment arrangements in place adequately protected the residents from the risk of fire in the centre.

There were concerns about the safe evacuation of residents with mixed dependency levels from a large compartment providing sleeping accommodation for 11 residents when staffing levels are lowest. Two residents were currently receiving oxygen in this compartment during the inspection. Staff roster available to inspectors showed that two care staff and one staff nurse were on duty during the night time. Inspector requested that a Fire drill for a full compartment evacuation with night time staffing resources and with all evacuation aids used as required to be carried out to give assurances that there is adequate resources to safely evacuate residents in this compartment .The inspectors were told that the registered provider was considering further subdivision of this large compartment to provide two smaller compartments. The inspectors agreed that this would improve the level of safety for residents in this compartment, reduce evacuation times and further protect staff and residents from the effects of fire.

Currently there is a new extension being constructed at the centre. This will include additional rooms adjacent to compartment 6 that currently have four resident residing there. Inspectors found that a thorough review of the means of escape and ease of accessibility for all residents to access compartment 6 is required to ensure that it is adequate for the four residents living in this compartment and any future additional residents once construction work has been completed. The provider is required to ensure that the means of escape is suitable for all evacuation aids required and that the means of access is suitable for all residents dependency levels who need access to compartment 6 on a daily basis.

Inspectors found it difficult to push a wheelchair up the ramp due to the steep incline of the ramp. Inspectors found that there was only one handrail on one side of the ramp for residents to use. This would cause difficulty for a resident who has impaired mobility to one side of their body to be able to use the ramp in both directions. For these reasons, the accessibility of the ramp will need to be assessed by a competent professional to provide assurances on the accessibility of residents

and staff for everyday use and for means of escape in the event of a fire. Inspectors suggested that admissions to this compartment should be managed and only low to medium dependency residents may be more suitable to use the available lift and the ramp access to these rooms.

Drill records were reviewed by inspectors. It was evident that frequent evacuation drills were taking place. However all fire drills reviewed were only evacuating residents to the reception area and not to the nearest fire exit where the fire had first been discovered. Fire drills should be practiced using all scenarios and all means of escape to ensure all routes have been tested by staff and are adequate. The person in charge recognized this and took the advice on board.

Regulation 11: Visits

Visits were being facilitated in line with public health guidance.

Judgment: Compliant

Regulation 17: Premises

The inspection identified that certain aspects of the premises did not meet the requirements of schedule 6 and the National standards for Residential care settings(2016).

A review was required of double bedrooms to ensure the design and layout was suitable for the number of residents intended to be accommodated in each room. For example:

bedroom 3 is listed on the Statement of Purpose and the Floor Plans as a twin bedroom, however, it does not meet the minimum bedroom floor space for two residents as required by S.I. No. 2932016 - Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016. bedrooms 1, 2 and 7 are intended to accommodate two residents in each room. Due to the design and layout of these rooms these bedrooms could not accommodate two residents and maintain adequate space between beds for social distancing purposes. Additionally, should there is a need to use assistive equipment, such as a hoist, this could not be done without disturbing the resident in the adjacent bed. Wardrobe space was limited in these rooms, and there was no enough space to put a comfortable chair at the bedside.

The following areas required attention:

- The centre was lacking a cleaners rooms which meant the cleaning staff had to use the sluice room for this purpose.

