

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

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| 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: | 09 May 2025 |
| Centre ID: | OSV-0000389 |
| Fieldwork ID: | MON-0038998 |

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 26 residents. 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 all bedroom accommodation is provided as single rooms. A variety of communal spaces are available for residents to use during the day, including two sitting rooms, a dining area, and a visitor's room. The centre is set in spacious grounds and overlooks the sea.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 25 |
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How we inspect

To prepare for this inspection the inspector or 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 |
|-------------------|----------------------|--------------|------|
| Friday 9 May 2025 | 09:30hrs to 15:30hrs | Celine Neary | Lead |

What residents told us and what inspectors observed

From speaking with residents and observing the interactions between residents and staff, it was evident that residents were enjoying a life that was based on their own choices. This afforded residents a range of opportunities and new experiences, in order to fulfil their aspirations. It was evident that, what was important to residents in their lives was listened to and acted upon by the staff team, and supported through personal care planning, social activities, and maintaining links in their local community. For example, residents were supported to attend a weekly dementia memory club, a local public house to play dominoes and their community centre to play cards. The centre had its own transport. This facilitated outings and supported residents to maintain links in their community. Residents told the inspector that they had visited a national park and a garden centre and various out-patient appointments.

The inspector arrived at the designated centre unannounced and was greeted by the person in charge on arrival. Following an introductory meeting with the person in charge the inspector did a walk around of the centre. This gave the inspector an opportunity to observe a day in the life of residents and observe staff interactions and care provided.

This centre is located in a picturesque area in Mulranny, County Mayo, overlooking Clew Bay. It is centrally located in the village and is close to many local amenities such as shops, a community centre, a hotel and a church. The majority of residents in this centre were from the local and surrounding area's of Mulranny.

The centre was bright, warm and inviting and staff were busy assisting residents with starting their day. The inspector spoke with several residents and staff members during the inspection.

The centre was a split-level designed building located on an elevated site on the edge of the town. Residents' accommodation was arranged in single bedrooms on lower and upper ground floor levels. Residents' sitting and dining accommodation and a visitor's room were located on a lower ground floor level. The premises is arranged into three areas with 'East' and 'West' wings on the lower ground floor and 'St Brides' on the upper ground floor. Access between the floors was provided by a ramp and a lift both of which were accessed from one of the communal sitting rooms. Handrails were in place on both sides of the ramp. Four single bedrooms with full en suite facilities were available in St. Brides wing on the upper ground floor. The centre is currently registered for 26 beds.

The inspector observed that flooring in the corridors had been replaced and new clinical hand washing facilities had been installed. This supported hand hygiene for staff and supported the infection, prevention and control measures in place. The inspector observed staff using these facilities during the day.

The frailty store room had been re-arranged and de-cluttered. The equipment stored was clean and easily accessible. The floor was clear and clean, and shelving was in place to store large and small items as required.

The design and layout of the centre were suitable for its stated purpose and met residents' individual and collective needs. The centre was observed to be safe and secure, with appropriate lighting, heating and ventilation. The outdoor garden area was readily accessible and well maintained, making it safe for residents to go outdoors independently or with support, if required. The inspector observed residents sitting outside in the front patio area of the centre, enjoying the sunshine, music and games supported by a member of the activities team. They could also enjoy the sounds of children laughing and playing in the pre-school next door.

There were plenty of activities and days out scheduled. The inspector observed residents taking part in a quiz, wool work and various other activities during the day. There were photographs of activities and days out that residents enjoyed throughout the year displayed in the main sitting room. Residents told the inspector that there was always social activities going on that interested them and that they found 'enjoyable'.

Several residents sat in the front sitting room during the day and participated in activities. Other residents chose to sit at the reception area, inside the front door. The centre had another large open plan seating area with a double height ceiling but the inspector did not observe any residents utilizing this space on the day. Staff and residents told the inspector that they preferred to sit at reception.

Residents told the inspector, that they felt safe in the centre and all residents who spoke with the inspector stated they would have no hesitation in reporting or discussing a concern with any member of staff. Residents were very happy with the timing of their meals and the variety of food, snacks and drinks on offer. Residents said they could choose whether to come to the dining room, or have their meals in the privacy of their own room. The food provided for residents appeared nutritious and there were plenty of choices available at each meal and during the day.

The inspector observed a staff member providing enhanced support throughout the day to one resident, to support them with their care needs. This staff member was able to support and reassure this resident by providing one-to-one care, as assessed in their care plan.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspector found that this centre was well-managed, with residents' needs and preferences central to the daily routines and the organisation of the centre. This helped to ensure that care and services were appropriate for the residents and that residents were supported to live their best lives.

