



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:	30 January 2025
Centre ID:	OSV-0000764
Fieldwork ID:	MON-0045607

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 61 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:	53
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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 30 January 2025	09:00hrs to 17:30hrs	Una Fitzgerald	Lead
Thursday 30 January 2025	09:00hrs to 17:30hrs	Ruta Graham	Support

What residents told us and what inspectors observed

Residents spoken with expressed a good level of satisfaction with the care provided in Clarenbridge Care centre. The residents reported that the staff were kind and that they treated them with patience and respect. A lot of good practice was observed during the inspection, with a judgement of regulatory compliance found across the majority of regulations reviewed. Based on the observations of the inspectors, and from speaking with residents, it was clear that the staff providing direct care were committed to providing person-centred care to residents. Residents voiced satisfaction with the food choices on offer.

On arrival to the centre, the inspectors were met by a member of the nursing management team who was deputising in the absence of the person in charge. Following an introductory meeting, the inspectors spent time meeting with residents and staff. There was a friendly and homely atmosphere in the centre. The main entrance foyer area was a welcoming open space. This area was a hub of activity throughout the day. Many residents and visitors were observed to sit in this area, sitting, reading their newspaper, and in many cases just watching the comings and goings of other residents and staff. This area had a reception desk. Inspectors observed multiple occasions where the residents utilised this staffed desk to clarify queries and have a chat with staff in the vicinity. Inspectors observed that staff greeted residents by name as they passed, which added to the friendly, relaxed atmosphere.

Inspectors observed the residents' dining experience and saw that there were adequate staff available to assist residents with their nutritional care needs. Staff were knowledgeable regarding residents' individual food preferences and therapeutic and modified consistency diets that some residents were prescribed. The main dining room had a cornered off self-catering area for resident use. This meant that residents could take fruit, make toast, tea and coffee at a time of their choosing throughout the day. The inspectors observed that staff were also available, if required, to support residents with the making of snacks.

A programme of activities was available to residents, which was carried out by a team of activity staff with the support of health care staff. Throughout the day of the inspection, residents were observed engaging in a number of different activities. There was a large therapy room on the first floor of the centre. This room was in use throughout the day, with multiple residents receiving one-to-one physiotherapy and occupational therapy sessions. The residents were observed to be fully engaged with the sessions.

Residents' rights were promoted in the centre, and residents were encouraged to maximise their independence with support from staff. Arrangements were in place for residents to meet with the management to provide feedback on the quality of the service they received.

Visitors attending the centre throughout the day of the inspection were welcomed by staff. Residents and visitors were satisfied with the visiting arrangements in place. They confirmed that these arrangements were flexible. Residents said that they could spend time with visitors in communal areas or in the privacy of their bedroom. A number of visitors who spoke with the inspectors felt that their loved ones were well cared for in the nursing home, and that they were kept up to date with any important changes to their care needs.

Residents who spoke with inspectors said that they were satisfied with the layout and size of their bedrooms and that they had sufficient storage for their belongings. Residents were supported to personalise their bedrooms with ornaments and items of importance to them. The provider had installed additional wardrobe and storage in one double bedroom to ensure the resident had sufficient space for all of their belongings. The placement of the newly installed wardrobes meant that a second resident could no longer be accommodated in this bedroom and at the time of inspection the room was single occupancy.

The following sections of this report details the findings with regard to the capacity and management of the provider and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This unannounced inspection was carried out over one day by inspectors of social services to;

- monitor compliance with the Health Act 2007 (Care and welfare of residents in designated centre for older people) Regulation 2013 (as amended).
- follow up on the actions taken by the provider to address issues of non-compliance found on the last inspection in June 2024, with regard to the oversight of the service provided.
- review the provider's application to renew the registration of the designated centre.

This inspection found that the designated centre had appropriate management structures and systems in place to ensure resident safety and that residents received quality care. The centre was adequately resourced. The organisational structure was clear, and the pathways for the person in charge to escalate concerns and risks to the registered provider were effective. Notwithstanding these findings, the inspectors found non-compliance relating to fire safety and the management of resident records.

