<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Anne's Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000632</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Westport Road, Clifden, Galway</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>095 211 89</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:sandhya.joy@hse.ie">sandhya.joy@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>JJ O’ Kane</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary McCann</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
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</tr>
<tr>
<td>Number of residents</td>
<td>23</td>
</tr>
<tr>
<td>Number of vacancies</td>
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</tbody>
</table>
About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 22 November 2017 12:30
To: 22 November 2017 19:30
23 November 2017 09:00 23 November 2017 14:30

The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
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<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This report sets out the findings of an announced registration renewal inspection, carried out by the Health Information and Quality Authority (HIQA). The centre is registered to accommodate 24 residents. The occupancy of one of the multi occupancy rooms from 5 residents’ to 4. The centre has applied to register 23 beds. A new provider representative has been appointed since the last inspection. He is the residential services manager for Older persons services in Co. Galway.
St Anne’s is located in Clifden, Connemara, Co. Galway. The centre consists of three single, six twin and two four bedded rooms. All residents are accommodated in the ground floor. One single room has an en-suite facility, one four bedded area has a full en-suite facility and the other has a small toilet and wash hand basin. A further two showers and a bathroom is available. A large day room (64sq m) and small dining room with facilities for a maximum of 10 people to dine is available. A safe accessible courtyard garden is available for residents use. An oratory/church is available on the first floor; this is accessible by a lift.

As part of this inspection the inspector reviewed progress on the 14 actions documented post the last inspection in October 2016. 12 actions were completed, one was partially completed, this related to fire drills and one was not completed, this relates to the premises. Notification of incidents received since the last inspection were reviewed pre this inspection and reviewed and discussed with staff during this inspection. Documentation submitted by the provider as part of the application process was also reviewed prior to the inspection.

7 resident and 8 relative questionnaires were received by the inspector. On review, all were positive in their feedback and expressed satisfaction about the facilities, services and care provided. They were particularly complimentary of the staff, the management team, social care activity provision and activity staff. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures, risk management documentation, meaningful activity documentation and staff records. The inspector found that the person in charge ensured that residents’ medical and nursing needs were met to a good standard. The person in charge displayed a good knowledge of her regulatory responsibilities and was well prepared for the inspection with documentation swiftly available when requested. Significant work had been completed since the last inspection.

Areas which require review post this inspection include more detailed recording of fire drills, ensuring that a simulated night time fire drill is completed, review of the premises issues described under Outcome 12, some nutritional care plans require further review to ensure they are clear, accurate, up to date and person centred. Actions with regard to these matters that are required to be completed to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland.
Compliance with Section 41(1)(c) of the Health Act 2007 and 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.

Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The statement of purpose had been updated on 2 November 2017. This described the service provided in the centre. A copy was available in the centre and had been forwarded to the Chief Inspector with the registration renewal application.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The inspector found that residents were well cared for and that the provider had arrangements in place to promote the quality and safety of the service provided. The person in charge demonstrated adequate knowledge and competence during the inspection and the inspector was satisfied that she remained a fit person to participate in the management of the centre. The provider representative attended the centre occasionally and was freely available to the person in charge by phone and email.

The management structure identified has clear lines of authority and accountability, and
specified roles and responsibilities for all aspects of the service. The inspector was assured by the person in charge that she had sufficient time to ensure effective governance, operational management and administration of the centre. Staff and relatives spoken with were knowledgeable on the management team and had a clear understanding of their role and responsibility, and of the reporting structure. The person in charge attends accountability meetings with the provider representative every two months and director of nursing meetings are held every three months with the provider representative and senior management team.

The person in charge had completed an annual review of the quality and safety of care delivered to residents. Improvements were brought about as a result of the learning from this monitoring review and an action plan was detailed after each area reviewed.

The person in charge and her deputy the clinical nurse manager had completed a range of audits. These included audits of care plans, clinical data, medication management, and satisfaction surveys with relatives and residents. However, this is a metrics system which is generic and involves the collection of statistical information in relation to, for example, medication storage and custody, nursing assessment, and documentation. This auditing system requires review to ensure that it is more specific and looks at for example, is the care plan person centred, does it support staff in the delivery of safe quality care. The audits did not support the management team to ensure the service was being run in line with contemporary evidence based practice, the regulations and the standards.