This unannounced inspection was to monitor the designated centre's compliance with the Health Act 2007(Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the provider's action plan from previous inspections. This inspection found that issues found on the last inspection had been addressed, and the provider had made further improvements to the premises of this centre.

The registered provider of St Brendan's High Support Unit is Mulranny Day Centre Housing Limited. The board of the company consists of seven voluntary directors. The company chairperson is the registered provider representative and was on leave on the day of this inspection; however, it was clear that they had a strong presence in the centre and were very involved in day-to-day operations. A new person in charge, was appointed in November 2024 and was established in their role. The inspection was facilitated by the person in charge and documentation requested for review on the day was provided in an organised and timely manner.

A clearly defined management structure was in place with clear lines of authority and accountability. The person in charge is an experienced nurse with the required management experience for the role. The person in charge is supported by two clinical nurse managers, a team of staff nurses, care assistants, dedicated activities staff, housekeeping and catering staff and administrative and maintenance staff. A number of staff had worked in the designated centre for many years, which helped to provide continuity of care for the residents.

The management team were knowledgeable about individual residents and the day-to-day events and incidents that were happening in the centre. Staff told the inspector that managers were approachable and that they were very well supported in their work.

Systems were in place to manage risks associated with the quality of care and the safety of the residents. Staff and management meetings were held regularly, and the minutes of those meetings were available for the inspector to review on the day of the inspection. This helped to ensure there were robust governance and oversight processes in place to monitor key areas that impacted the quality of life and safety of residents and that where improvements were required, these were identified and implemented. The clinical oversight of care was robust, and the inspector found improvements with Regulations 15: Staffing and Regulation 27: Infection prevention and control.

There were sufficient staff on duty on the day of the inspection to meet the residents' needs. A review of the rosters showed that staffing levels were maintained. Staff working in the centre were clear about their roles and responsibilities and demonstrated responsibility and competence in their work.

Staff worked well together to ensure residents' needs and requests for support were met in a timely manner. Staff were seen to greet all residents as they passed by name and spent time talking with residents about their day. Staff interactions with residents were empathetic and respectful. This helped to create a welcoming and pleasant atmosphere for residents and visitors.

An annual review report of the quality and safety of the service and residents' quality of life in 2024 had been prepared in consultation with the residents and their feedback was incorporated into the review and the quality improvement programme for 2025.

Records showed that all staff were facilitated to attend mandatory training in fire safety, safeguarding residents from abuse and safe moving and handling procedures. Staff were supervised in their roles by the person in charge and clinical nurse managers.

The records as set out in Schedules 2, 3 and 4, were held securely in the centre and were made available to the inspector for inspection. The inspector reviewed a sample of staff files and observed that Garda vetting was obtained for staff before they began employment in the centre. The files contained all of the information as required by the regulations.

The centre's complaints management policy and procedure had been updated to reflect the amendments to the regulations. A record of complaints was maintained, which demonstrated that complaints were managed effectively.

The provider had prepared an up-to-date, written Statement of Purpose for the designated centre. Upon review, it was found to contain all of the information required by Schedule 1 of the regulations.

Regulation 15: Staffing

The number and skill mix of staff was appropriate having regard to the assessed needs of the 25 residents living in the centre and the size and layout of the centre. There was a minimum of one registered nurse available at all times in this centre.

Judgment: Compliant

Regulation 16: Training and staff development

A review of the training records indicated that all staff were up-to-date with mandatory training and this training was updated as required.

Judgment: Compliant

Regulation 21: Records

The required regulatory records were available for inspection purposes.

The filing system in the centre was secure and documents were easily retrievable, including notes related to former residents.

A sample of staff files were well maintained and complete.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. An annual review, which included consultation with the residents was in place.

The management structure in this centre was clear and well established.

There were effective management systems in place to monitor the quality of the service and to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored.

There was good supervision and induction for staff and training was provided as required.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were well managed. Residents who spoke with the inspector were aware how to raise a concern or make a complaint at the centre. The centre's complaints procedure was updated and in line with the regulations.

The inspector viewed a sample of complaints, all of which had been managed in accordance with the centre's policy, and included the outcome and any areas for improvement were identified.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose that contained all of the required information as per Schedule 1 of the regulations. The statement of purpose had recently been reviewed, and was reflective of the services and facilities provided in the centre.

Judgment: Compliant

Quality and safety

Overall, residents' rights were supported and protected by kind and caring staff who ensured residents had a good quality of life in the centre. Residents' needs were being met through comprehensive care planning, good access to healthcare services and opportunities for social engagement. Residents told the inspector they felt safe and happy living in the centre. Staff were observed speaking with residents in a kind and respectful manner and knowing their needs well.