- The newly purposed visitors room was too small to hold visitors
- There was a lack of storage, staff were storing their belongings inappropriately through the centre all over. A store off the assisted bathroom was being used by staff for their belongings. Duct tape had been used on the floor in the same area to patch up the floor covering.
- Some residents rooms were not supplied with a armchair and bedroom furniture was tired and would be difficult to clean due to wear and tear
- Some residents doors showed signs of damage
- Window in room 1 was blocked by an external storage container and the length of the curtain was too short to pull the full length of the bed.
- The smoking room showed signs of significant deterioration with signs of rust, dampness and stains from water leaking through the ceiling close to electrical wires. This door had a no entry sign displayed on the front of the entrance door and was not in use for residents.
- The sluice room had dirty bidets in the room. The sink was slow to drain when the tap was turned on and there was a sweeping brush in the room. The room was dirty in general and the door was damaged.
- The kitchenette adjacent to the dining room showed signs of dampness and the fridge was rusted. Person in charge mentioned that he fridge had just been replaced and a unknown issues was causing the rust to the fridge. Other kitchen appliances were not stored correctly and the room was dirty.
- The visitors toilet had a hole in the ceiling and screws were missing from the ventilation duct in the ceiling which resulted in the duct becoming loose and hanged down from the ceiling. The bins showed signs of rust and there was damage to the wall due to the overhead door closing banging off the wall everytime the door was opened.
- The assisted bathroom had bedding, towels and personal clothing stored inappropriately. The heating fan showed signs of melting around the outer cover.
- External sheds used to store residents drinks, PPE equipment and cleaning equipment were dirty and showed signs of rust. Electrical wires were also exposed and not protected with trunking.

Judgment: Not compliant

Regulation 27: Infection control

On the day of inspection, the inspector observed that staff were adhering to infection control guidelines including the appropriate use of PPE and adherence to good hand hygiene practices. The following improvements were required:

- The procedures, frequency and methods for housekeeping and environmental cleaning required greater detail to inform staff of their duties
- A full review of all equipment, fixtures and furnishings was required to ensure

it supported effective cleaning. Some bed tables had chipped paint and the storage presses in staff area were not fit for purpose and could not be cleaned.
- The refrigerator in the medication room was not clean
- The cleaning room used by the cleaning staff required a review to ensure it was in accordance with the National standards, (lockable storage for cleaning materials, stainless steel sink , appropriate ventilation)
- Storage and segregation practices were not appropriate : residents personal towels were stored in a bathroom and the clinical room was cluttered.
- The arrangements in place for linen and laundry laundry management required review to ensure segregation of clean and dirty linen.
- Waste management practices required improvement. Inspectors observed overfilled bins, a number of these which were unlocked.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The centre had a fire safety policy and associated procedures to guide and inform staff in a fire alert or fire situation. Fire training and fire drills had been completed in April, May and June of this year. Staff knew what to do if the alarm was activated and what the procedures was if they needed to evacuate residents in the event of a fire when asked. Fire drill records showed that staff were carrying out fire drills regularly and learnings were being noted. Inspectors also observed floor plans fitted to the back of each resident's door for them to observe on a regular basis and displayed where the fire exits are in the centre. Fire-fighting equipment was being inspected on a monthly basis and fire training had been implemented for staff members in June this year.

Subsequently at the time of inspection, the registered provider had not taken adequate precautions to ensure that residents were protected from the risk of fire. Improvements were required to comply with the requirements of the regulations. The service was non-compliant with the regulations in the following areas:

The registered provider was not taking adequate precautions against the risk of fire, for example:

- On inspection the laundry room had water leaking close to electrical sockets from washing machines. This was a potential injury risk for staff using the room and a fire hazard. A large quantity of previously used cloths and duvets are inadequately being stored in this room for a long period time which created a fire risk.
- On inspection it was discovered that a new store room had been added beside the entrance into the kitchen. The store room had no smoke alarm or fire door fitted and exposed wires were visible due to the internal walls missing plasterboard. This store room had inadequate fire construction, fire

detection and fire containment which presented a fire risk.

- In the main kitchen, staff were unable to find the electrical shut-off switch when asked by inspectors. And a loose electrical wire hanging from the ceiling was found by inspectors in the staff toilet lobby adjacent to the kitchen.
- On inspection a fridge in the kitchenette adjacent to the dining room was showing signs of significant rust and wear and the fire extinguisher was not fitted to the wall and secured. Further-more the kitchen appliances were inappropriately stored under the kitchen sink which presented a fire risk.