The Village Nursing Home Limited is the registered provider of Clarenbridge Care centre. The centre was registered to accommodate 61 residents. On the day of inspection there were 53 residents living in the centre with eight vacancies. The person in charge was not on duty and the inspection was facilitated by their deputy.

The clinical team on duty were familiar with the residents needs and the system in place monitoring the residents care needs. Information requested was provided in a timely manner and was easily understood.

The inspectors reviewed a sample of staff files. The files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Records reviewed confirmed that staff training was provided. All staff had completed role-specific training. Staff spoken with demonstrated excellent knowledge of the training received. For example, staff responses to what action to take in the event of the fire alarm sounding was clear and consistent. Staff confirmed that they had attended fire drills.

There was evidence of quality and safety management meetings to provide governance and oversight of the service. There was a risk register which identified risks in the the centre and the controls required to mitigate those risks. This register was a live document and was kept updated by the person in charge. The quality and safety of direct care delivered to residents was monitored through a range of audits. The person in charge, supported by the assistant director of nursing team, were completing audits. The system included monitoring of wound care, nutritional management, care plan documentation, and the management of resident falls. The inspectors found that in the main, the audit system in place was effective to support identification of risk and deficits in the quality and safety of the service.

A directory of residents was maintained in the centre. A review of the records found that the information required by Regulation 21: Records, was not maintained in line with regulation requirements. For example, the centre had a high number of residents with complex care needs. Regular safety checks were in place to ensure there residents had adequate levels of supervision. On the day of inspection, a review of these records found that they were incomplete.

The person in charge held responsibility for the review and management of complaints. At the time of inspection, all logged complaints had been managed through the complaints policy and were closed.

Policies and procedures were available in the centre providing staff with guidance on how to deliver safe care to the residents.

Incidents were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

Registration Regulation 4: Application for registration or renewal of registration

An application for the registration renewal of the centre was made and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff. Staff were appropriately trained.

Judgment: Compliant

Regulation 21: Records

A review of the records in the centre found that the management of records was not in line with the regulatory requirements. For example;

- records of nursing care provided to residents were not accurately or appropriately maintained in line with the requirements of Schedule 3(4)(b). For example, records of safety checks for residents with complex care needs, for residents assessed at high risk of falls and residents who had complex challenging care needs were not maintained in line with the residents care plan.
- the directory of residents did not contain the information specified in paragraph (3) of Schedule 3. For example, the detail of the resident's general practitioner.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had a contract of insurance in place against injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored. The annual review of the service for 2024 was in draft format.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were appropriately notified to the Chief Inspector, within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the process for making a complaint and the personnel involved in the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant and the satisfaction of the complainant recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

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

Judgment: Compliant

Quality and safety

Residents living in the centre received a good standard of care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents were satisfied with the direct care provided. There was a person-centred approach to care, and residents' wellbeing and independence was promoted.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. A summary of residents' Personal Emergency Evacuation Plans (PEEP) were in place for staff to access in a timely manner in the event of a fire emergency. Staff demonstrated an appropriate awareness of the evacuation procedure and an awareness of the actions in place to mitigate the risk of fire to residents. Fire drills were completed to ensure all staff were knowledgeable and confident with regard to the safe evacuation of residents in the event of a fire emergency. The provider had completed a review of fire doors in July 2024 and found that multiple doors required repair. For example, significant gaps meant that there was a risk that in the event of a fire, smoke would not be contained and this was a risk to resident safety. The review findings were known to the provider and had been identified on the local risk register.

Inspectors reviewed a sample of residents' assessments and care plans and found that the residents' needs were being assessed. Care plans were underpinned by validated assessment to identify potential risks to residents such as impaired skin integrity and malnutrition. Care plans were person-centered and guided care. Inspectors reviewed resident records in relation the management of resident care needs specific to skin integrity and nutritional care needs. Care plans were detailed and guided the care to be provided. For example, resident's nutritional care needs were appropriately assessed to inform nutritional care plans. These care plans detailed residents dietary requirements and the frequency of monitoring of residents weights. Daily progress notes reflected the residents' current health status. Nursing and care staff were knowledgeable regarding the care needs of the residents.

