



**Health
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Brendan's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Lake Road, Loughrea, Galway
Type of inspection:	Unannounced
Date of inspection:	13 October 2021
Centre ID:	OSV-0000633
Fieldwork ID:	MON-0034384

About the designated centre

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

St. Brendan's Community Nursing Unit is a purpose built residential care facility overlooking the lake in the town of Loughrea in County Galway. It provides twenty four hour nursing care for 100 people over the age of 18 years whose care needs range from low to maximum dependency. The building comprises four care areas. Sliabh Aughty and Crannogs on the upper floor and Knock Ash and Coorheen on the ground floor. Coorheen provides care for people with dementia. Each care area has 21 single rooms and two double rooms and all bedrooms have accessible en-suite toilet and bathroom facilities. There are two sitting/dining rooms in each care area. An additional quieter sitting room is located on the ground floor which has tea and coffee making facilities. The Day/Dining Room located on the ground floor is available for residents from each care suite to enjoy large group recreational activities and dining while maintaining social distancing. There is a palliative care suite supported by the hospice home care team available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	77
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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 13 October 2021	09:15hrs to 16:30hrs	Fiona Cawley	Lead
Thursday 14 October 2021	10:00hrs to 14:15hrs	Fiona Cawley	Lead

What residents told us and what inspectors observed

This unannounced risk inspection took place over two days. There were 77 residents accommodated in the centre on the days of the inspection and 23 vacancies. The inspector was welcomed to the centre on arrival and guided through the infection prevention and control measures in place. These included temperature check, hand hygiene and face covering before entering the centre.

From what the residents told the inspector, and from what the inspector observed, St Brendan's was a very pleasant and comfortable place to live. The overall feedback from the residents was that they enjoyed a good quality of life and were supported by staff who were kind and caring. On both days of the inspection the inspector observed a very friendly, warm atmosphere throughout the centre. The inspector observed that the residents were well cared for by a committed and dedicated team who worked hard to ensure the residents were supported with all their needs. A lot of good practice was observed during the inspection and the centre assured regulatory compliance across all regulations and there were no risks identified.

The inspector observed and chatted to a number of residents over the two days of the inspection. All residents were nicely dressed and well groomed. A number of residents were unable to have a conversation but were observed to be content and comfortable in their surroundings. The inspector spoke in detail with thirteen residents who all expressed their satisfaction with life in the centre. One resident explained their reasons for moving to the centre which they now considered their home. They described the staff as happy all the time very good and said they were treated very well. They described how the COVID-19 restrictions had been challenging as they had not been able to visit the town daily as was their routine before the pandemic. They were delighted to have received the vaccine and to see some normality return to life in the centre with the return of visitors. All of the residents who spoke with the inspector were happy with the staff and knew who to speak with if they had any concerns or issues. One resident informed the inspector that they had told the management that they were not happy with the television service and as a result the person in charge had arranged for a complete review of all televisions provided for residents.

The inspector also spoke with a number of visitors who were very complimentary about the centre and the care provided to their family members and friends.

On the morning of the first day of the inspection, the inspector completed a walk about of the centre with the person in charge (PIC). The facility comprised of four units located on two floors, Sliabh Aughty and Crannogs on the upper floor and Knock Ash and Coorheen on the ground floor. Coorheen unit was designed to meet the needs of residents living with dementia. The unit was tastefully decorated with many features such as brightly coloured walls with artwork and sensory wall hangings and photographs. Exit doors in the unit were decorated with natural scenes which discouraged residents who were at risk of leaving the unit. There was

safe access to a garden area designed specifically for residents with cognitive impairment as a result of dementia.

The inspector observed that the management and staff took great pride in the centre and had made great efforts to provide an environment that was relaxed and comfortable. Hallways and corridors were decorated with interesting pictures and artwork and the décor was modern and tasteful throughout the centre. Bedrooms were nicely decorated with many residents decorating their rooms with personal items. One resident had a bird feeder on their window which provided them with lovely views of seasonal birds. There were very pleasant views of the outdoors from all the resident areas and many residents commented on the spectacular views of the lake which gave them great pleasure.

There were communal areas in each unit which were used by the residents throughout the day for activities, dining purposes, watching TV and listening to music. There was also a lovely parlour available on the ground floor which was designed to resemble a domestic living room and kitchen. This area was used by residents with their visitors and also provided a space for staff and resident to socialise. Seven Springs, the day care area of the centre, was now used as an additional space for dining and resident activities such as cooking and baking.

A multi denominational prayer room was available for residents to use for quiet time and reflection. Mass was held in this room twice a week and was also streamed to resident areas for those who wished to participate.