Inspectors were not assured that adequate means of escape was provided throughout the centre. For example:

- On inspection rubbish contained in refuse bins at the rear of the building had been stored in one large area along an external fire exit route. This was a fire risk as it made it difficult for residents and staff to use the route as a means of escape in the event of evacuation and contradicts the designated centres own fire policy to not have accumulating rubbish in one area especially on escape routes. The escape route was missing directional signage, this made it unclear during the inspection where residents were supposed to go once they had exited the building at the rear and where the final fire assembly point was located. There was also a lack emergency lighting provided in this area which would be a fire risk in the event of a night time evacuation.
- On inspection it was found that compartment six has four current residents. Two of these residents are semi-ambulant, while one resident is ambulant and another resident is non-ambulant. Residents and staff can only access these rooms via a lift or a ramp in the dayroom. The ramp in the dayroom is also used as a means of escape for residents in this compartment and resident in the dayroom. Inspectors found it difficult to push a wheelchair up the ramp due to the steep incline of the ramp. Inspectors found that there was only one handrail on one side of the ramp for residents to use. This would cause difficulty for a resident who has impaired mobility to one side of their body to be able to use the ramp in both directions. For these reasons, the accessibility of the ramp will need to be assessed by a competent professional to provide assurances on the accessibility of residents and staff for everyday use and for means of escape in the event of a fire.

Adequate arrangements were not in place for maintaining all fire equipment, means of escape and building fabric. For example:

- While checks of fire doors were taking place, due to the observed deficiencies to fire doors in the centre, improvements were required to ensure the checks of the fire doors were of adequate extent, frequency and detail. Assurance was required that fire doors are checked on a daily bases as a matter of good practice. Staff should check that fire doors close properly, door fastenings, hold open devices on doors, fire doors are in place were needed, appropriate ironmongery is used etc. Where shortcomings or faults are identified in the course of these checks, it is important that these are reported by staff for

appropriate remedial action and to maintain a means of escape for residents.

The provider did not have adequate arrangements to review fire precautions. For example:

- The fire safety risk assessment reviewed during the inspection was dated from the 17 January 2019 and had not been reviewed since then.
- Construction work had begun at the centre for a new extension but the fire safety risk assessment had not been reviewed before this work had started. The PIC had recognized that the biggest risk at the time of inspection was the building works to the centre. Assurances were requested by inspectors in the form of a method statement and a full risk assessment for the construction works being carried in the centre.

From a review of the fire drill reports, the inspector was not assured that adequate arrangements had been made for evacuating all persons from the centre in a timely manner with the staff and equipment resources available:

- While regular evacuation drills were being carried out, all fire drills reviewed were only evacuating residents to the reception area and not to the nearest fire exit where the fire had first been discovered. Fire drills should be practiced using all scenarios and all means of escape to ensure all routes have been tested by staff and are adequate.
- Since the inspection, the provider was requested to provide a Fire drill for a full compartment evacuation with night time staffing resources and with all evacuation aids used as required to be carried out to give assurances that there was adequate resources to safety evacuate residents from the largest compartment.

Inspectors were not assured that adequate arrangements were in place for detecting fires. For example:

- Inspectors noted a store room adjacent to the entrance into the kitchen and a store room in the dayroom had no smoke detector present.

Inspectors were not assured that adequate arrangements were in place for containing fires. For example:

- Inspectors were not assured of the likely fire performance of all door sets (door leaf, frame, brush seals, intumescent strips, hinges, closers and ironmongery) and noted that a fire door assessment was required in this regard. Some doors were missing either portions or all of the required heat and smoke seals around the head and sides of the fire doors. Some fire doors had inadequate ironmongery and some rooms had been re-purposed and now required a fire door. The sluice room fire door frame was damaged and didn't close fully when released. Inspectors also observed a hole had been cut out of a wall to receive a door closer which would affect the wall integrity. The provider had been requested to carry out a full door inspection of the centre by a competent professional to provide assurances to inspectors that there was adequate means of containment in the designated centre.

