

**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:	stbrendansvillage@hotmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mulranny Day Centre Housing Limited
Provider Nominee:	Jerry Cowley
Lead inspector:	Mary McCann
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	32
Number of vacancies on the date of inspection:	4

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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 January 2017 11:30	19 January 2017 19:30
20 January 2017 08:30	20 January 2017 14:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 04: Suitable Person in Charge	Non Compliant - Moderate
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
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 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This was an announced inspection in response to an application by the provider to the Health Information and Quality Authority (HIQA) to renew registration of this centre. Previous inspection reports can be accessed at www.hiqa.ie. As part of the inspection, the inspector met with residents and staff members, observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Notifications of incidents received since the last inspection were reviewed before this inspection and reviewed and discussed with staff during this inspection. Nine resident and six relative questionnaires were received by the inspector. On review, all were positive in their feedback and expressed satisfaction about the facilities, services and care provided. They were particularly complimentary of the staff. After the inspection HIQA received information that there was inadequate storage space to store personal property in some of the bedrooms. This is discussed under Outcome 17.

Comments included:

'Health needs are accessed and carefully monitored, a great deal of care is taken with her meal times, activities are well thought out and planned, really enjoy the weekly live music sessions', carers are thoughtful to ensure she is seated in the day room where she has views outside and of the bay, my mother loves her cup of tea and the staff make it anytime she wants it, my mother has very poor mobility, however the staff encourage her to walk with the assistance of a walking frame to keep her leg muscles in order, St Brendan's has an open friendly environment, a very homely welcoming place'.

An unannounced monitoring inspection had previously been carried out in May 2016. Areas which required review included ensuring deficits were addressed after completion of audits, review of the policy on responsive behaviour, documentation with regard to fire drills and ensuring care plans were reviewed at four monthly intervals. Three of the four actions had been completed. The action with regard to more comprehensive recording of fire drills was not completed.

Overall residents' health care needs were well supported with good access to the general practitioner (GP). The provider nominee is the general practitioner for many of the residents. He attends the centre on a daily basis. There was evidence of access to a range of allied health professionals.

Adequate staff were on duty to meet the needs of residents on the days of inspection. The centre was homely with a pleasant quiet atmosphere. When calls bells were activated, staff responded swiftly. Staff were knowledgeable with regard to the care to be provided to residents to meet their needs and described a person centred approach to the provision of care. Many residents were from the local area and had resided in the centre for considerable periods of time. The design and layout of the centre was suitable for its stated purpose, The inspector found the management team and staff were committed to providing a quality service to residents.

The areas which require review post this inspection relate to more comprehensive recording of fire drills, completion of an annual review of the safety and quality of care delivered to residents, ensuring a positive behaviour support plan is in place for all residents with responsive behaviour, ensuring end of life care plans are person centred, food and fluid charts are sufficiently detailed to provide a reliable intake and output record and ensuring there is adequate storage space for residents personal items.

The action plan at the end of this report identifies where improvements are needed

to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National 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 Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose had been revised following changes to the organisational structure and the management team. It detailed the aims, objectives and ethos of the centre and outlined the facilities and services provided. All of the information in relation to matters listed in schedule 1 of the regulations were documented. The revised copy was available in the centre on inspection and the provider stated that a copy of the revised up to date statement of purpose would be submitted to HIQA.

The provider nominee was aware that the statement of purpose would require further review on the appointment of a person in charge and that it was necessary to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

Judgment:

Compliant

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:

Evidence was found that there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. A clearly defined management structure that identified the lines of authority and accountability was in place. Systems were in place to monitor quality and safety of the service provided. Data from audits carried out were collated into a quarterly quality assurance and continuous improvement report. This had last been completed in October 2016. This report contained information on skin integrity, use of bedrails, review of medication, episodes of response behaviour, weight loss and activity provision. However an annual review of the quality and safety of care delivered to residents had not been completed.

Interviews with residents during the inspection and resident /relative questionnaires received were positive in respect to the provision of the care, the facilities and the services provided. Consultation with residents and their representatives was undertaken in a range of areas including monthly resident meetings, reviewing care plans with residents and relatives and on a continuing basis with choice offered with regard to the services provided.

