



**Health
Information
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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:	St Brendan's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Lake Road, Loughrea, Galway
Type of inspection:	Unannounced
Date of inspection:	20 November 2024
Centre ID:	OSV-0000633
Fieldwork ID:	MON-0045508

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	89
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 20 November 2024	10:30hrs to 18:00hrs	Leanne Crowe	Lead
Friday 22 November 2024	09:30hrs to 16:30hrs	Leanne Crowe	Lead

What residents told us and what inspectors observed

The inspector observed that residents living in St Brendan's Community Nursing Unit received a very good standard of care and were supported to enjoy a good quality of life. However, from speaking with residents and from observing how residents' daily routines, it was evident that residents could not always choose how they spent their day in the centre, particularly in relation to activities and mealtimes.

On arrival to the centre, the inspector met with the person in charge. Following an opening meeting, the inspector conducted a walk through the building, giving an opportunity to review the living environment, and to meet with residents and staff. Some residents were observed relaxing in communal areas and bedrooms, while others were receiving assistance from staff with their personal care needs. Staff were observed attending to residents in a friendly, yet attentive manner. There was a pleasant atmosphere throughout the centre.

The centre could accommodate up to 100 residents within four units in the centre, including a unit dedicated to the care of residents with dementia. It was observed that the provider had reconfigured some of the communal areas of the centre to increase the available communal space for residents. For example, a therapy room had been relocated to facilitate a large activity room. However, this inspection found that the dining space available to residents was not adequate. The dining space available to residents over the two days of this inspection was observed to be limited, which impacted on residents' choices regarding their day-to-day routines. The inspector observed a mealtime in all of the four units throughout the inspection. Each of the units accommodated up to 25 residents. Each unit had a day/dining room that was observed to accommodate up to twelve residents, with the remaining residents taking their meals in their bedrooms. Additionally, a number of residents seated in the dining rooms could not be accommodated at dining tables. These residents had their meals served on end tables or staff held the plates while providing assistance to the residents.

Activities were facilitated by an activity co-ordinator, as well as a number of external service providers and volunteers. A schedule of current activities was displayed prominently, which included games, live music and baking. These activities occurred in the individual units and a dedicated activity room. Residents were observed engaging in a number of activities throughout the inspection, including singing, dog therapy and knitting. Residents enjoyed these activities and were adequately supported by staff to engage in them.

At the time of the inspection, a day service for people from local communities also operated in the centre each Wednesday. This service operated from a large communal day/dining room in the Seven Springs area of the building. On the first day of the inspection, the day service was taking place, as planned. The inspector was told that a maximum of six residents from the designated centre could attend this service. This restricted the remaining residents from accessing this large

communal room each Wednesday. The process in place for determining which residents attended the day service from the designated centre, as described by various members of the nursing management team, was not consistent or clearly defined. The inspector spoke with a number of residents who stated that they would like to attend the day service but had never been offered the opportunity to do so. Therefore, it was not ensured that residents were afforded opportunity or choice in relation to attending activities in this communal room.

Residents spoke positively about the general environment. Many praised the cleanliness of the centre, saying that it was "immaculately clean". It was clear that residents were encouraged to personalise their bedrooms. For example, photos of friends and family, flowers and other ornaments were seen in many residents' rooms. Overall, the premises were in a good state of repair. A project had recently been completed where two of the units had been redecorated to support a calm and engaging environment. Murals and tactile ornaments were displayed throughout the corridors of these units, and walls had been repainted in a variety of colours.

Residents with additional communication needs were afforded time and space to make their views known. Residents who spoke with the inspector said that they felt safe in the centre and should they have a concern, they could tell any member of the staff team.

Friends and family members were facilitated to visit residents. The inspector observed many visitors coming and going throughout both days of the inspection. The inspector spoke with a number of visitors who were very satisfied with the care provided to their loved ones.

Residents who spoke with the inspector stated that they liked the food provided and added that they could request alternative meals should they not like what was on the menu. Residents said that they "get plenty to eat" and "I can ask for anything I want".

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was a two day, unannounced inspection carried out to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended). The inspector also followed up on the actions taken by the provider to address issues identified on the last inspection of the centre in December 2023.