- A new store room had been added beside the entrance into the kitchen. The store room had exposed wires visible due to the internal walls missing plasterboard therefore the wall construction had inadequate fire resistance due to missing plasterboard.
- A cloakroom was noted to have exposed wires and signs of damage to the ceiling. The linen store was missing a fire door. The inspectors noted potential breaches to the fire resistance of the ceilings due to observed holes in ceiling and non-fire rated attic access hatches were noted in the corridors.
- Assurance was required that the glazing located within the wall enclosures to the visitor's room located at the front reception area provided sufficient fire resistance.
- A magnetic locking mechanism serving the dining room double doors had come loose from its fixing to the floor.

The person in charge did not ensure that procedures to be followed in the event of a fire were adequately displayed. For example:

- Inspectors noted additional exit signage and emergency lighting was required from some areas of the centre to ensure escape routes are readily apparent and illuminated.
- Fire procedures on display were either found to not be fully populated with information and/or had different versions of the fire policy on display in the same location which would make it confusing for staff to follow. For example in the kitchen the number to call and address for staff to give in the event of a fire was missing from the fire procedure on display.
- As rooms have been re-purposed and additional rooms internally added the floor plans for the centre are inaccurate, for example a staircase had been removed from the dayroom and a store room had been added. Maintenance to the fire alarm will need to be carried out due to the addition of new rooms and rooms being re-purposed to ensure it is accurate. The provider has been requested to submit Up-to-date floor plans and confirmation that the fire alarm panel is up-to-date with detecting new rooms and re-purposed rooms in the designated centre.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Detailed assessments and care plans were in place for residents.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence that residents were consulted with and participated in the organisation of the centre and this was confirmed by residents. Overall, residents' right to privacy and dignity was respected and positive respectful interactions were seen between staff and resident. The outdoor space available for recreation was reduced to the construction works. A structured programme of activities is required so residents can avail of outdoor walks and activities while these works are in progress.

Judgment: Substantially 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	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Not 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 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St. Brendan's High Support Unit OSV-0000389

Inspection ID: MON-0033648

Date of inspection: 22/07/2021

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: There are seven Healthcare assistants and three nurses on duty over a 24-hour period with a skill mix that is appropriate, as rostering and allocations are completed by the Person in charge. To ensure that care teams have the resources to meet the requirements of all residents in a timely and person-centered manner. Care teams are divided into two groups with a nurse leading each group. Residents' dependency levels are also factored into the care delivery system in place. Newly recruited nurses need additional supports and supervision in relation to providing appropriate oversight to allow Healthcare assistants to expedite individualized care to residents. Newly recruited nurses are continuing to be supported with leadership and management skills, regular interview, observation, and documentation by the CMN1 and Person in Charge support this. Routine and structures allow staff to safely deliver high standards of care. Staff are reminded of the need to use clinical judgement and prioritize residents individual care needs throughout the day. This is evident on page 5 of the inspection report of what residents told inspectors and what they observed, and levels of compliance noted with regulation 34, regulation 5 and regulation 9. We continue to actively recruit to ensure sufficient resources to enable safe delivery of care in accordance with the aims and objectives of the statement of purpose. There are two cleaners on duty each day, with a cleaning supervisor employed to oversee implementation of cleaning standards. This is further supported with training and development	
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and	