The current premises do not comply with respecting the privacy and dignity of residents and enhancing the quality of life of residents and a restrictive condition is attached to the registration of this centre. This condition states that

'No new resident to the centre or existing resident in the centre can be admitted to (Bedroom No. 9 & 12) until the physical environment is reconfigured to improve the privacy, dignity and quality of life of residents. The works to reconfigure the physical environment must be completed in full prior to the admission of any resident either new or existing in the centre to this room.

This is discussed further under Outcome 12 and an action is linked to Outcome 12 with regard to this matter.

Judgment:
Substantially Compliant

Outcome 03: Information for residents
A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

**Findings:**
A comprehensive resident’s guide detailing a summary of the service provided, the complaints procedure and arrangements for visiting was available. An easy to read/pictorial guide was also available which would facilitate a better understanding for residents who were cognitively impaired.

The inspector reviewed a sample of residents’ contracts for the provision of services and found that the contracts outlined the support, care and welfare to be provided to residents along with the fees to be charged. The contracts identified when a resident was admitted whether the bedroom available to them was single or twin. No charge was in place for social care activities.

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The person in charge who was appointed in November 2016. She fulfilled the criteria required by the regulations in terms of her qualifications and experience.

The person in charge held a full time position. The inspector found that she was knowledgeable about the requirements of the regulations and standards and had a good understanding of the individual care needs of each of the residents.

Feedback from the staff team, relatives and residents regarding the person in charge and her impact on the service and her engagement with staff and residents since her appointment was positive. She generally worked from 09:00 hrs to 17:00 hrs Monday to Friday. She qualified as a registered general nurse in 2002. Other qualification obtained by the person in charge included, Post Graduate Diploma in Gerontology (2010), Masters in Nursing Science (2011), Certificate in Nurse Prescribing (2013).

The Inspector reviewed the duty roster and found that a registered nurse was always on duty in addition to the person in to ensure she had adequate time for governance supervision and management duties. Her current registration with An Bord Altranais agus Cnáimhseachais na hÉireann registration was available. She confirmed that the
provider was supportive and was freely available to her by phone and by email. Residents spoken with knew the person in charge. Courses completed since the last inspection included short courses in dementia care, health and safety, safeguarding and basic life support.

**Judgment:**
Compliant

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**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

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**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013 (as amended) were available and were stored and maintained securely. The inspector reviewed a sample of these records to include fire safety, staff recruitment and residents' care and medical files.

There was a visitors’ record to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Visitors signed in on entry and exit.

The directory of residents’ contained all information required by schedule 3 of the regulations and was maintained up to date. The inspector also reviewed a sample of policies and procedures as required by Schedule 5 of the regulations. All the required policies were in place.

A sample of staff files was reviewed and found to be compliant with the regulations.

**Judgment:**
Compliant

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**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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### Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

### Findings:
A clinical nurse manager deputised for the person in charge in her absence works full-time in the centre and is identified as the person participating in the management of the centre on the application for renewal of registration. She is a registered nurse. Her registration with An Bord Altranais was up to date. An on-call management rota was in place.

### Judgment:
Compliant

### Theme:
Safe care and support

### Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

### Findings:
The national policy on Safeguarding vulnerable adults at risk of abuse was enacted in the centre. This provided guidance for staff on the various types of abuse, assessment, reporting and management of allegations or safeguarding incidents. Staff confirmed and training records indicated that staff had attended training on the prevention, detection and response to adult abuse and training on the new safeguarding policy was scheduled. Staff who spoke with inspector were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place. There were systems in place to ensure that allegations of abuse were investigated, and that pending such investigations measures were put in place to ensure the safety and welfare of residents.

A system in place to promote a restraint free environment in line with the national policy was in place. The centre has a record of all restraint in use. Staff and records confirmed that bedrails and three safety straps were in use, mainly as enablers. A risk assessment was completed prior to the enactment of the restraint measure to make sure it was safe to use. The person in charge stated she was continually trying to reduce the level of restraint in the centre.

