

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	St. Brendan's High Support Unit
Centre ID:	OSV-0000389
Centre address:	Mulranny, Westport, Mayo.
Telephone number:	098 36027
Email address:	don.stbrendans@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mulranny Day Centre Housing Limited
Provider Nominee:	Susan Moran
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	26
Number of vacancies on the date of inspection:	10

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
04 May 2016 14:00	04 May 2016 19:30
05 May 2016 09:00	05 May 2016 12:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome	Our Judgment
Outcome 02: Governance and Management	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This inspection was undertaken to follow-up on completion of the actions to address non-compliances with the regulations identified during the previous inspection undertaken in October 2014. The Inspector also reviewed key outcomes to evaluate on-going compliance with the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. There were sixteen actions in the previous action plan. Fourteen were found to have been completed and two were partially complete. The actions partially complete related to consultation with residents regarding their care plans and review of the medication policy.

The centre is registered to provide care to 36 residents. There were 26 residents living in the centre, six of whom were of maximum dependency, six were high dependency, eleven were medium dependency and three were low dependency. Residents spoken with by the inspector stated they "were well looked after", "staff

treated them well and if they rang the bell staff would attend”.

The Inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, accident logs, policies and procedures. There was evidence of good practice in all areas of the service. The Person in Charge and staff members demonstrated a comprehensive knowledge of residents’ needs. Overall, the health-care needs of residents were well met and residents had good access to General Practitioner (GP) services and to allied health professionals. Residents had an opportunity to participate in recreational opportunities to suit their capabilities and interests. The Inspector found that the numbers and skill mix of staff were appropriate to the assessed needs of residents and the size and layout of the centre.

Improvement was required to ensuring that residents were consulted regarding their care plans and that policies were centre specific and provided guidance to staff in local procedures.

The evidence found on inspection that supported the inspectors’ judgments was relayed to the person in charge and the administrator at the end of the inspection. Matters requiring review are discussed throughout the report and the action plan at the end of the report contains actions that are required to be completed to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Medication audits were being completed at six monthly intervals by the Person in Charge. While the Person in Charge was identifying deficits with the medication management system and could explain to the inspector how these were being remedied, there was poor written verification of this. Medication competency assessments had been carried out by the Person in Charge with all staff nurses.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There had been no change to the role of person in charge since the previous inspection. She has been in post as PIC of this centre since September 2009. The Inspector found that the centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service. She had

engaged in continuous professional development in the previous 12 months and had completed courses in 'Person Centred Dementia Care', 'Wound Management, and Cardio Pulmonary resuscitation (CPR). Her mandatory training in safeguarding, manual handling and fire safety and her registration with An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland) (ABA) were in date. She demonstrated good clinical knowledge and understanding of her legal responsibilities under the Regulations and Standards. The inspector saw that she was well known to residents, relatives and staff.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the time of the last inspection the inspector found

- The policy on the management of responsive behaviour management had not been fully implemented. While both policies had been reviewed they required further review to ensure they were centre specific to ensure that they provided guidance to the staff of the centre as to the procedures to be adapted in the delivery of safe person centred care.
- The policy on safeguarding vulnerable adults did not provide adequate instruction on how to respond in the event of an allegation of abuse being made against a member of management and how to investigate an allegation. This had been addressed.
- A satisfactory history of any gaps in employment had not been attained for one staff member and there was no evidence that some references had been verified. This had been addressed.
- The policy on recruitment, selection and vetting of staff failed to detail the documents

that are required to ensure compliance with Schedule 2 of the regulations. This had been addressed.

Judgment:

Substantially Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy on safeguarding. This included information on the various types of abuse and the procedure for investigation of any allegations of abuse. The training records identified that staff had opportunities to participate in training in safeguarding residents from abuse. During discussion with the Inspector some staff members demonstrated their knowledge regarding reporting mechanisms within the centre and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

There was a visitors' record located by the reception area to monitor the movement of persons in and out of the building to ensure the safety and security of residents. Residents confirmed that they felt safe in the centre and contributed this to the presence to the continual presence of staff and their availability.

