



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cuan Chaitriona Nursing Home
Name of provider:	Newbrook Nursing Home Unlimited Company
Address of centre:	The Lawn, Castlebar, Mayo
Type of inspection:	Announced
Date of inspection:	24 January 2024
Centre ID:	OSV-0000334
Fieldwork ID:	MON-0032784

About the designated centre

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

The designated centre is registered to accommodate up to 58 residents, male and female, over 18 years of age who require respite, convalescence, short and long-term care. The centre provides care for needs ranging from low to maximum dependency levels, including general care of the older person, care of the persons with physical disability, intellectual disability, acquired brain injury, palliative and dementia care. Accommodation consists of 52 single and three twin bedrooms, each with its own en-suite facility. There are a variety of communal facilities available including three large day room areas, two dining rooms an oratory and an activity room. In addition there are three internal courtyards that are easily accessible from various points in the building. The stated aim of the centre is to provide a residential setting wherein residents are cared for, supported and valued within a care environment that promotes their health and wellbeing.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	57
--	----

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
Wednesday 24 January 2024	09:30hrs to 16:00hrs	Lorraine Wall	Lead

What residents told us and what inspectors observed

On the day of the inspection, the inspector observed resident and staff interactions and found that residents appeared to be content and relaxed in the company of staff. The overall feedback from residents was that they were generally happy with their life in the centre and were well cared for.

This was an announced inspection and on arrival to the centre, the inspector met with the Registered Provider Representative and the Person in Charge. An introductory meeting was commenced followed by a walkabout of the centre. This gave the inspector the opportunity to meet with residents and staff, to observe the residents in their home environment and to observe staff practices. There was a relaxed and calm atmosphere in the centre. Residents were being assisted to get up from bed and were being supported by staff to the dining and communal rooms.

Cuan Chaitriona Nursing Home provides long term care for both male and female adults with a range of dependencies and needs. The designated centre can accommodate a maximum of 58 residents in single and double ensuite bedrooms. The centre is located on the outskirts of the town of Castlebar in Co. Mayo.

Overall, the general environment including residents' bedrooms, communal areas and toilets were clean. Alcohol hand gel dispensers were available for use on the corridors and staff were seen to use good hand hygiene techniques.

Bedrooms were nicely decorated and were personalised with residents' belongings such as photos, artwork and ornaments. Residents' bedrooms had sufficient personal storage space available for residents to store their belongings.

The residents in the centre have access to four activity rooms, including a snoozelen quiet room, the butterfly room, the "sunshine room" and the "harbour cottage". The harbour cottage was decorated as a traditional irish cottage and was filled with items of old furniture and memorabilia to encourage memories of times gone by. The butterfly room was nicely decorated with wall murals. This room was used for music therapy and imagination gym (a healthcare programme based on relaxation, designed to stimulate a listeners imagination.)

There were two comfortable communal rooms and a number of other seating areas around the centre to ensure residents had sufficient comfortable communal spaces. The "rainbow room" was being used by the more independent residents, who told the inspector that they enjoyed using this space. Residents were observed meeting with visitors in this room, relaxing and watching television. The rainbow room has stained glass windows and the inspector observed a water fountain and a diffuser which added to the ambience. An oratory was available for resident use and the inspector was told that mass takes place here weekly.

There were three activities coordinators working on the day of the inspection and a

varied activity schedule was available weekly. This included bingo, cooking, reflexology, relaxation and pampering, dog therapy, music therapy and yoga. During the inspection, the inspector observed pictures of recent events on the walls, which had taken place during the year including a sheepdog demonstration in the centre, trips out on the bus, trips to the cinema and a halloween 'trick or treat' visit from local primary school children. There were also pictures of residents and residents' artwork displayed on the walls throughout the centre.

On the morning of the inspection, residents in the "green room" were engaging in relaxation and receiving hand massages. The inspector observed flower arranging taking place in the rainbow room on the afternoon of the inspection and the residents who took part appeared to be really enjoying this activity. A number of other residents' were also participating in a sensory activity in another communal room called "The Tovertafel Table" (an interactive game which promotes social connection for those living with dementia).