Care plans and evaluation records included evidence of alternatives available such as...
low-low beds and sensor alarm mats. Records of the duration of restraint and safety checks were recorded for all residents who had bedrails in place.

The centre has a policy on and procedures to support staff with working with residents who have behavioural and psychological symptoms of dementia (BPSD) also known as responsive behaviour. This policy was informed by evidence-based practice. Staff spoken with described how they adopted a positive, person centred approach towards the management of responsive behaviours. The inspector reviewed care plans for residents who had responsive behaviour. However, the provider needs to consider when residents with responsive behaviour that is not well controlled are accommodated in the centre, that their placement in the centre is compatible with other residents to ensure residents do not infringe the rights of other residents and to ensure the delivery of safe quality care to all residents.

The care plans identified potential triggers and guided staff on how best to manage any episodes of responsive behaviour. Templates documents were in place for recording potential triggers of the antecedent, the behaviour exhibited and the consequences (ABC) of the behaviour. Staff had received appropriate training in behaviour management strategies. Staff interview was familiar with the management of responsive behaviour and de-escalation techniques. The centre had access to expertise in psychiatry of later life whose team attended the centre as requested. The inspector observed that staff approached residents in a sensitive and appropriate manner. The person in charge and staff interviewed were knowledgeable about what constituted abuse and how they would respond to any allegations or observations of abuse. One observation of possible peer to peer episode of abuse had been reported. This was found to have been appropriately responded to. A safeguarding plan had been developed for individual residents.

Systems and arrangements were in place for safeguarding resident's finances and property. The centre does not act as a pension agent for any resident. No petty cash was kept on site. Some residents were supported to manage their own finances. If the centre required any monies for residents for social activities this was obtained from the friends of St Ann’s. Transparent documentation of any monies received was in place.

Judgment:
Substantially Compliant

<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
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</thead>
<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
</tr>
</tbody>
</table>

| Theme: |
| Safe care and support |

| Outstanding requirement(s) from previous inspection(s): |
| Some action(s) required from the previous inspection were not satisfactorily implemented. |

| Findings: |
There were arrangements in place to promote and protect the health and safety of residents. However, some improvements were required in relation to the recording and completion of fire drills. The inspector saw that there were facilities and equipment available to support residents to retain their independence. For example, mobility aids and hand rails on both sides of corridors. There was a call bell facility in all bedrooms and sitting rooms. The inspector noted that call bells were answered in a timely manner. This was also confirmed by the residents and families who spoke with the inspector.

There was a safety statement in place dated September 2017, which was specific to the centre. Individual risk assessments had been undertaken and appropriately recorded. Individual risk assessments for service users had been undertaken with plans put in place to address risk identified. For example clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments and neurological observations were completed post un-witnessed falls to monitor neurological function. Records were maintained of accidents and incidents which indicated the immediate response, a section to record action taken and further actions required to follow up to the incident. There was evidence that individual incidents were reviewed and communicated at staff meetings. Opportunities for learning to improve services and prevent incidents were being promoted.

There was an emergency plan in place to guide staff in responding to an emergency. Quarterly safety and quality meetings were held. There was a risk management policy which met the requirements of Regulation 26.

Arrangements were in place for investigating and learning from serious incidents and adverse events involving service users. For example where a notification of an incident of a missing person had been submitted to HIQA, procedures had been reviewed to enhance security of the residents. There were procedures in place for the prevention and control of infection. There was an infection control policy and procedure in place. There was adequate personal protective equipment such as aprons and gloves available for staff. The centre was clean and odour free. Facilities for hand hygiene were available.

Overall, there were adequate precautions in place against the risk of fire. A procedure for the safe evacuation of residents and staff, in the event of fire, was prominently displayed. All residents had a personal emergency evacuation plan completed which considered the mobility and aids required to evacuate the resident. There were adequate means of escape. The fire assembly point was identified with appropriate signage in an area to the front of the building.

Fire drills were undertaken at regular intervals and records were maintained. However the records did not always provide a comprehensive record of the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. No drill had been undertaken with night staffing levels and in the area where the greatest number of residents would require evacuation. There was some documented evaluation of learning from fire drills completed for staff to evaluate what worked well but little comment with regard to any improvements required.

