



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

Issued by the Chief Inspector

Name of designated centre:	St. Brendan's High Support Unit
Name of provider:	Mulranny Day Centre Housing Limited
Address of centre:	Mulranny, Westport, Mayo
Type of inspection:	Unannounced
Date of inspection:	26 May 2022
Centre ID:	OSV-0000389
Fieldwork ID:	MON-0036169

About the designated centre

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

St. Brendan's High Support Unit is a purpose-built facility which can accommodate a maximum of 33 residents. It provides care to dependent persons aged 18 years and over who require long-term residential care or who require short term respite, convalescence, dementia or palliative care. Care is provided for people with a range of needs: low, medium, high and maximum dependency. This centre is situated in the village of Mulranny on the N59 Newport to Achill road and just off the Great Western Greenway. It is part of a supported housing complex and day care service operated by Mulranny Day Centre Housing Limited. The building is split level over two floors with lift access to the upper floor. Bedroom accommodation for residents is available on both floors and consists of single and double rooms. A variety of communal space is available for residents to use during the day and includes two sitting rooms, a dining area, an oratory and visitors' room. The centre is set in spacious grounds and overlooks the sea.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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
Thursday 26 May 2022	09:15hrs to 18:15hrs	Catherine Rose Connolly Gargan	Lead
Thursday 26 May 2022	09:15hrs to 18:15hrs	Rachel Seoighthe	Support

What residents told us and what inspectors observed

Overall, the inspectors found that residents were content with living in the designated centre and they had opportunities to engage in a variety of meaningful social activities each day in the centre that enriched the quality of their lives and wellbeing.

The inspectors met with many of the residents and a small number of residents' visitors during the inspection. Overall feedback from residents and their visitors was positive regarding the residents' quality of life and the services that were provided. Residents told the inspector that they felt safe in the centre, were well cared for and that their meals were of a good standard. The inspector observed that residents were comfortable in the company of staff and that staff were attentive to the residents' needs for assistance and support. Staff interactions with residents were observed to be caring, gentle and respectful.

Residents told the inspectors that staff were always available and willing to assist them when they needed help. Some residents said they were from the locality and were satisfied that they could continue to live in the area they were very familiar with. One resident told the inspectors that they could see their home in the community from the front door of the centre.

The centre was a split level designed building located on an elevated site on the edge of the town. Residents' accommodation was arranged in twin and single bedrooms on lower and upper ground floor levels. Residents' sitting and dining accommodation and a visitor's room were located on a lower ground floor level. The premises was arranged into three areas with 'East' and 'West' wings on the lower ground floor and 'St Brides' on the upper ground floor. Access between the floors was provided by a ramp and a lift both of which were accessed from one of the communal sitting rooms. Handrails were in place on both sides of the ramp. Four single bedrooms with full en suite facilities were available in St Brides wing on the upper ground floor.

Inspectors observed that part of the upper ground floor consisting of two single bedrooms, a physiotherapy room, sluice and visitor's room were sealed off to facilitate refurbishment work and was not accessible on the day of inspection. The inspectors observed that the centre's oratory on the lower ground floor was re-purposed as a visitor's room. A communal shower room in the East Wing was being used as a storage room and was not accessible to residents. Inspectors observed that this meant that there was only one shower available to meet the needs of the 12 residents on the East wing at the time of the inspection.

Inspectors observed that the sitting rooms were bright and spacious and were well used by residents throughout the day of the inspection. A painting of the local beach was hanging on the wall in one of the sitting rooms and one of the residents referred to the painting to discuss their life living by the sea with inspectors. Three

residents told inspectors that they preferred to sit in the reception area during the day and their wishes were seen to be respected.

The activity coordinator had organised that various activities were happening in both sitting rooms and for the residents who spent their time in the reception area. Activities that took place included a group of resident recited prayers together, singing, riddle games, a game of dominoes amongst others. Some residents read the newspapers. Background music was playing on radios in the communal areas and there was a relaxed and happy atmosphere in the centre. Some of the residents were enjoying a late breakfast and one resident said they liked to get up late in the morning. Residents told the inspectors that they was always social activities going on that interested them and that they found 'enjoyable'.

All residents who spoke with the inspectors said that staff were kind and attentive to their needs and the food provided for them was 'good', 'tasty' and 'plentiful'. Inspectors observed that one or more staff remained with residents at all times in the sitting rooms and there was enough staff to assist residents during mealtimes.

Residents' visitors were calling to see them throughout the day and a small number who spoke with the inspectors were satisfied with the service and confirmed that they were always made to feel welcome.