Arrangements were in place for residents to access the expertise of health and social care professionals such as dietetic services, speech and language, and palliative care through a system of referral. There was a physiotherapy and occupational therapist working full-time in the centre.

Residents reported that they felt safe living in the centre. A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse.

There were opportunities for residents to consult with management and staff on how the centre was run. Residents attended regular meetings and contributed to the organisation of the service. Satisfaction surveys were carried out with residents with positive results. Residents confirmed that their feedback was used to improve the quality of the service they received. For example, residents had requested that the windows be cleaned and this was completed.

The provider had made arrangements for residents to receive visitors.

Residents' rights were promoted in the centre. Staff demonstrated an understanding of residents' rights and supported residents to exercise their rights and choice, and the ethos of care was person-centred. Residents were kept informed about services they could access, if needed. This included independent advocacy services. All residents and families had received communication in advance of the recent storm outlining how the services would be maintained. The communication provided assurances to residents and families.

The premises was designed and laid out to meet the needs of residents. The provider had taken action to ensure the physical environment supported effective infection prevention and control measures, and reduced the risk of cross infection. The centre was visibly clean on inspection. Housekeeping staff were observed to clean the centre according to a schedule, and cleaning practices were observed to be consistent to ensure all areas of the centre were cleaned. Inspectors found that corridors, communal facilities, and bedrooms were appropriately decorated and maintained.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive, and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the current residents accommodated in the centre. The premises was found to be well maintained on the day of the inspection. There was adequate sitting, recreational and dining space available to all residents in the centre.

Judgment: Compliant

Regulation 26: Risk management
The centre had a risk management policy in place which included all of the requirements set out in Regulation 26.
Judgment: Compliant
Regulation 27: Infection control
The centre was visibly clean. Infection prevention and control (IPC) measures were in place. Staff had access to appropriate IPC training, and all staff had completed this.
Judgment: Compliant
Regulation 28: Fire precautions
Inspectors found that multiple fire doors required repair. For example, some fire doors did not close fully while other doors were stuck on the floor when opened. Some doors contained significant gaps when closed. This had the potential to impact on the containment of smoke and fire in the event of a fire emergency.
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan
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.
Judgment: Compliant
Regulation 6: Health care

Residents had access to medical assessments and treatment by their General Practitioners (GP).

There was a full-time physiotherapist and occupational therapist working in the centre. Residents also had access to a range of health and social care professionals such as dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life, and palliative care.

Records evidenced that the recommendations of health and social care professionals were implemented and reviewed to ensure best outcomes for residents.

Judgment: Compliant

Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Independent advocacy services were available and details of how to contact the services were displayed on notice boards.

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	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clarenbridge Care Centre OSV-0000764

Inspection ID: MON-0045607

Date of inspection: 30/01/2025

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"> 1. A review of the number of residents requiring safety checks at regular intervals was completed to ensure appropriate staffing allocation for residents who require enhanced monitoring. Staff responsible for conducting safety checks now carry the relevant documentation with them to ensure real-time recording of checks and prevent missed entries (completed 05/02/2025, ongoing). 2. Safety checks are overseen by a nurse each shift, who reviews and signs off on all records to confirm accuracy and completeness. A weekly audit of safety check records has been introduced, conducted by nursing management, to ensure documentation is accurate, timely, and reflective of care delivery (implemented 05/02/2025, ongoing). 3. Governance oversight on the floor has been strengthened, with CNMs and senior management ensuring that safety checks are completed, and records are maintained to regulatory standards (implemented 02/02/2025, ongoing). 4. A full review of the directory of residents was conducted to verify that all required information, including general practitioner details, is correctly recorded and updated as needed (completed 31/01/2025). 5. Daily oversight of the directory of residents has been implemented, with nursing management reviewing the directory to ensure compliance and accuracy (ongoing, next review by 28/02/2025). 	

Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. A full audit of fire doors was completed by the Maintenance Team to assess the condition of doors and identify necessary repairs (completed 28/02/2025). 2. All required fire door repairs will be carried out to ensure compliance with fire containment standards (by 31/05/2025).	

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 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	28/02/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/05/2025