Governance systems in place included daily attendance by the provider nominee in the centre. On review of the accident and incident forms it was clear that the provider nominee who is a general practitioner was available to immediately review the resident. Following a robust review of recent notifications by the board of directors, a floor manager was appointed. This has strengthened governance procedures at the centre.

Minutes of regular staff meetings were available to the inspector. The provider nominee attended these on occasions and plans were in place that he or a board member would attend in order that there was direct feedback to the board.

While the provider described having regular meetings with the deputy person in charge and the administrator there were no minutes available of these meetings.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A residents' guide which included a summary of the centre's services and facilities, the terms and conditions of residence, the complaints procedure and visiting arrangements

for residents were in place.

On review of a sample of residents' contracts these contained details of the services provided and the agreed fees to be charged.

Judgment:
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:
The post of person in charge was vacant at the time of inspection. The person in charge had resigned from their post on the 6 January 2017. The provider showed the inspector copies of an advertisement for a replacement. He had advertised in various journals/newspapers and has contacted academic institutions.

The nurse who was a person participating in the management of the centre when the person in charge was in post was temporarily acting as the person in charge. She informed the inspector that she had worked very closely with the previous person in charge prior to her departure and had a detailed handover from her. She stated she had adequate time to perform her governance and management duties at the current time and was committed to deputizing until a new person in charge was appointed. The person in charge had resigned from their post on the 6 January 2017. The provider showed the inspector copies of an advertisement for a replacement. He had advertised in various journals/newspapers and has contacted academic institutions.

Judgment:
Non Compliant - Moderate

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):

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

Findings:

Records were stored securely and were well maintained. An electronic directory of residents was reviewed, this was found to be complete and up to date. A record of all admissions, discharges and transfers was maintained.

Records listed in Schedules 2, 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People), Regulations 2013 (as amended) were available and a sample of records was reviewed by the inspector. These included records related to fire safety, staff recruitment and residents' care. However, a positive behaviour support plan was not in place to ensure a consistent approach is adapted by all staff to manage the behavior.

Improvement was required with regard to the maintenance of records associated with fire safety drills, which is discussed further under Outcome 8.

In the sample of staff files reviewed, all Schedule 2 documents were in place. The files were well organised and it was easy to retrieve the required information. The provider has confirmed in writing to HIQA that all staff currently employed in the centre have Garda vetting.

A record of visitors was maintained ensuring that staff were aware who was in the building at any given time. The centre's insurance cover was in date.

Policies and procedures as required by Schedule 5 of the Regulations were available and many had been recently reviewed.

Judgment:

Substantially Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person participating in the management of the centre is currently deputising for the person in charge until a new person in charge is appointed. She is a registered general nurse and has over 13 years experience of working with older persons. She holds a full-time post at the centre.

She is supported in her role by regular attendance of the provider nominee in the centre, a floor supervisor, nursing, care, administration, maintenance, and kitchen and housekeeping staff.

She is supported by the administrator and facilitated the inspection process by providing documents and had good knowledge of residents' care and conditions. Staff confirmed that good communication existed within the staff and management team. In the absence of the deputy person in charge, a policy was in place that the most senior staff nurse on duty was in charge of the centre.

Judgment:
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:

The safeguarding policy had been updated since the last inspection. This policy and a comprehensive procedure were available to staff to guide them on safeguarding residents from abuse. All staff had completed training, and were knowledgeable about the procedure they would adapt should they observe, suspect or were informed of any abuse taking place. This training was carried out on five occasions in 2016 and once to date in 2017 to ensure that all staff had an opportunity to attend. Systems were in place to ensure allegations of abuse were fully investigated, and that pending such investigations measures were in place to ensure the safety of residents. The inspector reviewed the report of a recent investigation into an allegation of abuse and found it had been appropriately investigated and appropriate procedures were enacted to protect residents.

In the relatives questionnaires, relatives confirmed that they did not have any concerns for the safety of their loved ones and if they did, they were confident that if they brought this to the attention of staff it would be investigated robustly.

A restraint policy based on the national best practice policy was also in place. At the time of this inspection, ten residents had bedrails in place, seven of these were assessed as being enablers, the enabling function for the resident was documented. Three were in place as a restraint measure. There was evidence in place that less restrictive alternative measures had been trialled, for example low–low beds or enhanced staff supervision. Records indicated that restraint was only used following a risk assessment and there was evidence of discussion with the resident and/or their significant other.