Inspectors observed that staff wore face masks when providing direct care to residents. Alcohol hand gel dispensers were readily available along corridors for staff use and staff were also observed to perform hand hygiene appropriately.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

Overall, inspectors found that the governance and management systems in place were not sufficiently robust to ensure that the service provided to residents was safe, appropriate and effectively monitored. This inspection found that provider had not taken the necessary actions to bring the centre into regulatory compliance. With the exception of appointment of a person in charge who meets regulatory requirements, the actions required from the last two inspections in July 2021 and January 2022 were not completed and regulatory compliance was found to have disimproved. Following this inspection, the provider was issued with an urgent action plan which required them to take immediate actions to ensure residents could be safely evacuated in a timely manner in the event of a fire in the centre. An acceptable response was received from the provider.

This unannounced inspection was to monitor the designated centre's compliance with the Health Act 2007(Care and Welfare of Residents in designated Centres for

Older People) Regulations 2013 (as amended) and to follow up on the provider's action plan from previous inspections. This inspection found ongoing non-compliances with Regulations 28: Fire precautions, 27: Infection control, 15: Staffing 17: Premises, 21: Records 23: Governance and Management and that compliance has not been sustained with Regulations 16: Staff Training and Development, 5: Individual Assessment and Care Plan, 9: Residents' rights and 6: Healthcare.

The registered provider of St Brendan's High Support Unit is Mulranny Day Centre Housing Limited. The board of the company consists of eight voluntary directors. The company chairperson is the registered provider representative and was on leave on the day of this inspection, however it was clear that they had a strong presence in the centre and were very involved in day-to-day operations. A new person in charge was appointed in February 2022 and was also on leave on the day of this inspection. The inspection was facilitated by a director on the provider board deputising for the provider representative and a clinical nurse manager who was deputising for the person in charge.

Governance and management oversight by the provider was not effective. The systems in place to ensure that the service was safe and was adequately resourced were not adequate. The clinical oversight of care was not robust and the inspectors found disimprovements with Regulations 5: Assessment and Care Planning and 6: Health care.

On the day of the inspection there was sufficient staff available to meet residents' needs but the staffing resources committed to in the centre's statement of purpose were not in place. Although inspectors were told that recruitment to replace key staff was in progress, there were no clear timelines for when these staff would be in post. In addition, the clinical nurse manager who was deputising for the person in charge was regularly needed to work as the second nurse on duty as there were not enough nursing staff available to cover the roster and ensure that there were two nurses on duty at all times. This meant that the person deputising for the person in charge was not available to fulfil the requirement of this role.

Records showed that not all staff were facilitated to attend mandatory training in fire safety, safeguarding residents from abuse and safe moving and handling procedures.

In addition, inspectors found that not all staff had the skills and competencies relevant to their roles. The current training programme in place in the centre did not ensure that staff had the necessary skills and competencies to meet residents' needs. This was compounded by a lack of staff supervision and was impacting on the standards of care provided. For example, the wound care practices had disimproved since the last inspection and were not in line with evidence based practice guidance. These findings are discussed under Regulations 5: Assessment and Care Planning and 6: Health care.

Although records were held securely in the centre a number of records were incomplete. These findings are discussed under Regulation 21: Records.

Significant focus and resources were now required to bring the centre into full

compliance with the regulations and to ensure the safety and well-being of the residents accommodated in the designated centre.

Regulation 15: Staffing

There were adequate numbers of care and ancillary staff available to meet residents' needs on the day of the inspection. However, there was not sufficient nursing staff on-duty as the Clinical Nurse Manager in the centre on the day of inspection was functioning as the second staff nurse and deputising for the Person in Charge.

Judgment: Not compliant

Regulation 16: Training and staff development

From the training records available, inspectors found that not all staff had been facilitated to attend mandatory training as follows;

- 11 staff had not completed safe moving and handling training during the last three years.
- 22 staff had not completed safeguarding residents from abuse training
- six staff had not completed fire safety training,

The inspectors' findings found that staff had training needs in wound management, assessment and care planning in order to bring about improved outcomes for residents as discussed under Regulations 5 and 6.

The inspectors found that staff were appropriately supervised. This was evidenced by the following inspection findings;

- inadequate cleaning of vacated residents' bedrooms and communal shower facilities in the centre
- unsecured storage of resident's medicines on top of medicine presses in several residents' bedrooms
- wound assessment was not completed in line with evidence based practice.
- assessment of residents' needs and care plan development had disimproved since the last inspection and this had not been identified.

Judgment: Not compliant

Regulation 21: Records

Records were not maintained as required under regulation 21. While, quarterly servicing records for the fire alarm system and annual certification of the emergency lighting system were available, annual certification for the fire alarm system was not available for inspection. Inspectors found that there were gaps in the local fire safety equipment checking records. This posed a risk that identification of deficits with this safety equipment would be not be timely.