Records showed that fire fighting equipment was serviced by an external company.
under a contract agreement. The fire alarm had been serviced quarterly and emergency lighting was last services in May 2017. The inspector found that all internal fire exits were clear and unobstructed during the inspection. Fire doors with self closing hinges were in place. The local fire services had attended the centre and were familiar with the layout including access points. Review of the fire training records showed that all staff had undertaken annual training in fire safety. This was confirmed by staff. All staff spoken with knew what to do in the event of a fire and was confident they would be able to safely evacuate including at night time.

Contracts were in place for the regular servicing of equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents.

**Judgment:**
Substantially Compliant

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### Outcome 09: Medication Management

*Each resident is protected by the designated centre's policies and procedures for medication management.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A comprehensive policy and procedure on the safe administration of medication was available. All staff had completed training in safe administration and management of medication and completed a refresher course annually. The inspector reviewed a sample of medication prescription and administration records and found that they had been appropriately completed. Records showed that medications had been administered as prescribed. The inspector observed medication administration practices and found that the nursing staff did adhere to professional guidance of An Bord Altranais agus Cháirmheachais.

There were a small number of controlled drugs used in the centre. These drugs were found to be appropriately stored with appropriate checks recorded in the controlled drugs register. Arrangements were in place to review and monitor safe medication management practices in the centre. Medication audits were undertaken by the pharmacist. There was evidence that the outcome from these audits, with any learning identified was discussed at staff team meetings.

There were procedures for the handling and disposal of unused and out of date drugs including controlled drugs. A record was maintained of all unused and out of date drugs medication returned to pharmacy.

**Judgment:**
Compliant

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### Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector noted that a record of all incidents was maintained. Notifications to the Health Information and Quality Authority were made in line with the requirements of the Regulations.

**Judgment:**
Compliant

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**Outcome 11: Health and Social Care Needs**
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Residents healthcare needs were met by the care provided. The provider representative ensured that therapeutic supports were available to residents. These included: speech and language therapy, dietician, occupational therapy, physiotherapy, psychiatry, dental and chiropody. Residents had good access to a general practitioner services. The pharmacist was also available to provide advice and guidance on medication to staff and residents. There was good access to the psychiatry of later life services who attended the service as requested.

Care plans were available for all needs identified following a range of evidence based assessments. The inspector found that care planning was generally good, care plans reflected the needs of residents and were comprehensive and informative with regard to the delivery of person centred care to residents.

Pre admissions assessments were completed by the person in charge. Residents and
relatives confirmed in person and in their completed questionnaires that they were provided with information with regard to day to day living in the centre so they could make an informed choice whether they wished to be admitted to the centre. One relative informed the inspector that she was greatly appreciative of how the person in charge had tried to get as much information as possible prior to admission with regard to her loved one’s interests and way of life to assist with preparing for her admission to the centre.

A comprehensive assessment was completed on admission and reviewed at regular intervals. These assessments informed the care plans. There was evidence that residents and their families were involved in these assessments and in reviews of the care plans and that there was good formal and informal communication with residents and their families.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The premises have been the subject of documented on-going non compliances with the (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 regarding the provision of multi occupancy bedrooms and the negative impact that this layout has on residents residing in the centre including their privacy, dignity and quality of life.

No renovations have taken place to date to improve facilities to enhance the environment for residents who reside in multi-occupancy bedrooms. A restrictive condition is attached to the registration of this centre. This condition states that 'No new resident to the centre or existing resident in the centre can be admitted to (Bedroom No. 9 & 12) until the physical environment is reconfigured to improve the privacy, dignity and quality of life of residents. The works to reconfigure the physical environment must be completed in full prior to the admission of any resident either new or existing in the centre to this room.