This inspection found a good level of compliance across most regulations reviewed. However, while the provider had taken action to address the findings of the previous inspection in relation to assessment and care planning, the compliance plan committed to by the provider in relation to contracts of care and residents' rights had not been completed.

While the centre had a good history of compliance across most regulations, issues relating to the availability of adequate dining and communal space had been found on previous inspections of this centre. These issues were addressed during the COVID-19 pandemic, when a large day/dining area, which is a part of the designated centre that had previously been used to accommodate an external day care service, was available for residents to use.

A condition of renewing the registration of the centre in August 2023 was that residents would continue to have unrestricted access to the Seven Springs day/dining area, ensuring adequate communal day and dining space for residents, and therefore continued compliance with the regulations. The condition allowed for this area to be used by the day care service on a Wednesday, for a maximum of 14 residents.

The registered provider is the Health Service Executive (HSE). There was a clearly defined management structure in place, both within the provider's organisational structure and the designated centre. The person in charge had been newly appointed to the role in 2024. The person in charge was a registered nurse who work full-time in the role and had the necessary experience and qualifications, as required by the regulations.

The person in charge was supported in their role by a nursing management team comprised of an assistant director of nursing and six clinical nurse managers. They were supported by a team of nurses, healthcare assistants and staff responsible for catering, maintenance, social care and administration. There were clear lines of accountability, and staff were knowledgeable about their roles and responsibilities.

On the days of the inspection, there were adequate numbers of skilled staff available to meet residents' needs. The rosters reviewed by the inspector reflected the configuration of staff on duty during the inspection. Staff were appropriately supervised according to their roles and were supported and facilitated to attend mandatory and professional development training to ensure they had the necessary skills and knowledge to meet residents' needs.

An annual review of the quality and safety of care delivered to residents in 2023 had been completed. This contained an overview of key areas of the service and included quality improvements that the provider planned to complete during 2024.

The centre had a complaints policy and procedure which described the process of raising a complaint or a concern. A review of the records of complaints demonstrated that complaints were managed promptly and in line with the requirements of the regulations.

Contracts of care were provided to all residents upon admission to the centre. However, the inspector noted that the contracts provided specifically to residents availing of care on a short-term basis did not meet the requirements of the regulations.

Regulation 14: Persons in charge

The person in charge had been appointed to the role in 2024. The person in charge was a registered nurse with the required experience in the care of older persons and worked full-time in the centre. They were suitably qualified and experienced for the role.

Judgment: Compliant

Regulation 15: Staffing

On both days of the inspection, the number and skill mix of staff was appropriate with regard to the needs of the residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were facilitated to access a training programme that included fire safety, safeguarding of residents and moving and handling practices. Staff were appropriately supervised in accordance with their role.

Judgment: Compliant

Regulation 23: Governance and management

Some of the management systems in place to ensure the service was safe, appropriate and consistent were not effective. For example, the management of residents' dining facilities and ensuring residents' choice.

The systems in place to ensure that each resident had adequate dining space were ineffective.

The oversight of residents' rights to make choices, such as where to have their meals or how they spend their day, was not in line with the requirements of the regulation. This was evidenced by the restrictions that were in place on the use of the day/dining space in the Seven Springs area of the centre.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A sample of contracts for the provision of care were reviewed and while comprehensive contracts of care were developed for long-term care residents, contracts of care for short-stay or respite residents did not meet the requirements of the regulations. The sample of contracts for short-stay residents did not outline details regarding the bedroom that the resident would be accommodated in, including the type of room and the number of occupants of the bedroom.

This is a repeated non-compliance.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A policy and procedure for the management of complaints was in place, which met the requirements of the regulations. Records of complaints demonstrated that they were managed and responded to in an appropriate and timely manner.

Judgment: Compliant

Quality and safety

The inspector found that the residents living in the centre received a good standard of care and support, that was in line with their assessed needs. However, the promotion of residents' rights was not fully in compliance with the requirements of the regulations.