A sample of four staff files were reviewed and these staff files did not contain all of the information as required by schedule 2 of the regulations. For example,

- a catering qualification was not available for a chef
- two references were not available in one staff file examined

A register of restrictive practices was not maintained in the centre to record any occasion on which restraint is used, the resident to whom it is applied, the reason for its use, the alternative interventions tried prior to using a restraint, the nature of the restraint and its duration.

Not all staff employed to work with residents in the centre were included on the centre's staff duty roster. For example, the person in charge and the person with responsibility for maintenance in the centre were not referenced in the staff duty roster on the day of the inspection. The staff duty roster reviewed did not contain the full names of some staff who were working in the centre

Judgment: Not compliant

Regulation 23: Governance and management

There was a management structure in place but this not reflect the centre's statement of purpose which stated that there was two Clinical Nurse Managers in place, however, there was only one clinical nurse manager employed at the time of this inspection. Furthermore, the clinical nurse manager on duty on the day of inspection was both deputising for the person in charge and rostered as the second nurse on duty in the centre.

The management and oversight systems in place including clinical oversight to ensure compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 were not effective. As a result, the quality and safety of the service for residents was not assured. The person in charge was on leave of unconfirmed duration at the time of this inspection and although deputising arrangements were in place, oversight of residents' care was not adequate or effective.

The staffing resources provided were not adequate to meet the needs of the residents and were not in line with the centre's statement of purpose. The provider had experienced a significant turnover of staff and not all vacancies had not been

replaced at the time of the inspection.

The management systems that were in place did not ensure that the service provided was safe, appropriate, consistent and effectively monitored. This was evidenced by the number of regulatory non compliances found on this inspection and the provider's failure to address the non compliances found on the previous two inspections.

The systems in place to identify and manage risk were not effective. This was evidenced by the following findings;

- risks found on the day of inspection in relation to infection, prevention as detailed under Regulation 27 had not been identified and managed.
- risks identified in relation to fire safety precautions as discussed under Regulation 28 had not been identified and managed.
- a review following the COVID-19 outbreak in early 2022 had not been completed to ensure that any ongoing risks were identified and managed in preparedness for further outbreaks.

An annual review report on the quality and safety of the service for 2021 was not available.

Judgment: Not compliant

Regulation 3: Statement of purpose

The designated centre's statement of purpose was revised and updated in February 2022. However, some of the required information was not up to date or complete. For example,

- The deputising arrangements for absence by the person in charge were not described.
- The breakdown of staffing did not accurately reflect the staff employed in the centre. For example, all members of the centre's clinical management staff were not referenced.
- The conditions of the designated centre's registration including the number of residents the centre is registered for was not accurately referenced
- The age range and gender of residents admitted was not specified.
- While information regarding the criteria for admission to the centre was provided, no reference was made to the policy and procedure in the centre for emergency admissions.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

While notifications were submitted within the specified timeframes and as required by the regulations, quarterly reports submitted to the Chief Inspector did not include

- use of chemical restraint including psychotropic medicines administered on a prn (as required) basis and secured external doors that placed restrictions on residents' choice to exit the centre as they wished.

Judgment: Substantially compliant

Quality and safety

Overall, the inspectors found that residents were looked after by a staff team who knew them well and care was person-centred. However, the provider had failed to address a number of non compliances following the previous two inspections. As a result the inspectors found significant non compliances, which were impacting on the quality of life and safety of residents who lived in the centre.

In the absence of satisfactory assurances regarding residents' safe evacuation and the effectiveness of the measures in place to contain fire and smoke in a fire emergency in the centre an urgent action plan was issued to the provider with a response due by 31 May 2022. In addition staff training on fire safety was incomplete and inspectors found that staff knowledge of fire evacuation procedures did not reflect the centre's own evacuation procedure.

The service had experienced a significant COVID-19 outbreak in January 2022 and this had been a difficult time for both residents and staff working in the designated centre. Notwithstanding the infection prevention and control improvements implemented following the outbreak, further actions were required to ensure residents' safety from risk of COVID-19 infection which are discussed under Regulation 27 in this report.

At the time of the inspection part of the upper first floor was decommissioned to allow the provider to carry out planned refurbishment works. However the inspectors found that a number of additional areas in the premises were also in need of upgrading and maintenance. The floor space in eight twin bedrooms did not meet regulatory requirements and the floor space in two other twin bedrooms was borderline in terms of regulatory compliance. The layout of these bedrooms negatively impacted on residents' privacy and daily activities. In addition, storage facilities in a number of residents' bedrooms did not facilitate the residents to display and store personal items such as photographs and momentos.