Staff described a positive approach to the management of behaviours and psychological symptoms associated with dementia. Training had been undertaken in this area by many of the staff. At the time of inspection there were a small number of residents who presented with responsive behaviours. However, a positive behaviour support plan was not in place to ensure a consistent approach is adapted by all staff. Staff informed the inspector how they manage the behaviour and the distraction techniques they utilise. There was very good evidence of access to psychiatry of later life and the community mental health nurse attends the centre regularly to assess and support residents.

The inspector reviewed the system in place to manage residents' money and found that measures were in place and implemented to ensure resident's finances were safeguarded.

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

Findings:
Overall, the inspector found that adequate measures were in place to protect residents and provide a safe environment.

The risk management policy failed to contain all the procedures as required by the regulations. It failed to document procedures relating to self harm. An up to date health and safety statement and emergency plan were available. Hand rails were in place on both sides of the corridor to assist residents when mobilizing, maintain their safety and promote their independence.

The emergency policy provided guidance on the evacuation procedures in case of fire or any emergency that necessitated evacuation. Arrangements were in place for appropriate maintenance of fire safety systems such as the fire detection and alarm

system. Fire safety equipment was serviced in accordance with fire safety standards. Annual certification of emergency lighting was available.

Fire exit signage was in place. Action notices detailing the procedures to take in the event of discovering a fire or on hearing the alarm were displayed around the building. Fire drills were being completed regularly, however records did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified. No fire drill had been completed simulating a night duty scenario when the least amount of staff is on duty.

Procedures were in place for the prevention and control of infection. Hand gels were located along the corridor. There were a sufficient number of cleaning staff on duty and the centre was clean and well maintained to minimise the risk of cross contamination. Most staff had undertaken infection control training.

Training records evidenced that staff had up-to-date refresher training in moving and handling. There was sufficient moving and handling equipment available to meet residents' needs and good practices were observed.

Judgment:

Non Compliant - Moderate

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):

No actions were required from the previous inspection.

Findings:

Operational policies were in place in the centre relating to the ordering, prescribing, storage, and administration of medication. Medicines were administered from original containers and stored securely in medication trolleys or within locked storage cupboards. A secure fridge was available to store all medicines and nutritional supplements that required refrigeration. The temperature was checked and recorded on a daily basis.

Controlled drugs were stored securely within a locked metal cupboard and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. A process of recording all unused or out of date medicines was in place.

The inspector observed one of nursing staff administering medication to residents. The nurse knew the residents well and was familiar with the residents' individual medication

requirements. Medication was administered in accordance with good practice and the nurse took time to ensure each resident took their medication.

The training matrix confirmed that all nursing staff working in the centre had completed medication management training. Nursing staff demonstrated knowledge and understanding of professional guidance in medication management. Resources relating to medication management were available to staff.

A sample of medication prescription sheets and administration records were examined by inspector. All prescription records reviewed contained the prescriber's signature for each medicine prescribed in accordance with the Medicinal Products (Prescription and Control of Supply) Regulations.

Medication administration sheets examined identified the medications on the prescription sheet, contained the signature of the nurse administering the medication and allowed space to record comments on withholding or refusing medications. The times of administration matched the prescription sheet.

Medication audits were conducted in the centre and the inspector noted that any deficits identified in the audit was discussed with nursing staff and addressed.

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:

A record of all incidents occurring in the designated centre was maintained. Notifications had been submitted to HIQA as required. The deputy person in charge and provider were aware of their responsibilities in relation to submission of notifications. The provider had submitted the required notification with regard to the absence of the person in charge and detailed deputising arrangements in place.

Incidents that had been reported to HIQA that required investigation were actioned and evidence was available of learning from these incidents for example, staff training completed and reviews of supervision of staff.

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:

Residents had assessments of daily living and other assessments completed on admission which included dependency level, moving and handling, falls risk, skin integrity assessment and nutritional risk. Allied health/specialist services such as speech and language therapy, dietetics, and physiotherapy was available and there was evidence of referral and review.

Occupational therapy services were available as required. The psychiatry of later life specialist services attended residents in the centre with dementia and mental health issues to support their General Practitioner (GP) and staff in the centre with management of responsive behaviour, (responsive behaviours is a term, preferred by persons with dementia, representing how their actions, words and gestures are a response, often intentional, that express something important about their personal, social or physical environment). Regular follow up was also arranged. The inspector reviewed a sample of the resident's care plans to include the files of residents with nutritional issues, residents and residents at high risk of falls.