Due to natural progression, the occupancy of this room has decreased to 4 residents.
Consequently, there is more space available for each resident. However the judgment of the inspector is that room 9/12 in its current configuration and layout is not suitable to meet the needs of four high dependency residents as it infringes negatively on the privacy and dignity and quality of life of residents living in this room. While there is a small toilet in the upper corner of this room, this is only accessible to mobile residents due to its size. The nearest accessible toilet/shower is located outside the room. The residents have to be assisted in a wheelchair/hoist/specialist chair out of this room onto the corridor to have a shower. The back door of the centre which is the main door in use is located in close proximity to the corridor which residents have to use to access the shower/toilet. Additionally staff have to assist residents past the laundry store and the entrance to the lift, consequently this is a busy area with high levels of traffic. Residents accommodated in this room are high dependency, with poor or no mobility and will have high hygiene needs due to their dependency. There was not enough space for all residents to have a comfortable chair to assist them in maintaining their independence. Wardrobes were located on entry to the room not in close proximity to residents’ beds. Residents who spend long periods of time in bed in this room do not have access to a television in this room. While there was screening around each bed, the space behind the curtains was too confined for staff to assist residents in a dignified way, with confined space for relative/ significant other to spend time with their loved one in private conversation. There was little space around some bedside to have a personalised area for residents.

Consideration is required to ensure that the ethos of the centre as described in the Statement of Purpose with regard to the privacy and dignity of residents is upheld. The centre’s Statement of Purpose dated November 2017 and submitted to HIQA sets out the aims and objectives of the service which were detailed ‘We ensure that we deliver care respecting each residents right to independence, privacy, dignity, fulfilment, and the right to make informed choices.

While bedroom 8 is a multi occupancy room there is more space available to residents and it has an en-suite. Consequently, staff are not required to assist residents onto a public corridor. Issues as described with regard to bedroom 9/12 to include lack of personalised space, inaccessibility to a television are also shortcomings of this room.

Judgment:
Non Compliant - Moderate

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were policies and procedures for the management of complaints. The complaints
process was displayed in a prominent place in centre. As part of the admission process residents were informed of the complaints procedure and the complaints procedure was documented in the residents’ guide.

The inspector reviewed the documentation with regard to complaints received. A record of the outcome was documented and there was also detail if the complainant was satisfied with the outcome. Residents and relatives said that they were satisfied with the care and were aware of who they could complain to if they needed to. The independent appeals process if the complainant was not satisfied with the outcome of their complaint meets the requirements of the regulations. However, there was no evidence that the complaint initiator was informed of the appeals process should they wish to utilise same post the resolution of a complaint. The contact details of the office of the Ombudsman were recorded in the policy.

Judgment:
Substantially Compliant

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Staff had attended training in End of Life Care. Staff provided end of life care to residents with the support of the palliative care team if required and the General Practitioner. Each resident had their end of life preferences recorded and an end of life care plan was in place. These care plans addressed the resident's physical, emotional, social and spiritual needs. They reflected each resident's wishes and preferred pathway at end of life care. Where specific instructions with regard to wishes regarding resuscitation had been discussed with the resident and or their relatives, these were documented. There was no single room protected to ensure residents in multi occupancy rooms had a choice with regard to whether they could avail of a single room for the provision of end of life care.

Judgment:
Non Compliant - Moderate

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.
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<tr>
<th>Theme:</th>
<th>Person-centred care and support</th>
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**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was evidence that where residents required review by a dietician, they were referred and reviewed by the dietician. Recommendations from dieticians were being implemented.

Residents' nutritional needs were well met. Residents were screened for nutritional risk on admission and this was reviewed regularly thereafter. While nutritional care plans were in place, some required further review to ensure they were person centred.

The inspector observed some residents having their lunch. Adequate staff was available to assist and monitor intake at meal times. Some residents choose to dine in the sitting room. A list of residents on special diets including diabetic, high protein and fortified diets, and also residents who required modified consistency diets and thickened fluids was available to catering and care staff.

Residents confirmed that they enjoyed the food and were appreciative of the catering staff and spoke favourably about the quality and the choice of food provided. The kitchen was open 24hrs per day and snacks were freely available. Residents told the inspector that they could have a drink and/or a snack any time they asked for them.

Records reviewed indicated that residents were weighed monthly and if unexplained weight loss was observed weekly weights were commenced. Likes and dislikes were recorded in most of the residents care plans.