There was not adequate storage space available in the designated centre for

equipment and supplies and inspectors saw that a residents' communal shower room was out of use because it was being used as a store room.

Residents did have access to an outside seating area to the front of the building but this was not secure and overlooked the car park and out onto a busy main road. Plans to develop a secure garden area as referenced in the provider's compliance plan in May 2019 had not been progressed at the time of this inspection.

Residents were supported to engage in meaningful social activities in the centre that met their interests and capacities. Residents' meetings were convened and issues raised for areas needing improvement were addressed. Residents had access to local and national newspapers.

The provider had previously ensured good standards of nursing care and timely health care was provided for residents. However, inspectors found that previous good care standards and regulatory compliance had not been sustained. Hence, actions to improve the standards of some residents' care were necessary to ensure residents' needs were assessed and their care plans were person-centred and clearly directed their care.

The inspectors found that residents' woundcare required improvement to ensure they were managed in line with evidence based wound care procedures. Although, residents' records and their feedback confirmed that they had timely access to their general practitioners (GPs), timeliness of specialist vascular reviews needed improvement. Records showed that effective arrangements were not in place to ensure treatment and care recommendations made by members of the multidisciplinary team were implemented and monitored.

Although, residents at risk of experiencing responsive behaviours were well supported, behaviour support care plans did not provide sufficient detail to guide staff. While staff demonstrated commitment to minimal restraint use, not all practices and procedures were in line with national restraint policy guidelines.

Measures were in place to safeguard residents from abuse but a significant number of staff had not completed their mandatory safeguarding training. Residents confirmed that they felt safe and all interactions with residents by staff were observed to be caring and respectful.

Regulation 11: Visits

Inspectors found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished. Visits were encouraged with appropriate precautions to manage and mitigate the risk of introduction of COVID-19 infection.

Judgment: Compliant

Regulation 17: Premises

The design and layout of areas of the designated centre did not meet the needs of the residents and a number of areas did not conform to Schedule 6 of the regulations. This was evidenced by;

- The floor space in eight twin bedrooms did not meet the required bedroom space as set out in S.I. No. 293 and Regulation 17: Premises and was borderline in a further two twin bedrooms.
- There was inadequate storage for residents' assistive equipment in the centre and a hoist and weighing chair were stored in one communal shower/toilet and two hoists were stored in a second communal bathroom being used by residents.
- A residents' shower was being used as a storage room for equipment and supplies and was not accessible to residents due to the amount of equipment in this room. This action meant that one of the two showers provided for the twelve residents on the 'East Wing' of the centre was not available.
- Residents did not have access to a safe and appropriate outside garden area.

A number of maintenance and infrastructural issues required action to ensure appropriate standards were in place. Areas of the centre were not suitably decorated. There was damage to the painted areas and surfaces along corridors and in bedrooms, on doors, and door frames. Some surfaces and furniture was worn and poorly maintained and as such did not facilitate effective cleaning. For example,

- Paint was on the walls and wooden surfaces was worn and missing in one of the residents' sitting rooms and in some residents' bedrooms
- The paint on the surfaces of some residents' bed frames and bed tables was worn, chipped and missing and did not support effective cleaning
- The paint on hoists was chipped and missing. Two hoists were recently serviced and although a recommendation was made to replace both, they continued to be available for use to assist residents.
- Grab rails were fitted on only one side of some toilets and therefore did not ensure risk of fall to vulnerable residents was effectively mitigated.
- The floor covering was damaged in several areas including a circulating corridor, nurses' station, a resident's bedroom. Floor covering was missing on the floor of a storeroom used to store dressings, syringes and other clinical supplies. The room was cluttered and inaccessible.
- The surface on some chairs used by residents was ripped with exposure of the foam underneath and therefore could not be effectively cleaned.
- Some wall and floor tiles were missing in the visitor's toilet and in a communal bathroom used by residents.
- Holes were evident in the wall surfaces in the laundry and a storeroom in the residents' dining room.
- There was inadequate ventilation in a communal shower/toilet, the sluice and the cleaner's room and a malodour was evident .

- Bedroom number three was re-purposed as a single bedroom but the bed screen rails were not removed.
- A unconnected drainage pipe was protruding up from the floor in a communal shower used by residents.
- One leg of the bedpan disinfection unit in the sluice room was resting on an open drain.

