



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Brendan's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Lake Road, Loughrea, Galway
Type of inspection:	Unannounced
Date of inspection:	11 December 2023
Centre ID:	OSV-0000633
Fieldwork ID:	MON-0042262

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	77
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Monday 11 December 2023	11:00hrs to 16:00hrs	Catherine Sweeney	Lead
Wednesday 10 January 2024	12:30hrs to 14:30hrs	Catherine Sweeney	Lead

What residents told us and what inspectors observed

This was a two-day unannounced inspection. On arrival on the first day of the inspection, the inspector walked around the centre with an assistant director of nursing to observe the care environment, to observe how residents spent their day, and to listen to feedback in relation to the quality of life in the centre. On the second day, the inspector met with the person in charge and reviewed the communal space available to residents in the designated centre.

Residents' feedback in relation to the care environment, staff and the care received was positive. Residents told the inspector that they received very good care from a team of staff who knew them well. The inspector observed all interactions between staff and residents to be person-centred, kind and respectful.

St. Brendan's Community Nursing Unit, which provided accommodation for 100 residents, comprised of four care areas, including a unit for residents with dementia care needs. There was also an area dedicated to social and allied health care including physiotherapy and occupational therapy called the Seven Springs unit. This unit contained a large day room that provided residents from all care areas with an area to socialise and spend time with each other. This room provided an alternative to residents spending time in their bedrooms, or the smaller day rooms within each unit.

The overall care environment was warm and welcoming. There was an ongoing programme of redecoration, with units being painted and decorated in collaboration with residents wishes. Staff and residents were preparing for Christmas and each unit was decorated to reflect the festive period. Residents bedrooms were observed to be decorated and furnished with items of personal significance such as photographs and ornaments.

Residents were observed mobilising independently around the centre. Many residents told the inspector that they enjoyed using the large day room in the Seven Springs unit where regular social activities were scheduled. An activities schedule was on display in various areas of the centre. Activities were scheduled in the morning and the afternoon. On day one of the inspection, the inspector observed a knitting group taking place in the Seven Springs unit in the afternoon of the inspection. Residents told the inspector that they enjoyed this activity very much and were observed to be actively and social engaged. Residents were also observed to have a high level of social engagement with each other and staff in each of the care areas in the centre. On the second day of the inspection it was observed that residents did not have use of the Seven springs day room as it was being used to facilitate day services.

Residents reported that they enjoyed mealtimes in the centre, and that the food served was of a good quality.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was an unannounced inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The inspector also reviewed the action taken by the provider to address an issue of non-compliance related to the provision of contracts of care in the centre.

Day one of this inspection was facilitated by an assistant director of nursing who was deputising for the person in charge. The person in charge facilitated day two of the inspection.

The finding of this inspection was that, overall, residents received a high quality service. However, the provider had taken no action to address the findings of the previous inspection in relation to residents' contracts of care. The findings of this inspection were that staffing resources, committed to in the centres' statement of purpose, were not available. In addition, a review of residents care records found that oversight of nursing documentation was inadequate and did not ensure that residents' assessments and care plans were completed and reviewed in line with the requirements of Regulation 5: Individual assessments and care plans.

On the day of the inspection, there were 77 residents in the centre and 23 vacancies. While the registered provider had resources in place to ensure safe staffing levels to care for the residents accommodated in the centre on the days of the inspection, staff availability was not in line with the staffing committed to in the centre's statement of purpose. The inspector was informed that the centre was not fully occupied due to inadequate staffing resources. A review of the staffing rosters found that staffing levels were regularly supported by the use of agency staff. In addition, staffing resources from the designated centre were used to support day services for four days a week. The staffing allocated from the designated centre to the day services included one registered nurse and three health care assistants.

The inspector requested a sample of six residents' contracts of care to review. Three out of the six residents had contracts of care in place. The inspector was informed that residents admitted for short term care did not have a contract of care in place. A review of the nursing records for these residents found that the term on which the resident was admitted to the centre was not identified on their care records. A compliance plan, submitted to the office of the Chief Inspector following the last inspection in June 2023, committed to have contracts in place for all residents by September 2023. This action had not been taken.

Regulation 15: Staffing

There was adequate staffing in the centre on the days of the inspection to meet the needs of the residents accommodated, and for the size and layout of the centre.

Staffing resources were not in line with the centres statement of purpose. This issue is addressed under Regulation 23; Governance and management.

Judgment: Compliant

Regulation 16: Training and staff development

Staff demonstrated appropriate knowledge commensurate to their role in the centre. A training schedule was in place for all staff and agency support staff working in the centre. The organisational structure of the centre ensured that staff were appropriately supervised and supported in all care areas of the centre.

Judgment: Compliant

Regulation 19: Directory of residents

A review of the directory of residents found that all information, as required by Schedule 3 of the regulations, was recorded.

Judgment: Compliant

Regulation 23: Governance and management

A review of the staffing resources found that the availability of staff was not in line with the centres' statement of purpose. This impacted on the centres' ability to admit residents to registered beds. There were 23 vacancies in the centre on day one of the inspection and 12 vacancies on day two.

The centre had a clearly defined management structure that was known to all staff. Overall, there were effective management systems in place to ensure that the centre was safe and appropriately monitored. However, the oversight of nursing

documentation was not effective in ensuring that the records reflected the standard of care delivered.

