



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

Issued by the Chief Inspector

Name of designated centre:	Clarenbridge Care Centre
Name of provider:	The Village Nursing Home Limited
Address of centre:	Ballygarriff, Craughwell, Galway
Type of inspection:	Unannounced
Date of inspection:	18 May 2022
Centre ID:	OSV-0000764
Fieldwork ID:	MON-0036393

About the designated centre

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

Clarenbridge nursing home is two storey in design and purpose built. The building is set in mature gardens and designed around a secure internal courtyard, some bedrooms have access to their own private garden space. It can accommodate up to 56 residents. It is located in a rural area, close to the villages of Clarenbridge and Craughwell and many local amenities. Clarenbridge nursing home accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, respite and convalescent care. It also provides care for persons with acquired brain and spinal injuries, dementia, mild intellectual disabilities, post orthopaedic surgery and post operative care. There is a variety of communal day spaces provided including a dining room, day room, conservatory, seated reception area, juice room, prayer room, hair dressing room, physiotherapy room, sensory room, adapted kitchen and a multi purpose room with large viewing screen on the first floor. Residents have access to a secure enclosed courtyard garden area as well as mature gardens surrounding the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46
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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 18 May 2022	09:15hrs to 19:30hrs	Una Fitzgerald	Lead
Wednesday 18 May 2022	09:15hrs to 19:30hrs	Oliver O'Halloran	Support

What residents told us and what inspectors observed

Residents and staff welcomed the inspectors into the centre. Residents spoke openly about life in the centre and the feedback was mainly positive. The centre experienced a significant outbreak of COVID-19 and had been through a very challenging time. Residents had high praise for individual staff members.

Staff guided the inspectors through the infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, disclosure of medical wellness, hand hygiene, face covering and temperature checks. Residents and relatives who spoke with the inspectors said that they found these measures to be reassuring. At the time of inspection, there was a notice on the front door informing visitors that visits must be booked 24 hours in advance and by appointment only. In addition, the times for visiting were restricted. Inspectors were told by relatives that they felt the current restrictions in place on visiting required review. Residents and their relatives were looking forward to returning to life and the daily routines of pre-pandemic times with less restrictions in place.

On entering the building, there was an open seating area that was bright and spacious. Inspectors observed that residents' bedrooms had been personalised to reflect hobbies and life interests that were significant to them prior to admission. For example, art work and ornaments in support of football clubs had been brought in from home and were hanging on bedroom walls. One resident told inspectors that they had been supported to move furniture around the room. Another resident, had set up their own breakfast table with a kettle and fridge so they could independently make a a cup of tea at anytime.

On a tour of the premises, inspectors observed that parts of the premises were in a poor state of repair. For example; resident wardrobes were damaged, multiple communal bathroom doors were chipped and damaged, and parts of the centre were in need of painting. Management meetings referenced the schedule of painting that had commenced. Inspectors were informed that management were aware of the deficits in the premises and that a plan was in place to address all areas highlighted. The provider informed inspectors that significant delay had occurred due to the pandemic and outbreak in the centre. The upgrade and refurbishment will be addressed in the compliance plan response.

On the morning of the inspection, residents were seen to be up and about, some having their breakfast in the dining room while others were relaxing in the main communal rooms on the ground floor. Some residents reported that the food was bland. In the main dining room, there was a self-service breakfast bar, with a large choice of cereals, drinks and fresh fruit available. Multiple residents were seen coming into the dining room and getting their own breakfast. Inspectors noted there was a staff member supervising the room to provide assistance if required. When asked about food choices, one resident told the inspectors that more choice is

required. The resident did however, confirm that the chef will make an alternative option like rashers on days when they do not like the choice on offer.

Inspectors observed that, on the day of inspection, the large communal sitting room and dining room were supervised by staff at all times. Activities staff were on duty seven days a week. The observation and interaction between residents and staff was positive, engaging and patient. There was an obvious, familiar and comfortable rapport between residents and staff and a relaxed atmosphere was evident. The activities sessions observed were inclusive of all residents. The staff member leading the activity referred to all residents by name and was seen to be actively encouraging resident involvement. The inspectors observed residents taking part and enjoying a variety of activities throughout the day.