Judgment: Not compliant

Regulation 27: Infection control

The infection prevention and control processes that were in place did not adequately address risks associated with the transmission of health care-associated infections. For example:

- The surface around the wheels on some residents' beds was dusty and rusted and did not support effected cleaning
- A system was not in place to provide assurance that equipment was cleaned after each use. For example, inspectors found that the surfaces on the frames of hoists stored in the communal toilet/showers were stained and a shower trolley was stained with talc and was not cleaned after use.
- Although bedrooms were signed off as cleaned, inspectors observed that a bedroom vacated by a resident was not appropriately cleaned and items of the previous resident's clothing and personal hygiene products remained in the wardrobe and locker drawers. There was also visible staining on a tap in this bedroom which staff told the inspectors was hair dye.
- A stainless steel sink and lockable storage for potentially hazardous cleaning solutions were not available in the cleaner's room.
- Several hoist slings and slide sheets were found hanging on hoists and behind the doors in twin bedrooms and were without resident identifiers, indicating they were not resident specific. This posed a risk of cross infection and was a finding from the last inspection in January 2022.
- Many items of equipment and boxes were seen stored on floors in the storerooms which is inappropriate and unsafe as cleaning the floor beneath is impossible and the items become contaminated. Storage was not segregated into separate storerooms and residents' assistive equipment was stored with clean and clinical supplies which increased risk of cross contamination.
- Some surfaces on a cleaning trolley in use were not clean and posed a risk of cross infection as this item of equipment was moved around all areas of the centre during cleaning.
- There was a no clinical hand wash sink for staff use within the centre. The inspectors was informed that the sinks in the resident's rooms were dual purpose used by residents and staff. The area around the water outlet in several sinks seen by the inspectors was not clean. This finding did not support effective hand hygiene and increased the risk of cross infection.
- A plastic container used for a resident with a potentially communicable

infection was stored on a transport trolley in a communal shower/toilet used by residents.

- Raised wooden edges around the tops of bed tables in the dining room were disintegrating and posed a risk of infection as they could not be effectively cleaned.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider was required to take urgent action to ensure measures were in place to safeguard residents and others from risk of fire. The inspectors found the following that;

- A record of simulated emergency evacuation drills was not available to provide assurances regarding residents' timely evacuation to a place of safety from the centre's two largest fire compartments (each providing accommodation for up to 8 residents) in the event of a fire in the centre during the night.
- Effective containment of fire/smoke/fumes was not assured in the event of a fire in the centre, due to gaps on closure of three, and ineffective closure of one of the four cross-corridor fire doors examined on the ground floor of the centre.

Inspectors were not assured that all staff in the centre had received suitable training in fire prevention and emergency procedures, including on the evacuation procedures in the centre. Records of staff attendance at fire safety training did not reference all staff and the evacuation procedures communicated to inspectors by staff did not reflect the centre's fire evacuation policy.

Electric wall heaters were used in a number of rooms for heating including in a store room containing potentially combustible items, risk assessments were not available regarding the safety of this equipment and to ensure any fire risks posed by use of this equipment were mitigated.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medicine were not stored securely in the centre and inspectors observed several residents' medicines stored on the top of medicine presses in residents' bedrooms. These medicines were immediately removed by a registered nurse and stored securely.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Assessment and care planning required improvement to ensure each resident's health and social care needs were identified and the care interventions that staff must complete were clearly described. The inspectors reviewed a sample of residents' care documentation and found the following;

- Not all residents had comprehensive assessments completed and therefore there was a risk that some of their care needs would not be identified.
- Wound care assessments and care plans were not completed for three residents with wounds. For example, inspectors found that a wound care assessment was not completed since March 2022 for a resident with significant wounds. Although recently reviewed by tissue viability specialists, this resident's care plan was not updated with the change to recommended dressing procedures. Assessments were not completed and care plans were not developed to inform the care two other residents with wounds needed. Although dressings were being done, assurances regarding the effectiveness of these residents' dressing treatments and that the dressing procedures completed were consistent was not available.
- Improvements were required to ensure that care was delivered in line with each resident's care plan. For example, some residents' care plans recorded the recommended amount of fluid they should drink over each 24 hour period to mitigate their risk of dehydration, however, no records were maintained to ensure the resident drank the amount prescribed.
- The information in some residents' care plans needed improvement to ensure it reflected each resident's individual preferences, wishes and usual routines. For example, the care information seen by inspectors was not sufficiently detailed and was not person-centred.
- Whilst inspectors were given assurances that residents and their families were involved in reviews of residents' care plans and were informed of changes to residents' care, there was no documentation detailing the resident or their family's involvement or consultation in the care planning process.

Judgment: Not compliant

Regulation 6: Health care

Clinical wound care was not being managed in line with evidenced based nursing practices.