staff development:
Staff have access to a range of mandatory and other relevant training. A comprehensive recruitment policy is in place and ensures good practice standards for staff working with vulnerable people. With recruitment of four nurses in April 2021 we had undertaken to deliver a comprehensive induction and training scheudule in mandatory and key areas, all newly recruited nurses have now completed CPR training. Action completed by 13.8.21.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
There is a clear understanding of the legislative requirements that underpin the operation of the designated Centre, and this is reflected in the changes made to organizational management structure. Systems are now in place to identify, manage and implement these quality improvements to ensure resident's safety and welfare needs are met accordingly action completed by 20.8.21. Governance and management structures reviewed to ensure effective safe services are delivered. The annual review of quality and safety will include overall improvement plan with deficits to be identified and addressed to ensure they are achieved in a timely and realistic manner action- to be completed by 18.10.21. Management systems will be improved to ensure they are effective, consistent, and appropriately monitored with assurances that policies and procedures are implemented by staff- Action completed by 30.9.21. There is now an auditing system that
is sufficiently robust to identify areas for improvement and will be followed up by SMART action plans in respect of all relevant areas. Infrastructural limitations are recognized by management and audit schedule will ensure overall level of risk will be identified and implementation of control measures to mitigate the identified risk.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The statement of purpose has been reviewed and now reflects changes to the purpose and function of rooms and the whole time equivalent of staff employed has been updated action completed by 23.7.21

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Bedroom 3 is a twin room however the resident residing there does not wish to share therefore we respect his choice, and this is now a single room. This is identified in his contract of care and has been updated in the statement of purpose action completed by 23.7.21. Action completed from previous inspection in May 2019 which was to make three double rooms now single rooms Rms 2,6 and 9 and already identified Rm3 .The report highlights that Rm 1, 2 and 7 should now be single rooms. This will be dependent on the viability of the designated Centre with the addition of redevelopment of three single ensuite rooms

action to be completed by 30.11.21. Engineer employed to look at development of a cleaning room and suitable visitor's room action to be completed by 30.9.21. A programme of works is in place to update and refresh existing furniture and overall maintenance
schedule to ensure a high standard of refurbishment is consistent throughout the building action to be completed by 31.12.21. The smoking-room structure that is decommissioned will be removed from the building action to be completed by 31.12.21

All other points identified under this regulation have been addressed action completed by 13.8.21

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Eight members of staff including cleaning, laundry and kitchen staff have completed QQI level 3 cleaning program with emphasis on decontamination of equipment and procedures for housekeeping and environmental cleaning action completed by 26.8.21. A full review of equipment, fixtures and fittings will be completed and actioned through our program of works and refurbishment. A full review of clinical waste bins is completed to ensure correct use and safe storage action completed by 28.7.21. Laundry room decluttered to provide appropriate storage and segregation of clean and dirty linen in line with the centre's infection prevention and control policy action completed by 28.7.21.