The centre provided safe access to bright outdoor spaces overlooking the lake with suitable seating and shelter. These areas contained numerous interesting features such as decorative wall art depicting countryside scenes, artificial grass and life like farm animals. A number of residents were actively involved in planting flowers and herbs and maintaining the garden. Residents were seen availing of the fresh air at various times on the days of the inspection. This area was also used to stage outdoor music events for the residents and families and number of performances had taken place over the summer months.

The inspector found that the building was well laid out to meet the needs of the residents and to encourage and aid independence. A number of residents were observed moving freely around each unit. However, the inspector did observe that residents' ability to freely access the various parts of the centre was limited as the entry doors to each unit were very heavy and difficult for residents to open. In particular, residents who used wheelchairs and residents using mobility aids required the assistance of staff to open these doors. The corridors were wide, bright and airy and building was warm and well ventilated throughout. There were grab rails on all corridors to assist residents to mobilise independently. The single and twin occupancy rooms had sufficient space for residents to live comfortably including adequate space to store personal belongings. Residents had access to a television in all bedrooms. Call bells were available throughout the centre. There was an appropriate sluice facility in each unit and a large laundry facility with provided very clear segregation of clean and dirty laundry.

The centre contained a sufficient number of communal bathrooms to meet the assessed needs of the residents. On the days of the inspection one communal bathroom was in use as an additional staff changing area to facilitate social distancing for staff at change over of shifts. The inspector was assured that this did not impact on the residents in the centre at that time. The PIC informed the inspector that this was a temporary measure and should the needs of any resident require the use of this bathroom it would be made available immediately.

There was a designated smoking area which was adequate in size and well ventilated. The inspector observed that measures were put in place to ensure the residents' safety when using this facility including call bell and access to suitable firefighting equipment.

There was good signage in place at key points throughout the centre in relation to infection prevention and control. The signage alerted residents, staff and visitors of the risk of COVID-19 and control measures in place such as social distancing and visiting restrictions. Residents who spoke with the inspectors were aware of the need for hand hygiene and the recent restrictions. One resident praised the cleanliness of the building and the efforts the staff had made to keep them safe.

Throughout the day residents were observed to be happy and content. A number of residents sat together in the sitting rooms watching TV, listening to music or chatting to one another and staff. Others chose to remain in their own rooms, preferring to spend time on their own reading, watching TV or enjoying quiet time. It was evident that residents were supported by the staff to spend the day as they wished. Residents who chose to remain in their rooms or who were unable to join the communal areas were monitored by staff throughout the day. On the days of the inspection, the inspectors observed staff engaging in kind and positive interactions with the residents. There was a happy atmosphere present throughout the centre and teamwork was evident throughout the inspection. Staff who spoke with inspectors were knowledgeable about the residents and their needs.

The centre employed two Activity Co-ordinators and residents were provided with opportunities to participate in recreational activities of their choice and ability either in the communal areas or their own bedrooms. The staff were knowledgeable about the residents' various individual preferences and routines. There were scheduled activities for the residents seven days a week. The inspector observed a schedule displayed on the wall offering a range of activities such as quizzes, bingo, exercises, reminiscence therapy, gardening and baking. A number of seasonal activities were planned including the annual Halloween party and planting of spring bulbs in the coming weeks. Residents told the inspector about the activities available to them and that they were free to choose whether or not they participated.

Residents had unlimited access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available. Visiting was facilitated in line with current guidance (Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities).

Residents had a choice where to have their meals throughout the day. On the first

day of the inspection the lunchtime period was observed by the inspector. Food was freshly prepared in the centre's own kitchen and served hot in the dining rooms or wherever the residents chose to take their meals. The inspector spoke with a member of the catering team who was familiar with the resident and their preferences. The meals served were well presented and there was a good choice of nutritious meals available. Residents who required help were provided with assistance in a sensitive and discreet manner. Staff members supported other residents to eat independently. The atmosphere was calm and relaxing with soft music playing in the background. The residents were complimentary about the food in the centre. Staff members and residents were observed to chat happily together throughout the lunchtime meal and all interactions were respectful. A choice of refreshments was available to the residents throughout the day.

The centre was very clean and tidy on the day of the inspection and well maintained. Housekeeping staff who spoke with the inspector were very knowledgeable about the cleaning process required in the centre. Cleaning schedules were in place and up to date. Equipment was cleaned after each use and labelled as such.

There was a staff area available with sufficient space to ensure social distancing was maintained.

In summary, this was a good centre with 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

The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The management team were very committed to ongoing quality improvement for the benefit of the residents who lived in the centre. Care and services were of a good standard and the management of the centre was robust ensuring that standards of safe care and services were maintained. There was a clearly defined management structure in place with identified lines of authority and accountability. The provider had addressed the areas of the compliance plan following the last inspection.

The person in charge facilitated the inspection throughout the day.

The person in charge demonstrated a very clear understanding of their role and responsibility and was a visible presence in the centre. The person in charge was supported in this role by a two assistant directors of nursing five clinical nurse

managers and a full complement of staff including nursing and care staff, activity coordinators, housekeeping staff, catering staff, administrative staff and maintenance staff. There were deputising arrangements in place for when the person in charge was absent.