Overall, the inspector found that care plans required review to ensure they are person centred. For example, nutritional care plans did not detail if the resident was on a fortified diet or their likes and dislikes regarding food and fluids. In some care plans reviewed where a resident was seen by a specialist service the advice of the specialist was not incorporated into the care plan. However, the interventions described by staff reflected the needs of the residents even though not always documented in the care plans. Assessments and care plans were updated at four monthly intervals and there was good evidence of consultation with residents and relatives regarding the health status and care needs of residents. A review of residents' medical notes showed that residents had very good timely access to their GP. Residents knew their GP by name and were complimentary of the time he spent with them. A narrative record was recorded for resident each day. This gave an overall clinical picture of the resident. The activity staff kept separate records with regard to social care engagement of residents. There was good evidence of transfer of information between the centre and acute healthcare providers. Discharge summaries for those who had spent time in acute hospitals were available in the medical files reviewed.

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):
No actions were required from the previous inspection.

Findings:
St Brendan's High support unit is a 36 bedded nursing home located in the village of Mulranny, County Mayo with views onto the bay. The main entrance is located to the front of the building. Accommodation consists of a reception area, two day-rooms, a visitor's room, therapy room, oratory and dining room. There are 18 twin bedrooms provided.

The design and layout of the premises generally met residents' individual and collective needs. The maximum number accommodated in any bedroom was two, however a small number of bedrooms had limited storage facilities for residents' personal belongings. The centre was clean and well maintained. The communal areas had been refurbished and provided a pleasant homely living area. A painting programme was in place and many bedrooms had been recently painted. One of the bathrooms had recently been refurbished and toilets were located in close proximity to the sitting rooms. An adequate number of baths, showers and toilets for residents use were available. Call bells were available in all bedrooms. The entrance is wheelchair accessible and there is car parking available to the front and side of the building for residents, visitors and staff. The centre had a secure garden and residents spent time outdoors when the weather was fine. Many residents enjoyed looking out at the sea.

Judgment:
Compliant

Outcome 13: Complaints procedures
The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process which was displayed on entry. Verbal complaints were not documented and staff explained that they actioned these immediately. Written or unresolved verbal complaints were documented and investigated and outcomes recorded, including whether the complainant was satisfied with the outcome of the complaint. Advocacy services were available if required. There was no evidence that would indicate that any resident who had made a complaint had been adversely affected by reason of the complaint having been made.</p>
<p>Judgment: Compliant</p>

Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

<p>Theme: Person-centred care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: There was no resident actively receiving end of life care at the time of this inspection. Evidence of a good standard of medical and clinical care at end of life with appropriate access to specialist palliative care services was described by nursing staff. Staff described how they would ensure that residents' physical, emotional, social, psychological and spiritual needs would be met.</p> <p>Some residents had end of life care plans in place, however some of these care plans were not person centred and did not detail any specific wishes. Staff described how they respected the wishes of residents not wanting to discuss end of life care.</p> <p>The person in charge informed the inspector that links were made with the local palliative care team who provided support as required. Contact details of the local palliative care services were available in the nurses' office. Staff were knowledgeable regarding the wishes of resident's choice regarding transfer to hospital. While there were all twin rooms in the centre, the deputy person in charge stated that they ever</p>

operated at full capacity and were always able to provide a single room for end of life care. Relatives were facilitated to stay overnight and a kitchenette was freely available to them with snacks and drinks available. An oratory was located in the centre and this was available to residents/relatives for their funeral services if they wished to avail of this. Staff stated the local parish priest was freely available to the service and knew the residents well. Many of the residents lived in the parish prior to admission to the centre. Details were available in the centre of other religious ministers.

Judgment:
Substantially Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
A policy on nutritional care was in place to inform best practice. Residents were screened for nutritional risk on admission and regularly thereafter. Residents' weights were checked routinely on a monthly basis and more frequently where residents experienced unintentional weight loss.

The inspector met with the chef on duty who displayed a good knowledge of residents' specific needs and had a list of residents and their specific dietetic requirements including diabetic, high protein and fortified diets, and also residents who required modified consistency diets/thickened fluids. Food and fluid charts were being maintained for any residents who required intake monitoring. However some of the charts reviewed by the inspector did not provided sufficient detail to be of therapeutic value.

