



**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:	Joe & Helen O'Toole Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Sean Purcell Road, Tuam, Galway
Type of inspection:	Announced
Date of inspection:	24 July 2024
Centre ID:	OSV-0008678
Fieldwork ID:	MON-0043410

About the designated centre

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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 24 July 2024	09:30hrs to 17:30hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in this centre were provided with a good standard of care in a supportive environment. Feedback from residents was that this was a good place to live, and that they were very well cared for by staff who were very kind and caring. Staff were observed to deliver care and support to residents which was respectful, and in line with their assessed needs.

Joe and Helen O'Toole Community Nursing Unit is a new purpose-built residential care facility located in Tuam, County Galway. The centre opened in April 2024 and is currently registered to provide care to 25 residents. The centre had capacity to provide accommodation to 50 residents in bedroom accommodation over two floors. There were 21 residents accommodated in the centre on the day of the inspection and four vacancies. This announced risk inspection was carried out over one day.

The inspector was met by the person in charge on arrival to the centre. Following an opening meeting, the inspector walked through the centre giving an opportunity to review the premises, and to meet residents and staff. Some residents were observed relaxing in communal areas and bedrooms, while others were receiving assistance with their personal care needs. Staff were observed assisting residents in a relaxed and attentive manner. There was a pleasant atmosphere throughout the centre, and friendly, familiar chats were overheard between residents and staff.

The premises was very bright and spacious. The décor was modern throughout the building, and all areas were designed and furnished to create a homely and accessible living environment for residents. Residents had access to a number of bright communal areas, including sitting rooms and dining rooms. There was also a reflection room available, providing residents with a comfortable space to spend some quiet time if they wished.

Residents' bedroom accommodation comprised of single bedrooms, all of which had ensuite facilities. Bedrooms provided residents with sufficient space to live comfortably, and with adequate space to store personal belongings. A number of residents told the inspector that they were delighted with their bedrooms. Residents were encouraged to personalise their rooms, and many bedrooms were decorated with items of significance, such as ornaments and photographs. There was ample natural light in all bedrooms and residents had pleasant views of the outdoor gardens.

There was also visitors' accommodation with an adjacent kitchenette available for visitors to use.

Residents had access to pleasant outdoor spaces. These areas included landscaped gardens and courtyards containing a variety of suitable garden furnishings and several seasonal plants.

The centre was laid out to meet the needs of residents and to encourage and support their independence. The centre was bright, warm, and well ventilated throughout. Corridors were sufficiently wide to accommodate residents with walking aids, and there were appropriately placed handrails to assist residents to mobilise safely. There were a number of comfortable seating areas available for residents located along corridors.

All areas of the centre were very clean, tidy, and well maintained. There were appropriate sluicing facilities in the centre. There was ample storage facilities available for equipment and general supplies. Call-bells were available in all areas and were answered in a timely manner.

Throughout the day, the inspector spent time observing staff and resident interactions in the various areas of the centre. Residents were seen to be content as they went about their daily lives. It was evident that residents were supported by staff to spend the day as they wished. Some residents were sitting in communal areas, while other residents mobilised freely or with assistance around the building. As the day progressed, residents were observed participating in activities, watching TV, chatting to one another and staff, or simply relaxing. Staff supervised communal areas appropriately, and residents who chose to remain in their rooms were supported to do so by staff throughout the day. The inspector observed that staff were kind, patient, and very attentive to residents' needs. While staff were seen to be busy, they were observed to respond to residents' requests for assistance promptly and in an unhurried manner. The inspector observed that personal care was attended to a good standard. Staff were knowledgeable about residents and their individual needs.

Throughout the inspection, residents were happy to chat with the inspector providing an insight of their lived experience in the centre. Residents spoke positively about their experience and told the inspector that they were very happy with their bedroom accommodation and general surroundings, which were comfortable and suitable for their needs. Residents said that staff were kind and always provided them with assistance when it was needed. One resident told the inspector that staff were 'very nice' and that there was 'lots of kindness everywhere'. Another resident said that staff were 'very nice to everyone'. Residents told the inspector that they felt safe in the centre, and that they could freely raise any concerns with staff. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

Friends and families were facilitated to visit residents, and the inspector observed many visitors coming and going throughout the day.

There was a good choice of food and refreshments available throughout the day and residents were complimentary about the quality of the food provided. Food was freshly prepared in the centre's own kitchen and was observed to be well-presented. During mealtimes, those residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat

independently. Residents told the inspector that they had a choice of when and where to have their meals.

In summary, the inspector found residents received a good service from a responsive team of staff delivering safe and appropriate person-centred care and support to residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an announced 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 Health Service Executive (HSE) was the registered provider of Joe and Helen O' Toole Community Nursing Unit. The centre was first registered by the Chief Inspector to operate as a designated centre for older persons in April 2024. The provider had initially applied to register the centre to accommodate 50 residents over two floors. However, at the time of registration, the Chief Inspector was not fully assured that the premises and the care environment were in full compliance with the requirements of the regulations. Consequently, the designated centre was registered with two restrictive conditions that required;

- the registered provider to resolve all outstanding issues relating to the premises
- admissions to the designated centre would be limited to the ground floor only, until such time as the premises met the needs and ensured the safety of residents living in the centre.

This inspection found that the condition relating to the completion of the required work to the premises had not been fully completed, in line with the time lines set out by the Chief Inspector.

