

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 November 2024
Centre ID:	OSV-0000389
Fieldwork ID:	MON-0045519

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.

Number of residents on the date of inspection:	24
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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
Friday 22 November 2024	11:30hrs to 17:00hrs	Ann Wallace	Lead

What residents told us and what inspectors observed

The designated centre provides a homely environment for residents close to their local communities. Residents enjoyed a good quality of life in which their needs are met by a staff team who know them well.

The inspector spoke with a number of residents during this inspection, and the feedback from the residents was very positive about the care and services they received from staff. Residents said that they felt safe and well looked after and that staff were kind and always available for them. Some residents told the inspector that they were thankful they had a nursing home so close to their local community.

Upon arrival, the inspector met the person in charge, and following a brief introductory meeting, went for a walk around the centre. This provided the opportunity to speak with residents and staff and observe the day-to-day routines in the centre. Residents were up and about and had finished their breakfast. Some residents had gathered in the main lounge and were reading the newspaper or watching television. This room is laid out in small seating areas to take advantage of the large windows at the front of the building with views across Clew Bay. It also afforded the residents a view of the car park and main entrance so that they could watch visitors and others as they came and went during the day.

The person in charge facilitated the inspection. They had been recently appointed but had previously worked in the centre as a nurse manager. The centre is currently registered for 25 beds and the provider had submitted an application to vary the centre's conditions of registration to register an additional single bedroom and increase occupancy to 26 beds. The centre is located in Mulranny on the Mayo coast and is close to the village and its local amenities.

The centre is laid out over one floor with three units; East Wing, West Wing and St Brid's unit. All bedrooms are single occupancy, some with en-suite facilities. The provider had made a number of improvements to the accommodation over the last two years, including refurbishing shower facilities and relocating the sluice room to a central area of the building. Extensive works had also been completed to improve the garden areas and ensure residents had access to safe outside space. The communal areas of this centre were well-maintained. The centre had a welcoming and relaxed atmosphere.

The centre had sufficient seating available for residents in communal areas. Many residents were found to be spending time together in these communal rooms, which created a sense of community as residents chatted together and with staff. It was clear that staff knew the residents well and were familiar with their daily routines and preferences for care. However, the communal room in St Brid's unit lacked the homely ambiance found in the main lounge. Seating was mostly laid out along one wall, and the room was used to store hoist equipment, which although partly screened was easily seen, and gave the room an institutional feel. Only a small

number of residents were seen using this room on the day of the inspection. Staff explained that these residents preferred a quiet environment which the room did provide.

The two newly refurbished shower facilities on East wing and St Brid's unit were done to a good standard and provided a safe and pleasant bathing facility for residents. An additional handrail was required in the shower area of both these bathrooms. The new single bedroom 19 was also completed to a good standard, and the en-suite facilities were wheelchair accessible. The provider had also revised the layout of single bedroom 18 to ensure the bedroom provided adequate space and privacy. The changes had significantly improved the layout of this bedroom and ensured that it was compliant with the regulations and could meet the needs of residents accommodated in the room going forward.

The inspector found that overall, residents' bedroom accommodation had improved following previous inspections. The rooms had been decorated and flooring replaced where necessary. The provider had replaced bedroom furniture in a number of rooms and this improvement was ongoing in all bedrooms in the East and West wings. Residents had enough storage space and were able to access their personal belongings and clothes easily.

The residents had access to a schedule of activities, which was displayed on a notice board in the main lounge. The inspector observed that the planned activities occurred on the day, which included one-on-one sensory activity sessions and group activities programmes, including a very competitive quiz session. The inspector observed that the residents engaged well in these sessions, creating a lively and fun atmosphere. Although the sessions were facilitated by the activity coordinator, care staff were on hand to support the residents to participate or to facilitate other one-to-one activities if the resident did not want to join in with the group. Additionally, the provider facilitated residents' engagement with the community through various programmes, including events in the local community hall and social outings.