The inspector viewed the menu which demonstrated the provision of a varied and nutritious diet. Hot/cold drinks and snacks were readily available and the kitchen was open 24 hrs per day. The inspector saw residents being offered drinks throughout the day and residents stated that they could have a drink and/or a snack any time they wished and they were happy with the choice of food and alternatives were available on request. There was good access to dietetic and speech and language therapy services. Adequate staff were available to assist and monitor intake at meal times.

Judgment:
Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Overall residents' rights, privacy and dignity was respected with personal care delivered in their own bedroom or in bathrooms with privacy locks. A visitors' room was available so that residents could choose to meet their loved one in private if they so wished.

An activity co-ordinator was in post twenty five hours per week. Residents and relatives commented positively on the activities on offer in the centre. She has worked in the centre as an activity therapist for the last eight years and had a very good knowledge of resident's interests. She was enthusiastic about her work and lots of the work completed was on display in the centre. She organised and with the support of care staff facilitated a varied activity programme.

There was good evidence that residents were given an opportunity to be involved and included in decisions about the day to day running of the centre. A meeting was held generally every month where residents were consulted about future activities or outings. Minutes of these meetings were viewed and included discussions on past outings and events. These meetings also included residents having a sing song and an alcoholic beverage of their choice or tea and biscuits. There were no restrictions on visiting the centre. Choice was respected and residents were asked if they wished to attend Mass, live music or partake in activities.

Political rights were respected with residents being registered for postal voting or some attended the local polling station to cast their vote.

Staff were observed to interact with residents in a warm and personal manner and residents had good knowledge of the identity of staff, most of who had worked in the centre for many years and many lived locally.

Information on the day's events and activities was displayed in the centre. Two activities coordinators organised a programme of activities. Care staff supported them in carrying out various activities which included group and one to one sessions. The inspector was told that one to one sessions were prioritised for residents with more severe dementia or cognitive impairment or who did not wish to participate in group activities.

A wheelchair accessible bus was available to the centre and some residents attended Mass in the local church each Sunday. Mass was also celebrated in the centre. Weekly trips out to pubs/ restaurants/ places of interest were organised. Small groups partook each week on a rotational basis.

A varied programme was in place to include arts, crafts bingo beauty therapy and dementia specific activities were included in the programme such as reminiscence and sensory stimulation. A combination of 1:1 and group activities formed the schedule. Two care staff were Sonas practitioners and sonas groups were held regularly.

All communal areas were supervised and staff were seen to chat and spent time with residents. Residents spoken with by the inspector were complimentary of the activities on offer especially the art, nail painting, bingo and the live music. There was good evidence that residents were given an opportunity to be involved and included in decisions about the day to day running of the centre.

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):
No actions were required from the previous inspection.

Findings:
There was a policy in place covering resident's possessions which set out a process for recording resident's belongings, and also the arrangements for storing of valuables. Most of the bedrooms for residents which contained a wardrobe, bedside locker and a chest of drawers with a lockable drawer, however a minority of rooms had insufficient storage space for residents possessions. Some residents had personalised their rooms with person items. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents. No complaints were documented regarding missing clothes.

Judgment:
Substantially 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):

No actions were required from the previous inspection.

Findings:

There were 32 residents residing in the centre on the day of inspection, 13 of whom were assessed as having maximum dependency needs, eight who had high dependency needs, seven who had medium dependency needs and four who were assessed as low dependency. The inspector reviewed duty rotas over a three week period and found that there were sufficient numbers of staff to meet the needs of residents. Residents and staff spoken with expressed no concerns with regard to staffing levels. Residents were supervised at all times in the sitting room.

There were two nurses and nine healthcare assistants rostered in the am, two nurses and eight healthcare assistants from 14:00 hrs to 20:00hrs and a nurse and three healthcare assistants from 20:00 hrs to 22:00 hrs, with one nurse and two healthcare assistants on night duty.

In addition the clinical nurse manager or the person in charge was on duty during the day. An activity therapist worked from 10:00hrs until 16:00hrs. A physiotherapist attended the centre Tuesday and Thursday each week.

A registered nurse was on duty at all times in addition to the person in charge. Staff spoken with by the inspector were knowledgeable of residents needs and were seen to converse well with residents.