Although not in use on the day of the inspection, residents had access to an enclosed courtyard which was nicely decorated with artificial flowers and garden ornaments. Residents told the inspector that they like to spend time in the courtyard in the summer.

The inspector spoke with a number of residents' visitors who spoke positively about their relatives experience in the centre and stated how happy they are with the way in which their loved ones are cared for. One visitor told the inspector that "what cannot be measured is the way the staff make you feel. They are tender and kind to residents, even when they are unaware that somebody is watching"

The inspector also reviewed resident surveys which provided positive feedback, with one stating that the transition to living in a nursing home was made easier by the "outpouring of patience and kindness shown by the staff". The inspector observed the visitors room being used by residents and their relatives on the day of the inspection. This room had access to tea and coffee making facilities which added to the homely atmosphere.

Residents who spoke with the inspector said that they were "happy enough" and "content". One resident who spoke with the inspector said that the centre was a "home away from home". Another resident introduced the inspector to her dog and told her how happy they were that their dog could visit the centre.

The inspector observed residents during mealtime and found that staff assisted residents in a patient and respectful manner. A number of specially adapted tables were available to enable residents in comfort chairs and wheelchairs to eat their meals at the dining table. Other residents ate their meals in the sitting area or in their bedrooms. While residents were complimentary about the food provided in the centre, one resident told the inspector that they would like a choice of something more "substantial" in the evening time as they only receive soup and a sandwich. A pictorial menu were displayed on the wall for residents who required this. In addition, menus were available on the tables for residents who were not independently mobile.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

This inspection found that there was good management and oversight of the quality and safety of the service by the provider and that the care and services provided were safe and appropriate.

This was an announced inspection completed to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The registered provider of Cuan Chaitriona Nursing Home is Newbrook Nursing Home Unlimited Company. The provider has recently applied to renew the registration of the designated centre.

The person in charge works full-time in the centre and is supported in their role by a clinical nurse manager. The remainder of the staff team consists of staff nurses, three activities coordinators, health care assistants, household, catering, maintenance and administration staff.

The centre has an established governance and management structure in place. The inspector found that the oversight and management of the service was robust and that adequate resources were provided to ensure residents' needs were met. The systems in place to monitor the quality and safety of the service and residents' quality of life were effective. Service deficits were identified and acted upon, through the use of a comprehensive audit schedule which included audits of residents' falls, environmental hygiene and safeguarding.

The provider had ensured there were adequate staffing resources in place to meet the residents' clinical and social care needs, for the most part. The inspector reviewed minutes of staff meetings and found that staff were appropriately supervised in their roles. Staff meetings included discussions on a range of topics including clinical care and environmental safety. There was evidence that where issues had been identified, an appropriate action plan had been put in place.

A review of training records found that all staff were up to date with the completion of their mandatory training.

The inspector reviewed the centre's insurance certificate and found that it contained all of the necessary information as required by Regulation 22.

The inspector reviewed the incident and accident register and found that all notifiable incidents had been notified to the Chief Inspector in line with the

requirements of Regulation 31.

Complaints were well managed by the person in charge. The inspector reviewed the complaints log and found that complaints had been resolved to the satisfaction of the complainants.

Registration Regulation 4: Application for registration or renewal of registration

The provider had applied to renew the registration of the designated centre and this application included full and satisfactory information as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of staff was appropriate to meet the needs of all residents, in accordance with the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. Inspectors found that the person in charge had ensured that staff were appropriately supervised.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had insurance in place which met the requirements of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place were sufficient to ensure that the service was safe, appropriate and effectively monitored through the use of a comprehensive audit programme. There were sufficient staff resources in place on the day of the inspection and the centre had a clearly defined management structure in place with appropriate lines of authority.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured that all necessary notifications had been notified to the Chief Inspector notice in writing within 3 working days of its occurrence.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints record and found that complaints were appropriately managed and met the requirements of the regulations.

Judgment: Compliant

Quality and safety

Residents living in this centre experienced a good quality of life and received timely support from a caring staff team. Residents' health and social care needs were well met for the most part, through well-established access to health care services and a planned programme of social care interventions.

Residents' rights were protected and promoted and individuals' choices and preferences were seen to be respected, however, the inspector was not assured that residents who spent the majority of their days in their bedrooms were offered the opportunity to take part in meaningful activities in line with their interests and capacities.