The inspectors spent time observing residents and their engagement with staff. While many of the residents met with were not able to tell the inspectors their views on the quality and safety of the service, the inspectors observed that the residents appeared content and relaxed in their environment. The centre has a full time physiotherapist and occupational therapist. On the first floor there is a physiotherapy room and inspectors observed multiple residents receiving one to one sessions. In addition, there was a kitchenette that residents like to bake in as part of their rehabilitation programme. There was also a sensory room for resident use.

Residents told the inspectors that they were happy with the length of time it took to have their call bell answered when seeking assistance. Inspectors observed that a review of access to resident call bells was required. For example; along one corridor, two residents had no bell within reach and so could not call for assistance. Inspectors were not assured that appropriate monitoring was in place for multiple residents that did not have the ability to use a call bell. While staff confirmed that residents were frequently checked, there was no system in place to evidence this.

Despite the challenges faced by the centre through the outbreak, every person who communicated with the inspector had a positive outlook to the future and expressed confidence in the service and supports available to them. Staff morale was good which helped to create a positive and happy environment for the residents.

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

Capacity and capability

Inspectors found that residents received a good standard of care that met their assessed needs. The governance and management of the centre was well organised and resourced. Information requested was made available in a timely manner and presented in an easily understood format. The provider was committed to quality improvement that would enhance and improve the daily lives of the residents.

Further development of the system in place surrounding recruitment practices was needed to ensure compliance with regulation requirements and the centre's own policy. Part of the building required upgrading and this detail is discussed in the Quality and safety section of the report.

The Village Care Centre Limited is the registered provider of Clarenbridge Care centre. This was an unannounced risk-based inspection undertaken to follow up on an application to renew the registration of the centre and an application to increase the bed capacity from 56 beds to 61 beds. The inspectors also followed up on unsolicited information received by the office of the Chief Inspector specific to staffing, visiting and the quality of care which was partially substantiated.

On the day of inspection, there were sufficient numbers of staff on duty to attend to the direct care needs of residents. The person in charge and assistant director of nursing both work full time in a supervisory basis. The centre had two registered nurses on duty, 24 hours a day, who were supported by a team of health care assistants (HCA) and non-clinical staff. There was evidence of good systems of communication that included weekly management meetings. There was evidence that the management team discussed clinical and operational matters.

An effective auditing schedule was in place. Audits had been completed in a number of key areas including, care plan audits, infection prevention and control audits, falls audit and monitoring of restrictive practices. Inspectors found that the audits completed were analysed and were used to drive and sustain quality improvements. Following the outbreak, a post COVID-19 outbreak review report had been completed.

The provider had a mandatory training requirement in place for all staff. The training matrix was reviewed. While there were gaps, the person in charge confirmed that training sessions to bridge the gaps were booked. The inspectors also reviewed a sample of staff files and found gaps in the documents required by the regulations. For example; while all nurse registration documentation was available, documentary evidence of qualifications for registered general nurses was not available for review. Vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 were in place. However, the system in place required strengthening to ensure that no new staff member commenced employment and were in the centre prior to receipt of Garda vetting. An induction checklist was in place. The induction programme consists of a period of time (depending on the needs of the staff member) on placement in a supernumerary capacity. This allowed for orientation of the centre and enables new staff become familiar with the systems in place.

A summary of the complaints procedure was displayed for information for residents and their relatives in the main reception foyer. A record of complaints raised by residents and relatives was maintained in the centre. Details of communication with the complainant and their level of satisfaction with the measures put in place to resolve the issues were included. The provider had completed a resident satisfaction survey in December 2021. The results in the main were positive. The survey did

highlight that relatives found the visiting restrictions in place very stressful.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

There were 46 residents accommodated on the day of inspection with ten vacancies. There were sufficient numbers of staff on duty on the day of inspection. There were two registered nurses on duty 24 hours a day.

The centre is a large building and residents are accommodated over two floors. On the day of inspection, there were ten residents assessed as maximum dependency, 20 residents as high dependency, eleven with medium dependency and five with low dependency care needs. In discussion with the provider, it was acknowledged that, as the number of residents increase, the number of staff on duty will also require an increase.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors reviewed the training matrix and the records that evidenced training. While there were gaps in these records, the management team confirmed that training had been booked to bridge the gaps.