Staff were observed attending to residents' personal care needs and engaging with residents in a respectful manner. Call bells were attended to in a timely manner, and it was clear that staff were familiar with residents' care needs and that residents felt safe in their presence.

The inspector observed the residents' dining experience during lunchtime. There was sufficient staff available in the dining areas to assist residents during meal times. Residents could choose where they wished to eat, and many residents were observed to go to dining rooms in the centre for their meals. The menu for the day was available for residents in written and pictorial versions. This helped to ensure that those residents who had cognitive impairments were better able to make their meal choices. Residents were offered a choice of meals and when they asked for an alternative to the menu option this was provided. Refreshments and snacks were provided to residents at regular intervals, and residents had access to fresh drinking water and juices throughout the day.

Overall, the centre's premises were found to be clean. Cleaning staff who spoke with the inspector were clear about their roles and responsibilities and were able to describe the cleaning schedules and the products they used, including cleaning schedules during an outbreak. However, the equipment store room next to bedroom one was not clean and tidy, and the inspector saw visible dust on the floor. In addition, a number of the equipment items were not clean and others needed repair or replacement.

The corridors had handrails available on both sides of the corridors, which supported residents to move around independently throughout the centre. Communal bathrooms were wheelchair-accessible and included handrails to support residents to use the facilities safely. There are dedicated disabled parking spaces in the car park and a wheelchair accessible ramp to the entrance door.

Visitors were coming and going on the day of the inspection, and a visitor who spoke with the inspectors said that this was a good centre. There were no restrictions on visiting in the centre.

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 delivered.

Capacity and capability

The overall governance and management of the centre was effective however,, the inspector found that staffing resources had not been increased in line with the needs of the current residents. This was addressed by the provider on the day of the inspection and an additional member of staff was added to the roster going forward. In addition,, further improvements were required in the oversight of infection prevention and control practices in the centre particularly in the cleaning and storage of resident's equipment.

This was an unannounced monitoring inspection to review the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also reviewed the provider's application to vary Conditions 1 and 3 of the centre's registration to increase occupancy to 26 residents.

The provider is Mulranny Day Centre and Housing Limited The provider is a registered charity comprised of a committee chaired by the provider's representative. The provider's representative and a second member of the committee attended the governance meetings in the centre, which were held monthly with the person in charge. There was clear evidence that the provider representative and

members of the committee were on site in the centre on a regular basis and were known to staff and some residents.

There was a clear management structure in place with the person in charge and a clinical nurse manager heading 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 more than five years, which helped to provide continuity of care for the residents.

The person in charge (PIC) is a registered nurse with the required management experience and qualifications for the role. They are supported in their role by a clinical nurse manager who deputises in their absence. In addition, there is a housekeeping supervisor to provide support and supervision for the housekeeping team.

There was a quality assurance programme in place in the centre, which included an audit schedule, a clear complaints process and an annual review. These processes were informed by resident meetings and meetings with families as well as resident questionnaires, complaints and compliments. The provider had completed the redecoration and refurbishment of most of the bedrooms in the East and West wings,, and this work was due for completion in 2025. They had also improved the garden areas for residents although residents were not using the gardens on the day of the inspection due to fallen snow and cold weather.

Audits of key areas, such as falls management were used to inform changes in practice and improve resident outcomes. As a result there had been a significant decrease in falls in the centre in 2024. However, improvements were required as the infection prevention and control audits had not identified the deficits in the cleaning and storage of equipment found during this inspection. This posed a risk to residents using equipment that had not been effectively cleaned and stored appropriately to prevent cross contamination.

There had been three complaints made since the previous inspection. The complaints log showed that these had been followed up appropriately. The record gave a brief description of the outcome and the actions, if any, that had been taken to resolve the issue and the complainant's satisfaction with the outcome.

Although staff on duty on the day of this inspection worked hard to ensure residents' needs were met in a timely manner, the provider had failed to ensure staffing had been increased in line with one resident's additional needs for care and support. This is addressed under Regulation 15.