The Centre has demonstrated over the last 18months the adherence and implantation of infection prevention and control in line with HPSC guidance on the prevention of COVID-19 in residential care settings.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions: The centre continually strives to promote a strong fire safety culture and awareness. This is reflected through maintenance of passive and active fire safety systems. Fire training is provided to all staff and fire drills carried out to test the effectiveness of the centres systems. The findings of non compliance are have and/or being addressed as follows: •The leak in the laundry room has been made good. The equipment has been serviced. A program to decant excess /unused clothes and duvets has commenced to reduce the fire risk and load within the laundry area. The above matters were completed on the 28/7/2021• The store room sited in the dining room adjacent the kitchen double door entrance will be upgraded to appropriate fire rated construction. A smoke detector with a remote indicator will also be installed. The projected completion date for these works is the 30/11/2021• The exiting production kitchen is not fitted with an electrical lock stop; hence staff were not able to find the electrical shut off switch when asked by inspector. A gas shut off is in place. The centre will engage a registered electrical contractor to look into the provision of providing an electrical lock stop within this area and the logistics of installing same. The projected completion date for these works is the 30/11/2021. The loose electrical wire in the kitchen staff toilet lobby has been attended on the 28/7/2021• The area housing refuse bins at the rear of the centre is being decanted and an alternative area has been identified for the storage of same. It is also intended to reduce the number of refuse bins on site. A schedule of signage directing person(s) to the assembly point has been compiled for the purposes of putting in place sufficient and appropriate directional signage outside each end escape exit. The area has emergency lighting in place. A review of the internal and external emergency lighting coverage has been carried out for the purposes of ensuring adequate lighting lux levels internally and on external escape routes to the place(s) of total safety. The projected completion date for these works is the 30/11/2021• The ramp in the link area has been assessed by a competent person and opinion/assurances provided as requested by the inspectorate on the 29/7/2021. The ramp is an existing ramp and it is not reasonably practicable to remove the ramp if the cost of removal of the risk is disproportionately high. The centre is doing all that is reasonably practicable in relation to ramp as follows' Fire exits leading to the open air are provided at both levels of the ramp with two exits on the lower level of the link romp;o Handrails are provided on both sides on the upper ramp section leading from the St Brid’s Unit to open air escape exito The section of ramp between the lower and upper link levels has a handrail on one side only as it has a width less than 1m;o No resident in the centre is assessed as having the capability to self evacuate. All residents either undertaking activities of daily living or in a emergency will require assistance which is either reflected in their care plan or PEEP and sets out the number of persons to provide assistance to the resident There is a platform lift adjacent to the ramp in place to aid residents in their mobility• An audit of all fire doors including ceiling access hatches in line with the FDIS Scheme has been carried out by a competent person. The report identified that the doors were generally in good condition and fitted to a high standard. Remedial works have been identified with a target date of the

30/11/2021 for completion• The centre will update its fire risk assessment by the 30/11/2021• The method statement and construction risk assessment sought by the inspectorate was submitted on the 29/7/2021• A suite of different fire drill scenarios has been developed using all escape routes. A fire drill scenario sought by the inspectorate using night time staffing levels evacuating the largest fire compartment was submitted on the 29/7/2021• The system currently has an L1 FDAS in place. A review of coverage is being carried out by the nominated contractor to ensure coverage in line with an L1 system. Preliminary findings indicate minimal deficits in coverage. The projected completion date for these works is the 30/11/2021• A fire stopping programme has commenced in the centre with a targeted date of the 30/11/2021 for completion• The exposed wires have been attended to by the electrical contractor• The centres floor plans are being reviewed on site by the appointed engineer to accurately reflect as built and/or repurposed on site. Fire action notices will be standardised throughout the centre. The projected completion date for these works is the 30/11/2021• Fire detection coverage is being provided in the rooms being repurposed as bedrooms. Appropriate certification line with Annex C of I.S. 3218:2013+ A1: 2019 will be available to support such works upon completion. The projected completion date for the repurposing of these rooms works is the 30/01/2022

Regulation 9: Residents' rights	Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: In the absence of enclosed garden during construction work there is a suitable outdoor space to the front of the building where residents and visitors can meet and enjoy the outdoors. There is a program of activities devised with new schedule each month in collaboration with residents and residents N.O.K representatives. On the day of the inspection three residents enjoyed individual social outings in the community. We endeavor to promote residents’ rights and actively engage with residents to ensure this fundamental right is upheld. Enclosed garden to be restored by 30.10.21.

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	27/10/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	26/08/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/07/2021
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and	Not Compliant	Orange	30/11/2021

	needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2021
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.	Not Compliant	Orange	20/08/2021
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister	Not Compliant	Orange	18/10/2021

	under section 10 of the Act.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	18/10/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	26/08/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	30/11/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/11/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate	Not Compliant	Orange	29/07/2021

	arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.			
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/11/2021
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	21/09/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre	Substantially Compliant	Yellow	29/07/2021

	and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/11/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	29/07/2021
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Not Compliant	Orange	30/11/2021
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	23/07/2021
Regulation 9(2)(a)	The registered provider shall	Substantially Compliant	Yellow	31/10/2021

	provide for residents facilities for occupation and recreation.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	23/07/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	23/07/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	22/07/2021