The provider had not ensured that residents could exercise choice in relation to how they spent their days, including where they had their meals and where they

participated in activities. On the day that the day/dining room was being used to facilitate the day service, this area could not be used by residents. On the second day of the inspection, this room was not being used for day care but was still not utilised for mealtimes. The dining arrangements in place were not suitable to meet residents' individual needs and did not support residents' choice. The dining space in each of the four units could not comfortably accommodate all of the residents that were eating in these rooms. Consequently, some residents could not be seated at the dining tables. Additionally, many residents were observed taking their meals in their bedrooms or in other small sitting rooms.

While an activity programme was in place in the centre that involved activities in each unit and a separate activity room, the majority of residents were restricted from participating in the activities that were held as part of the day service in the Seven Springs communal room. The inspector found that operation of the day service had impacted on how the mealtimes and activity programme within the designated centre were organised. However, there were no arrangements in place to consult with residents regarding their participation in the day service, or how the operation of this service within the designated centre may impact them.

An electronic nursing documentation system was in place. Residents had a comprehensive assessment of their needs completed prior to admission to the centre, to ensure the service could meet their health and social care needs. Residents' care and support needs were assessed using validated assessment tools that informed the development of care plans. Care plans were person-centred and were reviewed at regular intervals, or as needed.

Residents had access to medical and health care services. Systems were in place for residents to access the expertise of health and social care professionals, when required.

With the exception of the dining rooms within the respective units, the premises was designed and laid out to meet the needs of residents. The centre was warm, bright and well-ventilated. The overall environment was seen to be clean and tidy throughout. The building was in a good state of repair and a programme of maintenance was in place. Residents' bedrooms were decorated in a homely manner and suitably furnished. A number of communal areas were available including sitting rooms, a parlour on the ground floor and an activity room. There were sufficient toilets and shower rooms throughout the building, as well as a bathroom.

An information guide for residents had been developed, which contained details of the services and facilities available to residents. An accessible version of this guide was also available to support residents with additional communication needs.

Regulation 11: Visits

Visitors were welcomed into the centre throughout the inspection. Residents who spoke with the inspector confirmed that there were flexible visiting arrangements in place for their families and friends.

Judgment: Compliant

Regulation 17: Premises

The dining space available for residents in each of the four units was limited. It could not comfortably accommodate the residents seated in these rooms during mealtimes, and did not support residents' choice regarding where they took their meals.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a residents' guide which contained information required by the regulations. For example, information regarding the service, the process for complaints and the visiting arrangements.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents had up-to-date assessments and care plans in place. Care plans contained information specific to the individual needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their choice of General Practitioner (GP). Residents had access to a range of allied health care professionals such as physiotherapist, dietitian and tissue viability nurse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were not fully upheld in the centre. Residents could not always choose where and how to spend their day. The use of a large communal room was restricted, impacting on residents' access to this area for meals and participation in activities.

A number of residents told the inspector that they were not offered the opportunity to attend the day service, but would like to do so.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

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

Inspection ID: MON-0045508

Date of inspection: 22/11/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Four seasons room identified for St Brendans CNU residents. Communication with residents to include notice board, verbal from staff, residents meetings, residents council meetings, staff meetings re availability of choice of dining facility options to include The four Seasons room, care area day dining rooms and residents bedroom.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>Contracts developed and in use for Intermediate care residents outlining details regarding the bedroom that the resident will be accommodated in, including the type of room and the number of occupants of the bedroom.</p> <p>This is a repeated non-compliance.</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Four seasons room identified for St Brendans CNU residents. Communication with residents to include notice board, verbal from staff, residents meetings, residents council meetings, staff meetings re availability of choice of dining facility options to include The four Seasons room, care area day dining rooms and residents bedroom.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Four seasons room identified for St Brendans CNU residents for to support residents choice for activities, social engagements and dining. Communication with residents on a daily basis via activity schedule on residents notice board and verbal from staff, to inform residents of the activities available and option to socialise with day service users. Weekly activity schedule to be circulated to each resident . Residents surveys to be completed to engage with residents and ensure their choices are being met. Residents rights on the agenda for residents and team meetings.</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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	28/01/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	28/01/2025
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	20/11/2024

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.	Substantially Compliant	Yellow	20/11/2024
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	28/02/2025