The Inspector discussed the needs of the current residents with staff. Staff informed the Inspector that no current residents displayed any behaviours of concern. Staff confirmed that they had attended training in behaviour management and person centred dementia care. Restraints in use at the time of inspection related to bedrails. In discussion with the Person in Charge and from review of the documentation the bedrails in place for most residents were in use as a positioning aid or to allay anxiety. The Person in Charge stated she would review all residents who had bedrails in place and review what was the primary purpose of these and consult with the residents as to their use.

Judgment:

Compliant

Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The health and safety of residents, visitors and staff was promoted in this centre. There was a centre-specific emergency plan that took into account a variety of emergency situations. Clinical risk assessments were undertaken, including falls risk assessment, nutritional care assessments and neurological observations were completed post falls to monitor neurological function. The risk management policy and risk register had been reviewed since the last inspection and included hazard identification and assessment of risks throughout the centre.

The Inspector viewed the fire training records and found that all staff had received up-to-date mandatory fire safety training and this was confirmed by staff. New fire strips have been fitted to all doors and additional door guards have been fitted to all doors required to allow these doors to be safely kept open and also promote residents' choice and independence. All staff spoken with knew what to do in the event of a fire. While regular fire drills were carried out by staff, records did not demonstrate what had occurred or whether there were any obstacles to safe evacuation or the duration of the drill. Fire records showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The inspector found that all internal fire exits were clear and unobstructed during the inspection. At the time of inspection there were two residents who smoked. A call bell was available in the smoking room for staff or residents to seek assistance.

There were arrangements in place for recording and investigating of untoward incidents and accidents. All incidents are reviewed by the Person in Charge to assess for trends and try to decrease the likelihood of re-occurrence. The provider has contracts in place for the regular servicing of all equipment and the Inspector viewed records of equipment serviced. Equipment such as specialist beds, wheelchairs and mattresses were provided in accordance with residents' needs. There were moving and handling assessments available for all residents. All staff had up to date training in manual handling and in the use of hoists.

The environment was pleasant and homely. It was clean bright and fresh with pictures, flowers and plants available to give it a homely feel. The gate in the courtyard had been secured with a lock and railings have been erected on the ramp at the front of the building.

Judgment:

Substantially Compliant

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector observed part of a medication round, reviewed medication prescription and administration records. Staff administered medications in line with professional guidelines. The date and a signature of the prescriber were documented where medications had been discontinued. Photographic identification was available on the medication charts to assist with the correct identity of the resident receiving the medication and reduce the risk of medication error. Maximum doses of p.r.n. medicines (a medicine only taken as the need arises) were recorded.

There was a comprehensive medication management policy in place which provided guidance to staff to manage aspects of medication from ordering, prescribing, storing and administration. However this required revision to ensure it was centre specific and to guide staff in local administration of medication.

Staff members had completed medication management training to refresh and update their knowledge with regard to professional guidelines of An Bord Altranais agus Cnáimhseachais na hÉireann (Nursing and Midwifery Board of Ireland).

At the time of the last inspection the inspector found that management of the recording of MDA medication required review. On this inspection the inspector found that a new process of recording and checking MDAs has been implemented to ensure clarity, safety and compliance with professional guidelines. Medications that required strict control measures were kept in a secure cabinet which was double locked in keeping with the Misuse of Drugs (Safe Custody) Regulations. Nurses kept a register of controlled drugs. Controlled drugs were checked by two nurses at the change of each shift. The inspector checked the balances on three medications and found them to be correct.

The revised medication management includes guidelines on the safe disposal of unused and out of date medications and a new record duplicate book is in use. Out of date or unused medication is returned to the dispensing General Practitioner, who signs for any medication returned.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The Inspector reviewed records of accidents and incidents that had occurred since the last inspection in the designated centre. On review of these incidents and cross referencing with notifications submitted the Inspector found that the centre adheres to the legislative requirement to submit relevant notifications to the Chief Inspector.

The inspector reviewed open notifications with the Person in Charge and discussed the submission of notifications regarding unexpected deaths and quarterly returns.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

A pre admission assessment is completed on each resident prior to admission to identify his/her individual needs and choices. Each resident had a care plan prepared within 48 hours of their admission which details their needs and was linked to the assessments completed. Residents had a mixture of age related medical conditions and cognitive impairment. Overall, the Inspector found evidence of positive outcomes for residents who had good access to their General Practitioner and a wide range of allied health professionals. The care and support provided reflected the nature and extent of

residents' dependency and needs.