The design and layout of the premises met residents' needs. The inspector observed that the registered provider had invested in continuously upgrading the premises, which had a positive impact on residents' quality of life. New clinical hand washing facilities had been installed, and there was new flooring in several area's of the centre. Painting of the centre had been renewed in some area's since the previous inspection.

The provider had implemented new processes to manage and oversee infection prevention and control practices within the centre. This had made significant improvements since the last inspection. A tagging system to indicate when equipment had been last cleaned appeared to be working well and the inspector observed that equipment was clean.

The provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Residents' health-care needs were met. There was appropriate and timely access to their general practitioner (G.P) when required. Systems were in place for referral to specialist services, such as dietitians, speech and language therapists, physiotherapy and tissue viability nurse specialists. Residents' records contained evidence that a comprehensive assessment was carried out for each resident prior to or on

admission. This was observed to be used in the development of each person's care plan.

A sample of end-of-life care plans were reviewed, which demonstrated that the G.P and staff actively engaged with residents, and their families, regarding end-of-life care decisions. 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.

Residents were supported to engage in meaningful social activities in the centre and maintain connections with their local community. These activities met residents' interests and capacities. The centre had its own transportation, which helped to facilitate residents' active participation in their local community and also was a useful resource for residents' who were required to attend healthcare appointments outside of their centre. Residents' meetings were convened and issues raised for areas needing improvement were addressed. Residents were provided with the opportunity to express their views and contribute to the management of the designated centre through these meetings and by participating in resident surveys. Residents had access to local and national newspapers.

Resident's privacy and dignity needs and rights were found to be upheld both in the layout of the designated centre premises and in the attitude and practices of staff. Residents were offered choices in their daily routines, and care was found to be person-centred and promoted residents' individuality and independence.

Residents who had communication difficulties and special communication requirements had these recorded in their care plans and were observed to be supported in communicating freely.

Residents' nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as diabetic or modified diets. The dining experience was seen to be enjoyable, and both residents and relatives praised the food, the choice and variety available.

Regulation 10: Communication difficulties

Care plans had been developed for those who had communication difficulties. These were detailed and contained strategies for staff to optimise communication with residents.

Music and other sensory activity sessions were available, and staff explained how these activities stimulated interaction.

Residents, who had communication difficulties, were seen to be included in all activities, and were spoken with in a kind and reassuring manner by staff, who were familiar with their life histories and their specific needs.

Judgment: Compliant

Regulation 11: Visits

The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had suitable private visiting areas for residents to receive a visitor if required.

Judgment: Compliant

Regulation 13: End of life

Residents approaching the end-of-life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Residents' religious preferences were respected. Residents' families were informed of their condition in accordance with the resident's wishes and were permitted to be with the resident when they were at the end of their lives. The resident's preferred location for care and comfort at the end-of-life was facilitated.

Judgment: Compliant

Regulation 27: Infection control

The provider ensured that the requirements of Regulation 27: Infection control and National Standards for infection prevention and control in community services (2018) were met. The provider had effectively addressed the findings of the last inspection to ensure residents were protected from the risk of infection. The centre's environment and equipment were managed in a way that minimised the risk of transmitting a healthcare-associated infection. A new system to ensure effective and consistent cleaning of healthcare equipment had been implemented. Staff completed hand hygiene procedures as appropriate. Waste was appropriately segregated and disposed of. Floor and surface cleaning procedures were in line with best practice guidelines and cleaning schedules were in place and were completed by staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months, or earlier if required. There was evidence of consultation with the resident and, where appropriate, their family when the care plans were revised.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents' privacy and dignity were respected. The centre had religious services available. Residents could communicate freely and had access to telephones and internet services throughout the centre. Residents also had access to independent advocacy services. Residents could access their garden area and local amenities when required.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were met.

Systems were in place to ensure residents received a varied and nutritious menu, and dietetic requirements such as diabetic or modified diets were accommodated.

Residents' nutritional status was assessed monthly, weights were recorded and a dietitian was consulted where necessary.

Sufficient staff were available at mealtimes to provide support and assistance to residents, in a patient and discreet manner.

Judgment: Compliant

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Appendix 1 - Full list of regulations considered under each dimension

| Regulation Title | Judgment |
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| What residents told us and what inspectors observed | |
| Capacity and capability | |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 21: Records | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Quality and safety | |
| Regulation 10: Communication difficulties | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 13: End of life | Compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 9: Residents' rights | Compliant |
| Regulation 18: Food and nutrition | Compliant |