Residents did not have timely access to the range of specialist practitioners they

needed to support their care needs. For example inspectors were told that speech and language, dietician and tissue viability specialists did not visit residents in the centre and their consultations continued to be carried out remotely as on-site consultations had not resumed for residents following the COVID-19 outbreak.

Inspectors were also not assured that residents referred for specialist medical assessment outside of the centre were supported to access this. For example, an appointment in the vascular clinic in the local hospital in August 2021 was cancelled due to the pandemic and had not been rescheduled.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

There was a restraints policy in place however, restrictive practices were not in accordance with this policy or the national restraint policy guidelines regarding assessment to inform appropriate restraint use, safety of restraints used and the procedures to minimise the length of time restraints were in place.

Judgment: Substantially compliant

Regulation 8: Protection

Not all staff were facilitated to attend training on safeguarding residents from abuse. However, staff who spoke with the inspectors were aware of their responsibility to report any allegations, disclosures or suspicions of abuse and were familiar with the reporting structures in place in the centre.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' right to exercise their choice to access a safe outdoor area as they wished was not facilitated as external doors were keycode locked.

Due to limited space available between the beds and the location of the privacy curtains in a number of twin bedrooms individual, resident's privacy could not be assured when they were receiving personal care or using assistive equipment.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0036169

Date of inspection: 26/05/2022

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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: We are employing a second CNM 1 starting 09/08/2022 We are employing an ADON(with a view to DON) due to start on 15/08/2022 With the following experience .Clinical 3 senior nurse 1year 8months, clinical sister 1 year 4 months, staff nurse 2014-2017. Agency staff nurses and HCA already on site. Two permanent staff nurses are due to commence in mid August and October. Three senior HCA (pre reg nurses) have been recruited to commence employment on 30/08/2022. One experienced HCA (recruited locally) due to commence September. Two senior HCA are due to commence employment in October. We continue to actively recruit through local advertising and recruiting agencies. One of our agency staff has been rostered on for the past 6 weeks is also a former ADON</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development: All staff have now completed a safe moving and handling training course. All staff have completed safeguarding adults at risk of abuse. All staff have been trained in fire drill and fire safety. All nurses have completed wound management training course and care planning training. We have recently employed two staff in the kitchen and they will have completed all necessary course by 12/08/2022.</p>	

New portable medicine trolley has been purchased with lockable storage.
 With increased management input there will be an increased supervision of infection control and cleaning in the premises devoted to this .With the new management team in place they will be checking these areas throughout the day and will keep records of the findings.
 All wound care plans, assessments and comprehensive assessments are now up to date.

Regulation 21: Records	Not Compliant
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Outline how you are going to come into compliance with Regulation 21: Records:
 A part time chef has been hired and has the relevant qualifications.
 Staff files have been updated with the information required by schedule 2 of the regulations.
 Restrictive practice register has now been updated. This includes a risk assessment for each resident who are using a form of restraint. Restraint consent forms have been signed for each resident. An ABC chart has been added to the file for resident who are prescribed chemical restraint. Behavioral support plan has also been added to the file.
 Training course sourced for all nurses in this area and is expected to be completed by the end of august.
 All staff employed are included on roster including maintenance and administration staff. Full names have been added to roster.
 Annual certifications for the fire alarm are now available for inspection in the fire safety file. A member of staff has been assigned to shadow the fire safety office to ensure no gaps in fire checks.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:
 The inspector has reviewed the provider's compliance plan. The actions proposed to address the regulatory non-compliance does not adequately assure the chief inspector that these actions will result in compliance with the regulations.
 Three senior HCA (pre reg nurses) have been recruited to commence employment on 30/08/2022.
 One experienced HCA (recruited locally) due to commence September.
 Two senior HCA are due to commence employment in October.
 We continue to actively recruit through local advertising and recruiting agencies.
 All staff have completed infection control and prevention course.

Cleaning schedule has been reviewed and a new system has been put in place to ensure that all areas are cleaned thoroughly on a regular basis. A person has been allocated to check all areas on a daily basis to ensure that cleaning is carried out to a high standard. Risks in relation to fire precautions have been identified and addressed. Risk assessments are in place. Weekly meetings have been taking place since the report and a spread sheet which covers risks, responsibility and date for completion is available. Registered provider and vice chair person of board of directors on site daily. As a result of significant investment we are confident that fire safety is fully compliant and major refurbishment is in progress and this includes replacing floor coverings and redecorating which we believe will help with the overall hygiene. New furniture has been purchased and we have replaced the bed tables that were not up to standard. Risk register is in place and are updated regularly with regards to infection prevention and control, fire safety, and covid. These are updated on Xyea also