At the time of inspection, there were residents living in the centre whose care plan intervention included full resuscitation in the event of a cardiac arrest. Inspectors found that there were insufficient numbers of staff trained in the delivery of Cardio-pulmonary resuscitation (CPR) to ensure that there was a member of staff on duty at all times to carry out CPR, if required.

Judgment: Substantially compliant

Regulation 21: Records

Inspectors reviewed four staff files and found that they did not contain the required information as set out in Schedule 2 of the regulations. For example;

- staff were issued with contracts of employment and had spent time on the premises prior to receipt of evidence of Garda Vetting. This was not in line with the centre's own policy. Inspectors acknowledge that on the day of inspection, all four files had a Garda vetting disclosure on file.
- some staff files did not contain documentary evidence of relevant qualifications.
- while staff reported that frequent checks were in place monitoring residents that cannot use the call bell system, there was no evidence of monitoring available on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspectors found the centre was delivering a high standard of care to the residents. There was a clearly-defined management structure that identified the lines of authority and responsibility. The management team that interacted with the inspectors throughout the day were organised and familiar with the systems in place that monitor the care. Care audits had been completed. On the day of inspection, the centre was found to be sufficiently resourced.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints were minimal and at the time of inspection there were no open complaints. Inspectors reviewed the complaints logged for 2022. Records available contained details on the nature of the complaint, investigation carried out and follow up communication with the resident and family as required. There was evidence that the outcome of a complaint was documented and this included the complainant's level of satisfaction with the result. There was an independent appeals process in place. Residents reported feeling comfortable with speaking to any staff member if they had a concern.

Judgment: Compliant

Quality and safety

Inspectors found that residents were receiving a good standard of care. Direct provision of care was monitored through the auditing system in place. Inspectors found that the needs of residents were known to the staff. The premises in parts was not in good condition and action was required for multiple communal bathrooms to ensure compliance with Regulation 27, Infection prevention and control.

In the main, resident care plans were person-centered and guided care. Clinical admission assessments of need, and on-going individual risks assessments were completed to inform the development of the care plan.

The nursing staff that guided the inspectors through the documentation in place were familiar with the residents. Daily monitoring, such as frequency of showers, food and nutritional intake were all appropriately recorded. Inspectors found that there was insufficient evidence of the frequency of monitoring of residents who were unable to utilise a call bell or any other device to call for assistance, or able to verbally call for help. These issues were discussed with the person in charge and the clinical nurse management team present and an assurance was given that the issue would be addressed within the compliance plan.

The person in charge was actively promoting a restraint free environment. Residents had access to enclosed garden courtyard areas. The doors were open and access was unrestricted. The garden areas had outdoor furniture provided for residents use. There was a polytunnel in use by residents where they were observed enjoying gardening activities.

The centre was visibly clean. The centre had experienced two Outbreaks of COVID-19. In total 10 residents and 18 staff members tested positive for COVID-19. At the time of this inspection residents and staff had completed their required period of isolation and the outbreak was declared over by public health. Throughout the COVID-19 outbreak the Chief Inspector had received regular updates of the situation in the centre and the contingency plans the provider had in place to manage the outbreak. Measures taken to manage the outbreak included:

- The management team had ensured all staff had completed infection prevention and control training
- Managers and staff in the designated centre received support and guidance from the public health team.
- There were sufficient supplies of personal protective equipment (PPE), medicines and food.
- There was a plentiful supply of wall mounted hand hygiene dispensers throughout the centre.
- Residents had a COVID-19 care plan in place guiding person-centred care.
- Residents were regularly updated on the changes as they occurred at a national and local level.

Residents had opportunities to participate in scheduled activities over the seven

days of the week. The activities co-ordinator was seen engaging with residents and encouraging participation in a group activity. Residents told inspectors they enjoyed activities in the centre, describing group activities and also being out in the poly-tunnel doing gardening. Resident meetings took place frequently in the centre. These meetings provided residents' with opportunities to be consulted about and participate in the organisation of the centre. Residents had access to independent advocacy services.