A process was in place where care plans were reviewed on an ongoing basis at a minimum of every four months however, there was poor evidence of consultation with the resident concerned.

There were no residents with pressure ulcers on the days of inspection. Specialist pressure relieving aids were in place.

Judgment:

Substantially Compliant

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The premises and grounds are well maintained with suitable heating, lighting and ventilation. The centre is homely with sufficient furnishings, fixtures and fittings. There is adequate private and communal accommodation. The size and layout of bedrooms is suitable to meet the needs of residents with a sufficient number of toilets, bathrooms and showers. Each bedroom can accommodate a locker a personal wardrobe and a chair.

There is adequate space in each resident's bedroom for the use of assistive equipment such as hoists. Privacy screening to ensure privacy for personal care was in place. The centre has ample communal space with two large sitting/recreational areas and an activities room. Residents have good access to a secure garden area. Access to areas that may pose a risk to residents such as the sluice room is restricted.

The width of the doorway into the dining room did not adequately support staff to safely manoeuvre residents in specialised seating through this area. This doorway has been widened and a new door fitted.

Judgment:

Compliant

Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

At the time of the last inspection the inspector found that systems were in place to manage residents' finances but some improvement was required to ensure transparency and that residents had full control over their finances. This had been addressed.

The Inspector was informed that management of the centre do not take responsibility for residents' finances. A petty cash system was in operation. An individual ledger was available for each resident. All monies deposited and spent were recorded with signatures of two staff available on all occasions and where possible the residents' signature. Receipts were available for all monies received and spent.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The Inspector found that the numbers and skill mix of staff were appropriate to the assessed needs of residents and the size and layout of the centre. With regard to the

direct delivery of care to residents, inspectors found the Person in Charge worked full-time. She worked on the floor each morning carrying out care and supervising care. Two nurses were on duty at all times. There were nine care staff on duty in the am and seven up and five up to 22:00hrs. In addition there were two full-time activity staff, catering, cleaning, laundry, administration and maintenance staff.

The Inspector reviewed the actual and planned staff roster and the staff numbers on the day correlated with the roster. Residents and staff spoken with expressed no concerns with regard to staffing levels. Sitting rooms were supervised by two to three staff at all times and call bells were answered promptly. Some residents went on a trip to a local pub/restaurant accompanied by staff on the first day of inspection. The residents confirmed that they had a trip out every week.

A staff training programme was on-going. Training planned included safeguarding vulnerable persons. All staff had up to date mandatory training in fire safety, safeguarding of vulnerable adults and manual handling. Additional training and education relevant to the needs of the residents profile had been provided for example in person centred dementia care, end of life care and nutritional care. Records were available to support that all nursing staff had undertaken training in medication management

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Mary McCann
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St. Brendan's High Support Unit
Centre ID:	OSV-0000389
Date of inspection:	04/05/2016
Date of response:	30/05/2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 02: Governance and Management

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While the Person in Charge was identifying deficits with the medication management system and could explain to the inspector how these were being remedied, there was poor written verification of this.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

Medication audit findings will now specify the date each action was completed and how it was completed.

Proposed Timescale: 01/06/2016

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The policy on the management of responsive behaviour management had not been fully implemented. While both policies had been reviewed they required further review to ensure they were centre specific to ensure that they provided guidance to the staff of the centre as to the procedures to be adapted in the delivery of safe person centred care.

2. Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

Please state the actions you have taken or are planning to take:

The behaviour that challenges policy will be looked at in depth and residents care plans updated to include person specific actions to take in order to deliver safe person centred care.

Proposed Timescale: 01/07/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

While regular fire drills were carried out by staff, records did not demonstrate what had occurred or whether there were any obstacles to safe evacuation or the duration of the drill

3. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the

designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:

Our fire safety officer will keep a record of what happens at each fire drill. The findings of each fire drill will be discussed with staff. This discussion will include, length of time, improvements to be made and any obstacles which caused concern during the fire drill.

Proposed Timescale: 01/06/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A process was in place where care plans were reviewed on an ongoing basis at a minimum of every four months however, there was poor evidence of consultation with the resident concerned.

4. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

Please state the actions you have taken or are planning to take:

Each care plan updated and discussed with residents and families will now be listed on the care plan update form, residents will be encouraged to take part in these discussions and will be consulted on each update

Proposed Timescale: 01/06/2016