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
 The statement of purpose has been amended to include the emergency admission policy and procedure and the age range of residents.
 The number of registered beds in the centre has been updated as requested.
 Break down of staffing has been reflected.
 We have updated the statement of purpose to reflect the current deputising arrangements for the absence by the person in charge and to make sure that all the members of the centers clinical management staff are referenced.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
 All future notifiable incidents will be recorded including the use of chemical restraint including psychotropic medicines and secured external doors that place restrictions on residents choice to exit the center as they wish.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The inspector has reviewed the provider's compliance plan. The actions proposed to address the regulatory non-compliance does not adequately assure the chief inspector that these actions will result in compliance with the regulations.</p> <p>With regard to regulation 17 section 6 when the double rooms become single we have a plan to convert bedroom 1 and bedroom 3 into en suite rooms in the west wing. We are continuing our programme of refurbishment, working towards full compliance while fully respecting our resident's wishes. 5 extra single rooms with full en suite are already completed and awaiting new furnishings. These 5 rooms include two previously registered single rooms with en suite which were furloughed as they were in the area of our previous physiotherapy room which were in the area of our development. The new development consisted of the conversion of our previous existing physiotherapy unit into 3 new single rooms with en suite facilities. They are now ready to be brought on stream, once soft furnishings are completed which is imminent.</p> <p>Bedroom 1 is being used as a double occupancy room. Bedroom 2 has already been changed to a single occupancy room. Bedroom 3 has already been changed to a single occupancy room. Bedroom 4 has already been changed to a single occupancy room. Bedroom 5 is being used as a double occupancy room. Bedroom 6 has already been changed to a single occupancy room. Bedroom 7 has already been changed to a single occupancy room. Bedroom 8 has already been changed to a single occupancy room. Bedroom 9 has already been changed to a single occupancy room. Bedroom 10 has already been changed to a single occupancy room. Bedroom 11 has already been changed to a single occupancy room. Bedroom 12 is being used as a double occupancy and has a area of 15.37m² Bedroom 14 is being used as a double occupancy room. Bedroom 15 is being used as a double occupancy room at present. Bedroom 16 is being used as a double occupancy room.</p> <ul style="list-style-type: none"> • Hoist and weighing chair have been removed from communal shower/ toilet. Two hoists have been removed from the communal shower/ toilet which is now also available as a second shower/toilet on the east wing for residents use. • We have carried out works including rear gate and tar macadam together with safety barrier which has made the enclosed outdoor garden for the residents safe and fit for purpose. • A programme of extensive works are nearing completion which includes upgrading painted areas and surfaces along corridors which involved a complete refit of all corridor floor covering . • 8 New bed tables have been purchased with plastic tops to replace the worn and damaged ones and a further 12 are on order. • Residents bed frames are being upgraded and will be completed by 26/08/2022 • One hoist has been fully upgraded including being repainted and one hoist has been purchased and awaiting delivery. • Grab rails have been fitted on one side of some toilets to compliment those already in 	

place.

- The floor covering has been completely replaced in the circulating corridors and is planned for the nurses station and clinical store room in which further shelves have been added and is now accessible. Floor covering will be completed by the 26/08/2022.
- We have sourced fabric to repair the surface of the damaged chairs and this will be completed by 19/08/2022
- Missing floor and wall tiles in the visitor's toilet and communal bathroom have been replaced.
- Holes are filled in the laundry room and dining room .Laundry room will be painted by the 26/08/2022 The holes in the store room will be completed by the 26/08/2022
- Planned works for increased ventilation in the communal shower/toilet and cleaners room and oratory will be completed by 05/08/2022
- An opening in the sluice room floor has been capped off to prevent odour.
- All screen rails from double rooms have been removed.
- The unconnected drainage pipe in the communal shower room which is essential for the effective use of the shower bed has be appropriately described and sign posted to avoid further confusion.
- The open drain in the sluice room has been capped.

Regulation 27: Infection control

Not Compliant

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

The inspector has reviewed the provider's compliance plan. The actions proposed to address the regulatory non-compliance does not adequately assure the chief inspector that these actions will result in compliance with the regulations.

A stainless steel sink and lockable storage is to be fitted in the cleaners room and will be completed by 16/09/2022.

All slings and sliding sheets have been checked and residents names have been added to their individual slings and sliding sheets.

A sign off sheet is in place to be signed daily for the clinical store to ensure the floor area is kept clear.

Two new cleaning trolleys have been ordered and we are awaiting delivery.

Two clinical sinks are to be fitted in the day room and link room and are expected to be completed by 29/09/2022.

All water outlets and beds have been cleaned and repaired. Plastic container for use on a residents foot has been removed.