**Judgment:**
Compliant

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**Outcome 16: Residents' Rights, Dignity and Consultation**
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

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**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Residents with dementia were supported by staff that had good knowledge of their abilities and disabilities. Maintaining independence was encouraged and nurtured. Many
staff were local and knew the residents prior to their admission to the centre, for example one staff member told the inspector a resident would never miss Mass while living in the community and while they were admitted to the service with cognitive impairment staff made sure that they always had the opportunity to attend religious activities. Mass and other religious activities were available regularly. A remembrance mass was held each November.

The inspector met with the activity coordinator who described how residents were engaged in a good range of activities in the local community and in the centre. Activity timetables were displayed in the sitting room. There was a wide variety of meaningful activities available which included music sessions, art, outings, exercise groups and quizzes, beauty therapy, sonas and reminiscence. They activity therapist was inventive in the development of activity provision and had made a horse racing track. Bingo was available regularly with a bonanza bingo run monthly and a cup was available for the winner. Residents who won the cup were proud of their achievement. Many community initiatives were in place with good links and support from the local community. For example residents were invited each year to submit requests for good wishes and blessings to be sent to their family and significant others. These requests were played on the radio and residents could listen to them. The centre has three turtles and some gold fish. Residents' were involved in the care on these. The centre also has hens, and residents partake in gathering the eggs. Some local people bring their prize winning Connemara ponies and cattle to a field in close location to the centre for residents to view. The activity therapist explained that the activity schedule was very flexible and changed according to the views of residents. Residents’ attended local events such as the active aged Xmas party, the ICA Christmas dinner and the Connemara pony show. Feedback on the service was provided by residents and relatives during conversations with the inspectors and in feedback questionnaires. Residents said that they enjoyed living in the centre; they could choose how they spent their time living in the centre, what activities they took part in. They said they could choose when they got up and went to bed.

There was evidence of consultation with resident’s and their representatives in a range of areas on a daily basis. The centre holds monthly resident meetings and from the meetings reviewed the inspector noted good resident involvement. The inspector reviewed the findings from the last resident satisfaction survey and overall the findings were very positive on the social activity programme in place and residents felt that activities were meaningful. Residents are facilitated to exercise their civil, political, rights. Many are registered to vote. Residents have access to the radio, television, national and local newspapers. Overall there was evidence that residents have the opportunity to participate in activities that are meaningful and purposeful that suits their individual needs and interests. There was supporting documentation available detailing resident’s attendance and engagement in activities.

The issues with regard to the protection of privacy and dignity of residents accommodated in multi-occupancy rooms is documented under Outcome 12.

**Judgment:**
Non Compliant - Moderate
**Outcome 17: Residents' clothing and personal property and possessions**

Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
There was a policy in place for the management of resident's possessions. Sufficient storage space was available in residents’ bedrooms which included a wardrobe and a bedside locker. However some wardrobes were not located in close proximity to the residents’ bed. There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents.

**Judgment:**
Compliant

**Outcome 18: Suitable Staffing**

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Actual and planned rosters for staff were reviewed. The inspector found that staffing levels and skill mix were sufficient to meet the needs of residents. Staff spoken to confirmed that they had sufficient time to carry out their duties and responsibilities. The person in charge explained the systems in place to supervise staff; an experienced registered nurse is on duty at all times. Staff spoken with felt supported by the person in charge and the management team. An on-call out of hour’s rota was in place. Staff members were observed to interact well with residents. Residents confirmed that they were well cared for and said that staff was readily available when they needed
Staff displayed a very good knowledge of resident’s needs, likes, dislikes and personal preferences with regard to what activities they enjoyed, their past lives and their family histories. Many of the staff lived locally and knew the residents and their families prior to admission to the centre.

Evidence of current professional registration for all registered nurses was seen by the inspector. Training records evidenced that training had been undertaken and staff spoken with confirmed this. Training included mandatory training on safeguarding, patient moving and handling. Fire safety training was completed annually. The training matrix evidenced that all mandatory training was up to date. There was a recruitment and selection policy and procedure in place. Recruitment was managed by the HSE human resources department.