On the day of the inspection the centre had sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. There was a stable and dedicated team which ensured that residents benefited from good continuity of care from staff who knew them well. The assistant directors of nursing and clinical nurse managers provided clinical supervision and support to all the staff. Staff had the required skills, competencies and experience to fulfil their roles. Staffing and skill mix were appropriate to meet the needs of the residents on the day of the inspection.

Policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents.

There was an induction programme in place which all new staff were required to complete. Staff had access to education and training appropriate to their role. This included COVID-19 infection prevention and control training.

There was good evidence of effective collection of information within the centre. A range of audits were carried out which reviewed practices such as falls management, care plan documentation, medication management, wound management, and complaints management. The person in charge carried out an annual review of the quality and safety of care in 2020. There was a programme for continuous improvement identified for 2021 which included establishment of an assessment and care plan group, review of assistant director of nursing numbers, appointment of a health and safety officer and ongoing recruitment.

Regular staff group meetings had taken place in the centre including cleaning team, laundry team, COVID response team, management team and unit staff team meetings. Minutes of meetings reviewed by the inspector showed that a wide range of relevant topics were discussed including COVID-19, infection prevention and control, risk management, complaints and training. Action plans were developed following meetings where service improvements were required.

The centre produced a newsletter on a quarterly basis to provide updates about the centre for residents, families and staff.

The centre had a comprehensive complaints policy and procedure which clearly outlined the process of raising a complaint or a concern. Information regarding the process was clearly displayed in the centre.

Regulation 15: Staffing

There was an appropriate number and skill mix of staff to meet the needs of

residents and having regard to the size and layout of the centre. There was a supernumerary clinical nurse manager on each unit daily, and two clinical nurse managers rostered on night duty to provide supervision.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector found that staff had access to mandatory training and staff had completed all necessary training. The person in charge had oversight of staff training and there was a comprehensive training matrix in place which highlighted when training was next due.

There was a programme of supervision and clinical oversight ongoing in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The designated centre had sufficient resources to ensure the effective delivery of high quality care and support to residents. There was a clearly defined management structure in the centre, and the management team was observed to have strong communication channels and a team-based approach.

There was a robust quality assurance programme in place that effectively monitored the quality and safety of the service. Feedback from audits and surveys was used to identify areas for improvement and the findings were communicated to the relevant staff so that any changes could be implemented in a timely manner.

There was an annual review prepared in consultation with residents for 2020 and this was available in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in place which met the requirements of

Regulation 34.

A review of the complaints records found that resident's complaints and concerns were promptly managed and responded to in line with the regulatory requirements. There were good records maintained with evidence that all complaints, formal and informal, were investigated in a timely manner and there was evidence that complainants were satisfied with the outcome, and actions were undertaken in the centre to prevent reoccurrence of issues.

Complaints had been promptly investigated and closed off with the complainants level of satisfaction recorded.

The complaints procedure was displayed prominently in the reception area and other areas of the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

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

Judgment: Compliant

Quality and safety

The inspector found that residents living in the designated centre received care and support that was of a very good standard which ensured they were safe and that they could have a good quality of life. There was a person-centred approach to care and the residents' well-being and independence were promoted. Residents confirmed that their experience of living in the centre was positive and that their rights and choices were always considered. Staff were respectful and courteous with the residents. Staff who spoke with the inspector showed they had the knowledge and competencies to provide the care for all residents including those with cognitive impairment. Over the two days of the inspection residents were observed to be very happy and content.

Residents' healthcare needs were assessed using validated tools which informed appropriate care planning. Each resident had care plan in place which reflected each individual's needs. Residents had access to medical care with the residents' general practitioners providing on-site reviews. Residents were also provided with access to other healthcare professionals in line with their assessed need.

The provider promoted a restraint-free environment in the centre in line with local and national policy.

There were opportunities for residents to consult with management and staff on how the centre was run and resident feedback was acted upon. The centre had a resident council which met regularly and included a representative for residents with dementia or cognitive impairment. A wide range of topics were discussed including COVID-19, social activities, maintenance issues and nutrition. Residents had access to an independent advocacy service.

Infection Prevention and Control (IPC) measures were in place. Staff had access to appropriate IPC training and all staff had completed this. Staff who spoke with the inspector were knowledgeable in signs and symptoms of COVID-19 and the necessary precautions required. Good practices were observed with hand hygiene procedures and appropriate use of personal protective equipment. Residents also carried out hand hygiene regularly and told the inspector they understood the need for good hand hygiene.