The provider failed to address the non-compliance in relation to the contracts of care for all residents, as found on the last inspection of the centre in June 2023.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of the contracts of care found that, from a sample of six contracts, three residents did not have a contract of care in place. The inspector was informed that the registered provider did not have a system in place to agree in writing the terms on which any short term care residents resides in the designated centre. This is a repeated non-compliance.

In addition, the accommodation detail such as the room number or the occupancy level of the bedroom was not completed on the contracts reviewed.

Judgment: Not compliant

Quality and safety

Residents in the centre were found to receive high quality care, in an environment that was suitable to meet their care and welfare needs. The provider had systems in place to ensure residents were protected. The inspector observed that person-centred, evidence-based care was delivered to residents. Residents told the inspector that their health and social care needs were met.

It was evident from residents' feedback and from the observation of the inspector that residents were well cared for in St. Brendan's. Care was observed to be delivered in a person-centred manner. A review of some nursing records, together with communication with staff and residents found that care standards resulted in positive outcomes for residents. However, the recording of care was found to be inconsistent in quality and did not reflect the positive care standards observed on inspection. This posed a risk to residents in relation to the accuracy of the information available to guide staff to deliver consistent high quality care. The high levels of agency staff used to support the staffing of the centre, who may not always be familiar with the residents, added to this risk to the quality of care.

Residents had access to doctors and other health care professionals to support their quality of life. Residents made regular use of the physiotherapy and occupational therapy available to them within the centre.

On day one of the inspection, residents' rights were observed to be respected within the centre. An activity team was in place to ensure that all residents had access to activities and occupation that met with their needs, preferences and capabilities. Scheduled activities were made available to all residents and advertised prominently around the centre. Regular residents' meetings were scheduled to facilitate residents' involvement in the organisation of the centre. A review of the meeting records found that action was taken to address contributions from residents. For example, residents were actively involved in choosing the colours of the newly repainted care areas. Day two of the inspection occurred on a Wednesday, as this was the scheduled day that day services were facilitated within the designated centre. The inspector found that residents' access to this communal space was limited when day services were scheduled. This impacted residents' choice as to where they spent their day and where group activities could be scheduled.

Residents had access to support from advocacy services. Books, television and radio were also available for residents' use. A review of residents' meeting notes and feedback from residents evidenced that the voice of the resident was heard in the centre. Residents were supported and facilitated in all aspects of activity and social engagement within the centre.

Regulation 11: Visits

Residents were facilitated to welcome visitors to the centre. Visits were observed to be unrestricted over the two days of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of the nursing documentation for each resident found that records did not reflect the quality of care observed to be delivered to each resident. For example, some care records were found to be incomplete. The quality of other care plans was inconsistent and were not updated when changes occurred. For example,

- a resident admitted to the centre two weeks prior to the inspection had a care plan in place that was dated from a previous admission.
- a resident admitted to the centre over a week before this inspection did not have a care plan developed based on their assessed needs.

- a resident who had been reviewed by a speech and language therapist for swallowing difficulties did not have the recommendations made by the therapist incorporated into the resident's care plan.
- a resident had not had their care plan reviewed since June 2023, despite changes to their care and well-being recorded in the daily progress report.

Judgment: Not compliant

Regulation 6: Health care

Residents had appropriate and timely access to health and social care professionals through a system of referral.

Judgment: Compliant

Regulation 9: Residents' rights

Residents did not consistently have a choice of where to spend their day, particularly on a Wednesday. This was evidenced on the second day of inspection, when residents did not have full access to the large day room as it was being used to facilitate a community day service.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Brendan's Community Nursing Unit OSV-0000633

Inspection ID: MON-0042262

Date of inspection: 11/12/2023

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A revised Statement of purpose will be submitted identifying separately designated staff to the Residential Care Facility and to the Day Services.</p> <p>Following inspection Senior nursing managers provided and are continuing to provide immediate care planning education and support to nursing staff.</p> <p>Registered nurses are given protected time to update residents’ assessments and care plans. 2 Care Plans from each care area including Intermediate care area will be audited monthly by CNM11’s and ADON’S, Audit results will be fed back to staff in written format and action plans put in place to address any deficiencies. In addition, to ensure continuity of care for our residents and to foster a team approach to care planning, night CNM11’s will audit one care plan per month.</p> <p>A CNM2 with an interest in care planning, and has a qualification in education will be supported to release time to review care plans, and educate new staff. This support will be in place on 22/04/2024.</p>	
Regulation 24: Contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p>	

A system is in place to agree in writing the terms on which any short term care residents resides in the designated centre. A contract of care is now in place for all new admissions to the Intermediate Care Beds that identifies the bed to be occupied.

The compliance plan response from the registered provider does not adequately assure the chief inspector that the action will result in compliance with the regulations.

Regulation 5: Individual assessment and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Senior nursing managers provided and are continuing to provide immediate care planning education and support to nursing staff.

Nursing staff have been allocated protected time to ensure all assessments and care plans are up to date.

A CNM2 with an interest in care planning, and has a qualification in education will be supported to release time to review care plans, and educate new staff. This support will be in place on 22/04/2024.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The HSE is involved at present in consultations and planning to review the provision of day services in St Brendan's. It is envisaged that a revised accommodation will be provided when these consultations are complete.

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 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.	Substantially Compliant	Yellow	22/04/2024
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.	Substantially Compliant	Yellow	20/02/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated	Not Compliant	Orange	20/02/2024

	centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that 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	08/03/2024
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	05/02/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure	Substantially Compliant	Yellow	30/09/2024

	that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.			
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