Staff demonstrated responsibility for their work and flexibility in their work routines. This helped to ensure that resident preferences for care and daily routines were upheld. It was evident that the staff knew the residents well, which supported a person-centred approach to care. There were clear performance management processes in place, including induction and probation for new staff. Annual performance appraisals for all staff were being implemented in line with the provider's quality improvement plan for 2024.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider had submitted an application to vary Conditions 1 and 3 of the centre's registration in relation to registering an additional en-suite single occupancy bedroom and change of purpose to four other rooms to relocate and upgrade the sluice room and provide additional communal shower facilities and additional storage in the centre. The provider had also submitted an application to remove a restrictive Condition 4 in relation to the type of resident that could be admitted to single occupancy bedroom 18.

The required information was submitted with the application. The application fee was paid.

Judgment: Compliant

Regulation 14: Persons in charge

There is a person in charge who meets the requirements of the regulations. The person in charge works full-time in the designated centre and has autonomy for the day-to-day running of the service. The person in charge is supported in their role by the clinical nurse manager who deputises in their absence.

Judgment: Compliant

Regulation 15: Staffing

Rosters showed that staffing levels had not been reviewed in line with one residents' increased needs for care and support. As a result, additional staff were not added to the daily roster to increase the base line staffing level so that the one-to-one care for the resident could be provided during day time hours without reducing the staffing resource available for other residents. This staff shortage posed a risk that could adversely impact the quality of care provided.

Judgment: Not compliant

Regulation 16: Training and staff development
Arrangements were in place to ensure that staff had access to mandatory training relevant to their role. Training records showed that staff had completed the required mandatory training.
Judgment: Compliant
Regulation 23: Governance and management
The oversight of the cleaning and storage of equipment was not effective and did not ensure that equipment was clean and well maintained prior to being used by residents.
Judgment: Substantially compliant
Regulation 3: Statement of purpose
The statement of purpose had been updated in October 2024 to reflect the change of person in charge and the re-purposing of some rooms in the centre. The information required under Schedule 1 was included in the document.
Judgment: Compliant
Regulation 34: Complaints procedure
The complaints policy had been reviewed in May 2024. This review had brought the policy up to date with the additional requirements of Regulation 34. The policy identified the complaint's officer and the review officer and set out the required time frames in which the complaint investigation and review were to be completed.
Judgment: Compliant
Quality and safety

The inspector found that managers and staff were committed to providing a good standard of care for residents in which their rights and independence were upheld and promoted and residents were supported to stay close to their local community. The provider had completed the actions set out in their response following the previous inspection however some improvements were required to ensure that the centre was fully consistent with the National Standards for Infection prevention and control in community services (2018). These findings are set out under regulation 27.

The general environment in this centre appeared clean and generally well maintained. The dining room and communal lounge close to the main entrance were nicely laid out for residents and were well used on the day. The lounge in St Brid's unit was less inviting, with seating arranged along two walls. Although the room is bright and spacious, the current layout does not lend itself to the homely environment found in the other communal areas. There is a pleasant outside garden area accessed from St Brid's lounge. The garden is secure, and residents can use the space independently if they wish to do so. There is a visitor's room and a small oratory for residents to use if they want quiet time or to meet with their visitors in private.

Each resident has a single bedroom with access to either their own en-suite facilities, or to the newly refurbished communal bathrooms. All bedrooms had sufficient space for residents to store their belongings. Many bedrooms were personalised with items residents had bought from home. The bathrooms were well laid out, with accessible facilities and hand-rails to support residents to use them safely. There were enough communal toilets available close to the main lounge and dining areas for residents to easily access.

The inspector observed staff demonstrating appropriate hand hygiene practices throughout the day. The provider had installed three additional clinical hand wash basins in the centre since the previous inspection. However, the equipment storage area adjacent to bedroom 1 was cluttered with a number of items visibly dirty or damaged and in need of repair or disposal.