The inspector reviewed a sample of four staff files and found that the information as required in Schedule 2 of the regulations was available in the files reviewed. Copies of the standards and regulations were available in the centre. Staff interviewed was knowledgeable about their role and the regulatory requirements. Volunteers working in the centre at the time of inspection had garda vetting in place and had their roles and responsibilities documented. All were past staff members.

**Judgment:**
Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Mary McCann  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Anne's Community Nursing Unit</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000632</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>22/11/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>24/01/2018</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The person in charge and her deputy the clinical nurse manager had completed a range of audits. However the audits are generic and involve the collection of statistical information in relation to, for example, medication storage and custody, nursing assessment, and documentation. This auditing system requires review to ensure that it is more specific and looks at for example, is the care plan person centred, does it support staff in the delivery of safe quality care. The audits did not support the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
management team to ensure the service was being run in line with contemporary evidence based practice, the regulations and the standards.

1. **Action Required:**
Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

**Please state the actions you have taken or are planning to take:**
Present Auditing system will be reviewed to ensure that the service provided is safe, appropriate and evidence based.

**Proposed Timescale:** 15/04/2018

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**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
The provider needs to consider when residents with responsive behaviour that is not well controlled are accommodated in the centre, that their placement in the centre is compatible with other residents to ensure residents do not infringe the rights of other residents and to ensure the delivery of safe quality care to all residents.

2. **Action Required:**
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

**Please state the actions you have taken or are planning to take:**
Necessary steps have been taken to address the concern raised, and will be reviewed frequently to make sure that all residents safety and dignity is maintained.

**Proposed Timescale:** 15/04/2018

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**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Fire drills were undertaken at regular intervals and records were maintained. However the records did not always provide a comprehensive record of the scenario or type of simulated practice, including the time taken to respond to the alarm, for staff to discover the location of a fire and safely respond to the simulated scenario. No drill had been undertaken with night staffing levels and in the area where the greatest number of residents would require evacuation. There was some documented evaluation of
learning from fire drills completed for staff to evaluate what worked well but little comment with regard to any improvements required.

3. **Action Required:**
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

**Please state the actions you have taken or are planning to take:**
Fire drill will be organised with scenario’s reflecting night time staffing and evacuations drills will be performed covering the whole zone. Learning from each fire drill will also be documented.

**Proposed Timescale:** 15/04/2018

### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Room 9/12 in its current configuration and layout is not suitable to meet the needs of four high dependency residents as it infringes negatively on the privacy and dignity and quality of life of residents living in this room.

4. **Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
There is a plan for a modular 50 bedded unit to incorporate St Anne’s plus the District Hospital on the grounds of St Anne’s. We have engaged the Services of Estates, Merlin Park to relook at the 5 bedded room with a view to enlarging the toilet space there, and also review how we might enhance the privacy and dignity of the residents in that area. There is a design team appointed for the construction of the new consolidated 50 bedded unit on the grounds of St Anne’s, and while there is significant work done on this, we have no drawings as yet. In the mean time a shower will be put in to room 9 & 12 to maintain the dignity of residents residing that section by August 2018.

**Proposed Timescale:** 31/12/2021

### Outcome 13: Complaints procedures

**Theme:**
Person-centred care and support
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There was no evidence that the complaint initiator was informed of the appeals process should they wish to utilise same post the resolution of a complaint.

5. Action Required:
Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

Please state the actions you have taken or are planning to take:
Complaints procedure copy is readily available to residents in the residents guide and a copy is available in each resident’s room.
Going forward, post complainant management, the appeal process will be explained to the complainant.

Proposed Timescale: 15/04/2018

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no single room protected to ensure residents in multi occupancy rooms had a choice with regard to whether they could avail of a single room for the provision of end of life care.

6. Action Required:
Under Regulation 13(1)(d) you are required to: Where the resident approaching end of life indicates a preference as to his or her location (for example a preference to return home or for a private room), facilitate such preference in so far as is reasonably practicable.

Please state the actions you have taken or are planning to take:
There is a plan for a modular 50 bedded unit to incorporate St Anne’s plus the District Hospital on the grounds of St Anne’s.

Proposed Timescale: 31/12/2021