Regulation 11: Visits

Inspectors found that the visiting restrictions in place, on the day of inspection, were not compliant with the regulations. This is evidenced by;

- minutes from a meeting with public health dated the 9th February 2022 stated that restrictions on visits could be lifted.
- There was no evidences of an appropriate risk assessment in place to support the time limitations of no visits after 7pm.

Judgment: Substantially compliant

Regulation 17: Premises

There were areas in the interior of the building that were not kept in a good state of repair and did not meet the requirements under schedule 6 of the regulations. For example;

- Inspectors observed that the paint was peeling from walls in multiple areas throughout the building.
- Wooden bedroom doors, bathroom doors and door surrounds were chipped and damaged.
- Multiple resident bedroom wardrobes were in a poor state of repair. The vinyl was lifting and peeling off.
- Multiple armchairs in use by residents were ripped and torn.

Judgment: Substantially compliant

Regulation 27: Infection control

The infection prevention and control management in the centre did not fully comply with the requirements under Regulation 27. For example;

- In communal bathrooms inspectors observed that there was a loss of integrity between floor and wall coverings which resulted in potential for bacteria to reside in these broken areas. Therefore the area was collecting dirt and could not be effectively cleaned
- There was one sluice room in the centre. This meant that the sluice room was not within easy access of all resident bedrooms. Staff had no option but to walk past communal areas to gain access to sluicing facilities.
- Used urinals were not appropriately managed.
- Hand hygiene dispensers were visible unclean with gel encrusted on the drip trays.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The management of fire safety was kept under review. The provider had engaged with a fire safety consultant for an assessment of fire management strategies. Records documented the fire drill scenarios created and how staff responded. Staff spoken with were knowledgeable on what actions to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents care documentation was maintained on a computerised system. Residents' care plans were developed following assessment of need using validated assessment tools. Care plans were seen to be person-centred and updated at regular intervals. Staff had knowledge of residents' individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to a General Practitioner. Residents were also supported with referral pathways and access to allied health and social care professionals. There was a full-time physiotherapist and occupational therapist employed in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that Resident's rights were respected in the centre

- Residents had access to an activities programme over seven days a week
- Residents had opportunity to be consulted about and participate in the organisation of the designated centre through participation in residents meetings
- Residents' privacy and dignity was respected.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clarenbridge Care Centre OSV-0000764

Inspection ID: MON-0036393

Date of inspection: 18/05/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: <ol style="list-style-type: none"> 1. Current scheduled training completed 2. Training matrix reviewed; training schedule updated to include CPR training for all Registered Nurses working in the centre to be completed by July 31st 2022. 	
Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ol style="list-style-type: none"> 1. Garda vetting in place for all new starters under the guidance of the HR Manager 2. Staff Files reviewed to ensure evidence of relevant qualifications in place 3. A documented monitoring system for residents has been implemented and added to our audit schedule to ensure compliance 	
Regulation 11: Visits	Substantially Compliant

Outline how you are going to come into compliance with Regulation 11: Visits:

1. Visiting in the Centre is following current HPSC visiting guidance and this is communicated with reception and administration staff and in their absence with the Nurse in Charge.
2. Risk assessment completed to support appropriate time limits for visits after 7pm
3. Communication was sent to all residents/families to ensure they are aware of current visiting practices at the Centre

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

1. Repairs to the building identified on the day of the inspection have been added to the maintenance schedule and are in progress and painting is ongoing.
2. Internal replacement doors had been ordered, prior to the inspection, to replace the damaged doors and the Centre is awaiting delivery of same.
3. A full audit of resident's furniture has been completed and furniture has been repaired or replaced accordingly
4. Furniture audits will be conducted quarterly going forward

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

1. PIC and Maintenance Officer completed a walkabout of the Centre on 26/05/2022 to address the Inspector's findings, including the integrity between floor and wall coverings in the communal bathrooms
2. Engineer met with the RPR and the PIC on Thursday 02/06/2022 and the addition of a second sluice room approved. Engineer and Procurement Officer to action same.
3. Urinal holders purchased to ensure appropriate management going forward
4. Cleaning Schedules updated by the PIC in consultation with the Domestic Supervisor,

to include hand gel dispensers and drip trays. This appears on both daily cleaning and deep cleaning schedules and is part of the environmental cleaning audit.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	31/05/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/10/2022

Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	30/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/05/2022