Overall, this inspection found that this was a well-managed centre, and that the quality and safety of the services provided to residents were of a good standard. The governance and management was well-organised, and the centre was resourced to ensure that residents were supported to have a good quality of life. 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, demonstrated a clear understanding of their role and responsibility, and were a visible presence in the centre. They were supported in this role by two clinical nurse managers, and a full complement of staff, including nursing and care staff,

housekeeping, catering, administrative and maintenance staff. Management support was also provided by the general manager for Older Person Residential Services. There were systems in place to ensure appropriate deputising arrangements, in the absence of the person in charge.

The provider had systems of monitoring and oversight of the service in place. A number of clinical and environmental audits had been completed including infection control, care planning and safeguarding. Where areas for improvement were identified, action plans were developed and completed.

There were effective communication systems in the centre. Minutes of staff meetings reviewed by the inspector showed that a range of topics were discussed such as health and safety, resident issues, policies, staffing and other relevant issues.

The designated centre had sufficient numbers of suitably qualified staff available to support residents' assessed needs. Staff had the required skills, competencies, and experience to fulfil their roles. The team providing direct care to residents consisted of at least two registered nurses on duty at all times supported by a team of healthcare staff. The person in charge and clinical nurse managers provided clinical supervision and support to all staff. Communal areas were appropriately supervised, and the inspector observed respectful interactions between staff and residents. Staff were observed working together as a team to ensure residents' needs were addressed.

The policies and procedures, as required by Schedule 5 of the regulations, were available to staff, providing 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, managing behaviour that is challenging, and infection prevention and control training.

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 on the day of the inspection with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to mandatory training and staff had completed all necessary training appropriate to their role.

Arrangements were in place to ensure staff were appropriately supervised to carry out their duties through senior management support and presence.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible. The inspector reviewed a number of staff personnel records, which were found to have the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

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

Judgment: Compliant

Regulation 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 residents living in this designated centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were complimentary about the service, and confirmed that their experience of living in the centre was positive. There was a person-centred approach to care, and residents' well-being and independence were promoted.

The inspector reviewed a sample of five residents' files. Following admission to the centre, a range of clinical assessments were carried out, using validated assessment tools, to identify areas of risk specific to each resident. These assessments were used to develop an individualised care plan for each resident which addressed the residents' abilities and assessed needs. Care plans were developed within 48 hours of admission to the centre and reviewed every four months or as changes occurred, in line with regulatory requirements. The care plans reviewed contained the necessary information to guide care delivery. Daily progress notes demonstrated good monitoring of residents' care needs.

Residents had access to medical and healthcare services. Residents were reviewed by their general practitioner (GP) as required or requested. Systems were in place for residents to access the expertise of health and social care professionals when required.

The inspector observed that management and staff made efforts to ensure residents' rights were respected and upheld. Residents were provided with opportunities to participate in recreational activities of their choice and ability. On the day of the inspection the inspector observed care staff facilitating a variety of activities at various times during the day. Residents were free to exercise choice about how they spent their day. Residents had the opportunity to meet together and discuss management issues in the centre including moving to the new designated centre, the new building, nutrition, voting, and activities. Satisfaction surveys were carried out with residents with positive results. Residents had access to an independent advocacy service.

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.

The provider had a system in place for residents who required a pension agent. Appropriate arrangements were in place, in line with best practice.

Residents who were assessed to be at risk of malnutrition were appropriately monitored. Appropriate referral pathways were established to ensure residents identified as at risk of malnutrition were referred for further assessment by an appropriate health care professional.

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

The provider had fire safety management systems in place to ensure the safety of residents, visitors and staff.

Regulation 11: Visits

The registered 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.

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 17: Premises

The premises was found to be in a good state of repair and met the needs of the current residents. However, there were a number of premises issues detailed in the condition of registration that were outstanding, including;

- the installation of emergency lighting on external routes to designated places of safety
- provision of adequate means of escape to facilitate the horizontal evacuation of residents from the Daycare block to the Residential block or provision of a suitable external route away from the courtyard to a designated place of safety.

Judgment: Substantially 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 all of the 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 contained sufficient information to guide the staff in the provision of health and social care to residents, based on residents individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Residents had access to appropriate medical and allied health care professionals to meet their assessed needs.

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 and safe usage.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided staff with support and guidance in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially 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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Joe & Helen O'Toole Community Nursing Unit OSV-0008678

Inspection ID: MON-0043410

Date of inspection: 24/07/2024

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • the installation of emergency lighting on external routes to designated places of safety <ul style="list-style-type: none"> o As per reports received from fire consultants, lux level measurements done on 16/09/24 confirm that levels achieved are in line with IS 3217 requirements. o To ensure compliance with the inspection findings, installation of additional emergency lighting under review with the design team in conjunction with current lux levels. • provision of adequate means of escape to facilitate the horizontal evacuation of residents from the Daycare block to the Residential block or provision of a suitable external route away from the courtyard to a designated place of safety. <ul style="list-style-type: none"> o Day care area is provided with 3 primary escape routes <ol style="list-style-type: none"> 1. by way of entrance 2. by way of day care corridor to external courtyard 3. day care room to external courtyard <p>Exits to courtyard have emergency lighting installed outside the final exits. Once in the courtyard, occupants can exist by way of patio into the residential building and then into adjoining by way through existing double doors.</p> <p>These doors will be freely openable from the outside on activation of fire alarm through mag lock release also supplemented with manual means for overriding the mag lock i.e. green break glass unit</p> <p>Evacuation plans for the premises and evacuation training will be provided to all staff working on the premises.</p> <p>Following dates have been confirmed with the trainer – 01/11/24, 08/11/24 and 25/11/24. Two sessions have been scheduled each day to facilitate maximum staff attendance.</p> <p>Further training will be scheduled to cover any staff not available on above mentioned dates.</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 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	31/12/2024