8 bed tables have been replaced and 12 more tables are on order. We are expecting delivery and for them to be in use on or before 19/08/2022

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Electric wall heaters have been removed.</p> <p>All staff have completed fire drills of the largest compartments that accurately simulates night time conditions including staffing numbers. They have been made aware of the new fire compartments which have been added to the center. Fire compartment 4 on the east wing of St Brendan's High Support Unit has been sub divided into two compartments i.e. Compartment No 4 & 4a extending from ground level into the attic void to roof apex and is substantially compliant according to competent person. This has been signed off by engineer. All fire doors will be checked weekly to ensure that they are operating effectively by our maintenance person. The hinges on the three fire doors have been adjusted to close the gaps and the ineffective closure of one fire door on the ground floor has also been rectified.</p> <p>All records of staff fire training are up to date.</p> <p>Annual fire certification is now available for inspection and is stored in the fire safety register .</p> <p>The electrician will be providing us with quarterly certification for emergency lighting. Staff have been informed in their fire training regarding the evacuation procedures and this has been reiterated to them.</p>	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>New portable medicine trolley has been purchased with lockable storage and is operational. This trolley will store resident's medicine securely at all times.</p>	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All wound care plans and assessments and comprehensive assessments are now up to date.</p> <p>Individual fluid records are recorded in written format continuously throughout the day</p>	

and electronically in the evening on Epiccare.
 Nurses have completed on line care plan training since inspection. While care plans have been discussed with families and our residents where possible, these documents are stored in resident's personal files. These discussions have now been referenced in the on line care plans also. The resident's care plans contain the individual wishes, preferences in sufficient detail and be person centered.
 The resident's fluids are monitored daily to ensure adequate hydration.

Regulation 6: Health care	Not Compliant
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Outline how you are going to come into compliance with Regulation 6: Health care:
 All nurses have completed evidence based wound training during the month of June.
 All residents are monitored daily by nurse on duty and more closely as per clinical condition. Daily visits by local GP who is also available 24/7 on request.
 Most recent Dietician and SALT reviews have taken place in house. Where possible we access tissue viability from the HSE at the local health centre. HSE do not provide an in house service
 Tissue viability nurse specialist who can review residents in house has now been sourced.
 On the final stage of recruitment process with a nutritional company.
 Residents have timely access to the range of specialist practitioners they needed to support their care needs.
 All residents continue to be facilitated to attend regular vascular appointments. All out patient including vascular appointments have been rescheduled post covid. All residents appointments since covid have been rescheduled as appropriate.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 The inspector has reviewed the provider's compliance plan. The actions proposed to address the regulatory non-compliance does not adequately assure the chief inspector that these actions will result in compliance with the regulations.
 All future notifiable incidents will be recorded including the use of chemical restraint.
 Training course have been organized for the nurses on restrictive practices.

Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: All staff have now completed national standards for adult safeguarding. Up to date training spreadsheet has been attached.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The inspector has reviewed the provider's compliance plan. The actions proposed to address the regulatory non-compliance does not adequately assure the chief inspector that these actions will result in compliance with the regulations. A secure area is now completion. Key code doors are staff facilitated to stay open while residents are outside in the protected area. We are continuing our programme of refurbishment, working towards full compliance while fully respecting our resident's wishes. 5 extra single rooms with full en suite are already completed and awaiting new furnishings. These 5 rooms include two previously registered single rooms with en suite which were furloughed as they were in the area of our previous physiotherapy room which were in the area of our development. The new development consisted of the conversion of our previous existing physiotherapy unit into 3 new single rooms with en suite facilities. They are now ready to be brought on stream, once soft furnishings are completed which is imminent.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Orange	30/08/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	31/08/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	15/08/2022
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and	Not Compliant	Orange	28/10/2022

	needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.			
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.	Not Compliant	Orange	31/12/2022
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.	Not Compliant	Orange	03/08/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	03/08/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/10/2022
Regulation 23(b)	The registered	Not Compliant	Orange	30/08/2022

	provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	15/08/2022
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.	Not Compliant	Orange	30/09/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and	Not Compliant	Red	31/05/2022

	emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	03/08/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Red	31/05/2022
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the	Not Compliant	Red	31/05/2022

	event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Not Compliant	Orange	03/08/2022
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	03/08/2022
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	03/08/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who	Not Compliant	Orange	03/08/2022

	intends to be a resident immediately before or on the person's admission to a designated centre.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Not Compliant	Orange	03/08/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	03/08/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in	Substantially Compliant	Yellow	03/08/2022

	accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional professional expertise, access to such treatment.	Not Compliant	Orange	03/08/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	03/08/2022
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Orange	03/08/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	03/08/2022

	that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	03/08/2022