



**Health  
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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:	21 June 2023
Centre ID:	OSV-0000633
Fieldwork ID:	MON-0039189

## 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:	75
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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 21 June 2023	09:50hrs to 17:10hrs	Fiona Cawley	Lead

## What residents told us and what inspectors observed

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. Residents told the inspector that they were very satisfied with the quality of the service they received. Staff were observed to deliver care and support to residents which was kind and respectful, and in line with their assessed needs.

This unannounced risk inspection was carried out over one day. There were 75 residents accommodated in the centre on the day of the inspection and 25 vacancies.

Following an opening meeting, the inspector conducted a walk through the building. The majority of residents were up and about in the various areas of the centre. Some residents chose to sit together in the communal days rooms, while other residents chose to remain in their bedrooms. The inspector observed that other residents were having their care needs attended to by staff. There was a pleasant atmosphere throughout and friendly, familiar chats could be heard between residents and staff.

St Brendan's Community Nursing Unit was situated on the outskirts of Loughrea, County Galway, overlooking Lough Rea. The purpose-built facility provided accommodation for 100 residents. The living and bedroom accommodation were spread over four units located on two floors, serviced by an accessible lift. Sliabh Aughty and Crannogs units on the upper floor, and Knock Ash and Coorheen units on the ground floor. Coorheen Unit was designed and decorated to provide an environment to meet the specific needs of residents with symptoms of dementia. Bedroom accommodation in the centre comprised of single and twin bedrooms, all of which were ensuite. Residents' bedrooms were bright and spacious, and provided residents with sufficient space to live comfortably, and with adequate space to store personal belongings. Many residents had personalised their rooms with items of significance, including ornaments and pictures. Residents had access to bright communal spaces in each unit, many of which provided pleasant views of the lake. There was a parlour located on the ground floor which provided residents with a comfortable space to meet with family and friends. A multi-denominational prayer room was available for religious services and quiet time. There was also a large day/dining room on the ground floor which was available for use for activities and dining. All areas were found to be suitably styled to create a homely environment for residents.

The premises was laid out to meet the needs of residents, and to encourage and aid independence. The centre was very clean, tidy and well maintained. There was a sufficient number of toilets and bathroom facilities available to residents. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriate handrails available to assist residents to mobilise safely. The centre was bright, warm and well ventilated throughout. Call-bells were available in all areas

and answered in a timely manner.

There was safe, unrestricted access to pleasant outdoor areas for residents to use. These areas contained a variety of seasonal plants and suitable seating areas overlooking the lake. There was also a sensory garden which was accessible to Coorheen unit which provided residents with a dementia-friendly outdoor space.

The inspector chatted and interacted with a large number of residents during the course of the inspection. Residents were happy to talk about life in the centre. They told the inspector that they felt safe in the centre, and that they could freely raise any concerns with staff. When asked what it was like to live in the centre, one resident told the inspector 'I find every bit of it very good and I get all the help I need'. Another resident said that 'life was never as good'. 'It's like being at home', 'fantastic, couldn't ask for better', and 'I'm on a permanent holiday' were among some of the comments from residents throughout the day. Residents told the inspector that they were happy with their bedrooms, which were comfortable and suitable for their needs. A small number of residents chose to remain in their bedrooms, reading, listening to the radio or watching the television, and watching the comings and goings along the corridors. It was evident that residents' choices and preferences in their daily routines were respected. There were a number of residents who sat quietly observing their surroundings, and who were unable to speak with the inspector. These residents were observed to be relaxed and content.

Friends and families were facilitated to visit residents, and the inspector observed many visitors in the centre throughout the day. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones. One visitor said they 'could not praise the place enough', while another visitor praised staff for the kindness shown to them when they visited their loved one.

There was an activities schedule in place which provided residents with opportunities to participate in a choice of recreational activities throughout the day. The inspector observed group and one-to-one activities taking place during the day of the inspection. Staff ensured that all residents were facilitated to be as actively involved in activities as possible. Residents were also provided with access to television, radio, newspapers and books.

Residents were observed moving freely around the centre, interacting with each other and staff, and were observed to be content as they went about their daily lives. While staff were busy assisting residents with their needs throughout the day, care delivery was observed to be unhurried and respectful. Staff were knowledgeable about residents and their individual needs. The inspector observed that personal care was attended to a high standard. Staff supervised communal areas appropriately, and those residents who chose to remain in their rooms, or who were unable to join the communal areas were monitored by staff throughout the day.

Coorheen unit had recently introduced a culture change programme to provide an enhanced person-centred model of care for residents living with symptoms of dementia. On the day of the inspection, the inspector observed a calm, relaxed

atmosphere throughout the unit and staff engaging in kind and meaningful interactions with residents.

Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of the food provided. The dining experience at lunchtime was observed to be a relaxed occasion and the inspector saw that the food was appetising and well presented. Residents were assisted by staff, where required, in a sensitive and discreet manner. Other residents were supported to enjoy their meals independently.

In summary, residents were 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. The levels of compliance are detailed under the individual regulations

## 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). The inspector reviewed the action taken by the provider to address identified areas of non-compliance found on the last inspection in November 2022.

Overall, the findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would continue to achieve positive outcomes for residents who lived in the centre. The inspector found that this was a well-managed centre, and that the quality and safety of the services provided were of a good standard. The governance and management was well organised, and the centre was well resourced to ensure that residents were supported to have a good quality of life. The provider had addressed the majority of actions of the compliance plan following the last inspection.