The centre had a comprehensive COVID-19 contingency plan in place which included the guidance from Health Protection and Surveillance Centre (*Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Long Term Residential Care Facilities*). The centre had experienced a significant outbreak of COVID-19 in February 2021. Throughout the outbreak the person in charge had worked closely with local public health professionals and the Health Service Executive (HSE) to implement the centre's COVID-19 contingency plan and to ensure the outbreak was managed in line with the recommended guidance.

Regulation 11: Visits

Visits were facilitated in line with the current guidance. (*Health Protection and Surveillance Centre COVID-19 Guidance on visits to Long Term Residential Care Facilities*). The inspectors observed visitors in the centre on both days of the inspection. Residents who spoke with the inspectors confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 13: End of life

The inspectors reviewed a sample of end of life care plans. Residents' end of life

wishes were recorded and accessible. These plans were reviewed when necessary and care plans were in place where appropriate.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated there. **Should I comment on the doors? I.e. some residents could not open independently as quite heavy?**

Judgment: Compliant

Regulation 18: Food and nutrition

Residents spoke very highly of the food provided at the centre. They were very satisfied with the quality, choice and availability. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents had access to a safe supply of drinking water. A variety of drinks and snacks were offered frequently throughout the day with both staff and residents confirming that food and drink was available at any time of the day or night.

Residents had their nutritional status regularly assessed and monitored. Residents were closely monitored for weight loss and where weight loss was identified, this was investigated and enhanced monitoring in place. Dietetic recommendations were implemented where required.

There were sufficient numbers of staff to assist residents at mealtimes .

Judgment: Compliant

Regulation 26: Risk management

The centre had an up to date comprehensive risk management policy in place which included the all of required elements as set out in Regulation 26 (1).

There was an up to date risk register which identified risks in the centre and the controls required to mitigate those risks. Arrangements for the identification and recording of incidents was in place.

There was an available emergency plan which included a comprehensive COVID -19

contingency plan with controls identified in line with public health guidance.

Judgment: Compliant

Regulation 27: Infection control

The centre had an infection prevention and control policy and systems in place to ensure compliance with Regulation 27. The centre's COVID-19 contingency was robust and included detail in relation to isolation and cohorting residents in the event of an outbreak. Infection control practices were monitored and supervised through internal auditing.

Judgment: Compliant

Regulation 28: Fire precautions

The fire procedures and evacuation plans were prominently displayed throughout the centre. All staff were trained in the fire safety procedures including the safe evacuation of residents in the event of a fire. Regular fire evacuation drills were undertaken including night time drills. Personal evacuation plans were in place for each resident and updated on a regular basis. There were adequate means of escape and all escape routes were unobstructed and emergency lighting was in place. Fire fighting equipment was available and serviced as required. Fire safety management checking procedures were in place.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of resident care plans on the second day of the inspection. Each resident had a detailed care plan in place which was developed following a comprehensive assessment of their needs. Residents were assessed prior to admission to the centre to ensure the service could meet their needs. Following admission a range of validated assessment tools were used to develop individual plans. These plans were person centred and contained the required information to guide care delivery to ensure the residents' current needs and preferences were met. Care plans were reviewed and updated every four months or as changes occurred. Consultation with the residents and family, where appropriate, was

documented regularly. The daily nursing records were comprehensive and demonstrated good monitoring of the residents needs and their response to any interventions such as falls management, antibiotic therapy and behaviour management.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that residents received very high standards of evidence based nursing care.

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and the person in charge confirmed that GPs were visiting the centre as required. Residents also had access to a range of allied healthcare professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, gerontology and palliative care.

Residents were monitored closely for signs and symptoms of COVID-19 and had their temperatures recorded which was in line with guidance from Health Protection and Surveillance Centre (*Health Protection and Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines for the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities*).

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors a care plan for a resident with responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Detailed, person centred plans were in place which described the behaviours, potential triggers for such behaviours and identified strategies to guide staff to help these residents feel less distressed. Regular review by psychiatry of old was in place to support management plans.

There were a number of residents who required the use of bedrails. Resident records contained evidence of multidisciplinary discussions and appropriate risk assessments being carried out prior to use. Alternative options that were considered

were documented. A record of all bed rails in use was maintained and risk assessments were reviewed on a regular basis to ensure usage remained appropriate.

Judgment: Compliant

Regulation 8: Protection

Inspectors found that the provider had taken all reasonable measures to protect residents from abuse. There was an updated policy on the prevention, detection and response to allegations of abuse in the centre. Staff had access to and were provided with training in safeguarding vulnerable adults. Staff were knowledgeable about what constituted abuse and were clear about their responsibility to report any concerns. Residents who spoke with the inspectors said they felt safe in the centre. Garda vetting was in place for all staff employed in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

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

The provider ensured there were opportunities for recreation for the residents which took account of their abilities and preferences.

Residents had opportunities to participate in meetings where they were able to share their views of the centre.

The centre had access to an advocacy service and this was publicized throughout the building.

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 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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