Staff spoken with informed the inspector that they had attended mandatory training in manual handling and safeguarding vulnerable adults at risk of abuse. All staff had also attended fire safety training. A record was maintained of An Bord Altranais professional identification numbers (PIN) for all registered nurses.

A training schedule was in place. Training undertaken since the last inspection included medication management, food safety training, nutritional care, infection prevention and control, end of life care and person centred dementia care.

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:	19/01/2017
Date of response:	27/02/2017

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:

An annual review of the quality and safety of care delivered to residents had not been completed

1. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

Quality assurance and continuous improvement audits are done quarterly. These will now be collated into an annual report and included in the risk assessment folder. Minutes of all management and staff meetings are recorded. Minutes have been recorded of a weekly management meeting at St. Brendan's Unit with the provider nominee and deputy person in charge present, since 25th January 2017.

Proposed Timescale: 31/05/2017

Outcome 04: Suitable Person in Charge

Theme:

Governance, Leadership and Management

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

The post of person in charge was vacant at the time of inspection. The person in charge had resigned from their post on the 6 January 2017.

2. Action Required:

Under Regulation 14(1) you are required to: Put in place a person in charge of the designated centre.

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

A new person in charge has been appointed. The deputy person in charge has been appointed into the position of person in charge. An experienced staff nurse has been appointed to the position of deputy person in charge.

Proposed Timescale: 01/03/2017

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:

A positive behaviour support plan was not in place to ensure a consistent approach is adapted by all staff to manage the behavior.

3. Action Required:

Under Regulation 21(1) you are required to: 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.

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

An ABC chart has been put in place to monitor resident's behaviour, and for all staff to record behaviours of residents. A review plan will be put in place with advice from health care professionals. This will be incorporated with resident's individual care plans.

Proposed Timescale: 31/05/2017

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:

The risk management policy failed to contain all the procedures as required by the regulations. It failed to document procedures relating to self harm.

4. Action Required:

Under Regulation 26(1)(c)(v) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.

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

The risk management policy has been reviewed. It includes an action plan to control self harm.

Proposed Timescale: 31/03/2017

Theme:

Safe care and support

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

Fire drills were being completed regularly, however records did not provide a comprehensive record as to whether a full or partial evacuation had been completed, what time it took to evacuate and whether there were any impediments to safe evacuation identified. No fire drill had been completed simulating a night duty scenario when the least amount of staff is on duty.

5. 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 update fire drill records to include a more comprehensive record detailing what type of evacuation took place and how long it took to evacuate. It will also include an assessment of how successful the fire drill was, providing comments, observations and recommendations identifying any deficiencies. A fire drill simulating a night duty scenario has been organised for the 13th March 2017. The fire safety officer will run a minimum of 3 fire drills during the year or more if necessary, depending on risk assessment and turnover of staff.

Proposed Timescale: 30/04/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Overall, the inspector found that care plans required review to ensure they are person centred. For example, nutritional care plans did not detail if the resident was on a fortified diet or their likes and dislikes regarding food and fluids. In some care plans reviewed where a resident was seen by a specialist service the advice of the specialist was not incorporated into the care plan.

6. Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

Resident's care plans will be looked at in depth and updated to include more person specific actions. Care plans being updated will be reviewed to include more specific and detailed information regarding resident's specific needs. The advice from specialist services will be included in resident's care plans.

Proposed Timescale: 31/05/2017

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Some residents had end of life care plans in place, however some of these care plans were not person centred and did not detail any specific wishes.

7. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to

a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

All residents care plans will be more detailed to give more information regarding end of life care. This will be discussed with both residents and their relatives at time of completion.

Proposed Timescale: 31/05/2017

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Residents' food and fluid charts did not provide sufficient detail to be of therapeutic value.

8. Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Residents with specific dietary requirements will be assessed on a daily basis using individual charts, with information provided from the dietician and any other health care professionals concerned. This will be documented and incorporated into their care plans.

Proposed Timescale: 31/05/2017

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

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

A minority of rooms had insufficient storage space for residents possessions.

9. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

Resident's wardrobes and general storage space will be reorganised where appropriate, and any clothing no longer in use can be stored, or relatives can bring them away. This will only be done with permission from the resident or NOK as appropriate. All property removed will be documented.

Proposed Timescale: 01/05/2017