A review of residents' contracts of care found that there were no contracts for the provision of services in place for residents who were in the centre on a short term basis. This was a repeated finding from the inspection in November 2022. The provider had failed to take the required action to come into compliance with Regulation 24: Contracts for the provision of services.

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 director of nursing, who was the person in charge, facilitated this inspection. They demonstrated a good understanding of their role and responsibility. They were a visible presence in the centre and were well known to the residents

and staff. They were supported in this role by two assistant directors of nursing and a full complement of staff including clinical nurse managers, nursing and care staff, housekeeping, catering, administrative and maintenance staff.

On the day of the inspection, there were sufficient resources in place to ensure effective delivery of high quality care and support to residents. The centre had a stable team which ensured that residents benefited from continuity of care from staff who knew them well. Staffing and skill mix were appropriate to meet the assessed needs of residents, and teamwork was evident throughout the day. 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 multi-task attendants. Staff demonstrated an understanding of their roles and responsibilities. Communal areas were appropriately supervised, and staff were observed to be interacting in a positive and meaningful way with residents. The director of nursing, assistant directors of nursing and clinical nurse managers provided clinical supervision and support to all the staff

The provider had management systems in place to monitor and review the quality of the service provided for the residents. A range of clinical and environmental audits had been completed which reviewed practices such as, care planning, falls management, nutrition, wound management and infection control. Where areas for improvement were identified, action plans were developed and completed. An annual review of the quality and safety of the services had been completed for 2022, and included a quality improvement plan for 2023.

There were effective communication systems in the centre. The management team met with each other and staff on a regular basis. Minutes of meetings reviewed by the inspector showed that a range of topics were discussed such as risk management, health and safety, infection control, audits and other relevant management issues. Where areas for improvement were identified, action plans were developed and completed.

Policies and procedures were available in the centre, providing staff with guidance on how to deliver safe care to the residents.

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 effective system of risk management in the centre. The centre had a risk register which identified clinical and environmental risks, and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

## Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of the

residents, taking into account the size and layout of the designated centre.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
Staff had access to training appropriate to their role. This included infection prevention and control, manual handling, safeguarding, and fire safety.
Judgment: Compliant
<b>Regulation 21: Records</b>
The inspector found that the records set out in Schedules 2, 3 and 4 were kept in the centre, and that they were available for inspection on the day of the inspection.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There were effective governance arrangements in the centre. There was a clearly defined management structure in place with identified lines of authority and accountability. There were sufficient resources available and the provider had appropriate management systems in place to ensure the service delivered was effectively monitored.
Judgment: Compliant
<b>Regulation 24: Contract for the provision of services</b>
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.  This is a repeated non-compliance.
Judgment: Not compliant

## Regulation 4: Written policies and procedures

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

Judgment: Compliant

## Quality and safety

The inspector found that the standard of care which was provided to residents living in this centre was of a high quality. Residents spoke positively about the care and support they received from staff and confirmed that their experience of living in the centre was positive. The inspector observed that residents' rights and choices were upheld, and their independence was promoted. Staff were respectful and courteous with residents.

The findings of the inspection were that the provider had taken action to ensure compliance with care planning and discharge planning for short term residents.

Care delivered to the residents was of a high standard, and staff were knowledgeable about residents' care needs. Residents had a comprehensive assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes of these assessment were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. The inspector reviewed a sample of 14 residents' files and found that care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. Care plans were sufficiently detailed to guide care, and contained information that was holistic and person-centred.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs and wishes. Records reviewed evidenced that the centre had access to specialist palliative care services for additional support and guidance, if needed.

There was evidence of multidisciplinary meetings and discussions about discharge planning for short term residents. Discharge care plans were 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 allied health and social care professionals, in line with their assessed need. Daily progress notes demonstrated good monitoring of care needs, and that recommendations made by professionals were implemented.

The provider promoted a restraint-free environment in the centre, in line with local and national policy. 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 management and staff ensured that residents' rights were respected and upheld. Residents were free to exercise choice about how they spent their day. Residents were provided with regular opportunities to consult with management and staff on how the centre was organised. This was evidenced in the minutes of resident meetings satisfaction survey responses. Residents had access to an independent advocacy service.

The environment and equipment used by residents were visibly clean on the day of the inspection. Staff demonstrated an appropriate knowledge of the centre's cleaning procedure and the systems in place to minimise the risk of cross infection.

### 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 12: Personal possessions

Residents living in the centre had appropriate access to, and maintained control over their personal possessions.

Judgment: Compliant

### Regulation 13: End of life

Arrangements were in place to provide residents with appropriate care, and comfort, during their end-of-life. Staff consulted residents and, where appropriate, their

relatives to gather information with regard to residents needs and wishes to support the provision of person-centred, compassionate, end of life care.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there.

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 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

Residents had up-to-date assessments and care plans in place. Care plans were person-centred and reflected residents' needs and the supports they required to maximise their quality of life.

Judgment: Compliant

## Regulation 6: Health care

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

Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Not compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	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-0039189

Date of inspection: 21/06/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

## Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 24: Contract for the provision of services	Not Compliant
Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services: Contract of Care for Residents being admitted to Intermediate Care Beds is being developed and should be completed by 08/09/2023	

## 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.	Not Compliant	Orange	08/09/2023