The inspector met with some residents at lunch time. Their feedback was positive in relation to their meals, with residents saying that the food was good and the portions were generous. Residents had their own place mats with their names or a picture that they could easily recognise. This was a discreet and respectful prompt that helped the residents with cognitive impairment to find their dining table and seat. Menus were available in both written and pictorial versions to facilitate residents to choose what they wanted at each meal. A number of residents were wearing clothes protectors, however the inspector observed that staff did not always ask the resident whether or not they wanted to use a clothes protector before they put them on. This practice did not ensure that each resident's choice was respected.

There was a range of activities for residents and residents were enjoying both one-to-one and group activities on the day. Some residents attended card games and other activities at the local community centre, which shared the same grounds as the designated centre. Residents were also supported to go into the village to use

the shops and local amenities. However, the weather on the day of the inspection was cold and wet and no residents were planning to go out of the centre.

Regulation 12: Personal possessions

Residents had access to sufficient storage in their bedrooms to store their personal possessions. Storage was provided in a wardrobe and chest of drawers for each resident. Additional shelving was provided in some rooms, and a bedside locker was made available to each resident so that residents could easily access their belongings.

The laundry had been outsourced since the last inspection. Regular collections and deliveries of residents' personal items were in place to ensure that residents received their personal items back in a timely manner.

Judgment: Compliant

Regulation 17: Premises

Some bedroom furniture was found to be damaged and in need of repair or replacement. The provider had a refurbishment plan in place but not all bedrooms had been refurbished at the time of this inspection.

The door closures to bedrooms 18 and 27 were not closing smoothly and posed a risk to residents accessing these bedrooms.

Judgment: Substantially compliant

Regulation 26: Risk management

There was a risk management policy in place that included the areas set out in Schedule 5 of the regulations.

There was a clear process in place for the identification, recording, investigation and learning from incidents that occurred in the centre. This process had been utilised to reduce the number of falls that occurred in the centre in 2024.

Judgment: Compliant

Regulation 27: Infection control

The registered provider did not ensure that some infection prevention and control practices were consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority. For example;

- Equipment stored in one store room was visibly dusty and some items were damaged and could not be cleaned effectively.
- There was no system of labelling that the equipment in this store room had been cleaned and decontaminated before it was used with another resident.
- There were not sufficient hand sanitation stations at the point of care in St Brid's unit.
- There were no clinical hand washbasins in St Brid's unit. As a result staff were using the hand wash basins in the residents' en-suite facilities to wash their hands.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The windows in bedrooms 18 and 27 were overlooked by staff and passers by using the footpath between the designated centre and the sheltered housing complex to the rear of the centre. There was no privacy screening in place on these windows to ensure that residents could carry out personal activities in private.

Staff did not always ask permission from each resident before applying clothes protectors at meal times.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0045519

Date of inspection: 22/11/2024

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: Additional staff added to the daily roster to increase the base line staffing level so that the one-to-one care for the resident can be provided during day time hours without reducing the staffing resource available for other residents.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: We have implemented a more rigorous inspection and cleaning schedule to ensure that equipment is consistently checked and maintained prior to use. Additionally, we have provided training to staff to emphasize the importance of this process, and a designated team is tasked with the regular monitoring of the equipment's condition.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: All door closures reviewed by external company and closing correctly	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Frailty store now has labelling system for cleaning and decontamination of equipment</p> <p>Addition of Clinical Sink in St.Brids available for hand sanitation in this area.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The windows in bedrooms 18 and 27 now have Privacy curtains in place to ensure that residents can carry out personal activities in private. Staff have received further training to ensure resident rights are promoted and consent obtained prior to applying/assisting with clothes protector at meal times.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 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	22/11/2024
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.	Substantially Compliant	Yellow	22/11/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	30/11/2024

	provided is safe, appropriate, consistent and effectively monitored.			
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	30/11/2024
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	29/11/2024
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	29/11/2024