There was a good programme of individualised and group activities available in the

centre and most residents who occupied communal areas were observed to take part in some form of activity on the day of the inspection. There were a number of activities taking place in the centre including music, relaxation, the tovertafel table and flower arranging. While feedback from residents and the pictures displayed throughout the centre from the last year confirmed that there was a range of activities on offer weekly, these activities were not recorded and there were no records available for review, which indicated residents' levels of engagement or participation, which meant that this aspect of the residents' care could not be adequately reviewed.

Residents had access to local television, radio and newspapers. The inspector reviewed minutes of residents' meetings, which sought feedback on areas such as activities and the quality of food being served. The suggestions appeared to be addressed and an action plan put in place.

Overall, the design and layout of the premises was suitable for its stated purpose and met the residents' needs. Corridors were wide and contained rails fixed to the walls to assist residents with their mobility. Residents' accommodation was individually personalised with residents' own belongings. Residents had adequate storage space in their bedrooms and bathrooms. The inspector observed visitors coming and going on the day of the inspection and there were no restrictions on visiting.

Staff were familiar with the residents' needs and residents received good standards of nursing care and support. Resident's care plan documentation clearly guided staff with providing person-centred care in line with residents' individual preferences and wishes. However, residents who were less involved in the day to day activities and chose to spend more time in their bedrooms, did not consistently have a social care plan in place and the inspector was not assured that this need was being adequately met.

The provider ensured that residents had timely access to their general practitioners (GPs) and were supported in the centre by appropriate referral to health and social care professionals such as a physiotherapy, tissue viability nurse, dietetics and speech and language therapy.

The centre was found to be clean and warm. Infection prevention and control measures were in place and monitored by the person in charge. There was evidence of good practices in relation to infection control and staff were observed using good hand hygiene techniques throughout the day of the inspection.

Inspectors found that residents were adequately protected from abuse. The provider had implemented comprehensive safeguarding measures including policies and procedures and staff education in the safeguarding of vulnerable adults.

Regulation 11: Visits

Inspectors observed visits taking place in line with national infection prevention and control guidelines. The centre had suitable areas for visiting to take place in private.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that residents have access to and retain control over their personal property, possessions and finances.

Judgment: Compliant

Regulation 27: Infection control

The centre was visibly clean and the inspector observed good infection prevention and control practices in use by staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While care plans were detailed for the most part, some residents did not have a social care plan in place.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GP's visited residents regularly. Allied health professionals such as dietitian, physiotherapist, occupational therapist, speech and language therapy, and tissue viability nurse were made available to residents, where required.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to safeguard residents from abuse. These included arrangements in place to ensure all allegations of abuse were addressed and managed appropriately to ensure residents were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector did not observe residents who spent time in their bedrooms, being offered the opportunity to participate in meaningful activities and therefore was not assured that these residents had access to meaningful activities in line with their interests and capacities.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Cuan Chaitriona Nursing Home OSV-0000334

Inspection ID: MON-0032784

Date of inspection: 24/01/2024

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 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The PIC, Activities Staff and Multidisciplinary Team will assess, develop and maintain a Social Plan of Care in consultation with the resident.</p> <p>The Care Plan will reflect the residents individualized and personal social care needs ,choices ,interests and preferences with relevant supports required to fulfill all identified goals.</p> <p>The Care plan will be written and maintained in line with the Freda Principles using a Human Rights based approach to care.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The PIC in collaboration with the Resident and Activities Team will ensure that Residents who choose to spend time in their bedrooms are informed daily of the Activities timetable.</p> <p>The Residents individual choice and preference of activity will be assessed and documented in the social care plan.</p> <p>Meaningful activities will be offered, facilitated, and documented by activities staff to residents who choose to stay in their room with evidence of planned and structured room visits.</p> <p>Residents who may prefer a smaller group activity will be encouraged and facilitated.</p> <p>All Activities for the resident will be delivered with an overarching emphasis of the FREDA principles using a Human Rights based approach.</p>	



Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident’s admission to the designated centre concerned.	Substantially Compliant	Yellow	01/03/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/03/2024