



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

Issued by the Chief Inspector

Name of designated centre:	Clarenbridge Care Centre
Name of provider:	The Village Nursing Home Limited
Address of centre:	Ballygarriff, Craughwell, Galway
Type of inspection:	Announced
Date of inspection:	26 June 2024
Centre ID:	OSV-0000764
Fieldwork ID:	MON-0043738

About the designated centre

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

Clarenbridge nursing home is two storey in design and purpose built. The building is set in mature gardens and designed around a secure internal courtyard, some bedrooms have access to their own private garden space. It can accommodate up to 61 residents. It is located in a rural area, close to the villages of Clarenbridge and Craughwell and many local amenities. Clarenbridge nursing home accommodates male and female residents over the age of 18 years for short term and long term care. It provides 24 hour nursing care and caters for older persons who require general nursing care, respite and convalescent care. It also provides care for persons with acquired brain and spinal injuries, dementia, mild intellectual disabilities, post orthopaedic surgery and post operative care. There is a variety of communal day spaces provided including a dining room, day room, conservatory, seated reception area, juice room, prayer room, hair dressing room, physiotherapy room, sensory room, adapted kitchen and a multi purpose room with large viewing screen on the first floor. Residents have access to a secure enclosed courtyard garden area as well as mature gardens surrounding the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	51
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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 26 June 2024	09:20hrs to 18:50hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Overall, residents living in Clarinbridge Care Centre were happy living in the centre and with the care they received. Residents had a high level of praise for the staff as individuals, and as a group. Comments made by residents when asked about the staff included "couldn't fault them", followed by positive comments on the service delivered. The only source of dissatisfaction voiced to the inspector was the length of time it took for staff, particularly at night, to answer their call bell when assistance was required. No resident spoken with had brought this dissatisfaction to the attention of the management team. The inspector observed that residents were well-dressed, and residents confirmed that staff assisted them in a kind and patient way. Residents were happy with the frequency of showers.

There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. The main communal dining room and sitting room were occupied by residents throughout the day. Residents mobilised independently and unrestricted around the centre. Residents had unrestricted access to gardens which were observed to be in use by residents. Multiple residents had access to the internal courtyard directly from their bedrooms and had placed seating and potted plants and flowers in the area where they could sit and relax. There was a poly tunnel in use and residents had grown their own vegetables and fruit. The week prior to the inspection an outdoor boccia tournament had been held in the gardens. The pictures of the event evidenced that the residents who attended had enjoyed the event.

Residents were satisfied with the design and layout of their bedrooms. Resident bedrooms were personalised. Items of importance to residents hung on walls such as posters of bands, or bunting and flags of their favourite sports team. Many bedrooms were sufficiently large to have two defined areas. The area that occupied the bed and a separate area that occupied a couch, or other items of furniture depending on the resident choice.

The provider had an ongoing maintenance programme in place. Work was in progress on the courtyard patio area to ensure it was safe for all residents to use. There was an ongoing painting programme in place. A store room had been converted into a sluice room. However, the inspector observed that the environment and equipment was not always managed in a way that minimised the risk of transmitting a healthcare-associated infection. Infection prevention and control practices on waste disposal, described to the inspector was not in line with the centres policy or best practice. Some doors and walls in bedrooms and toilet facilities were visibly damaged and consequently appeared unclean. Floor coverings in some areas was visibly damaged, tears were covered with masking tape and so not amenable to effective cleaning. The inspector also observed a lack of hand hygiene facilities.

The dining experience was observed to be a social occasion for residents. Residents were complimentary about the food served in the centre, and confirmed that they

were always afforded choice. Residents told the inspector that they could also request something that was not on the menu. Staff were observed to engage with residents during meal times and provide discreet assistance and support to residents, if necessary. The main dining room had a sectioned off area where snacks and drinks were left on display. This meant that resident and their visitors had access to snacks and drinks, outside of regular mealtimes.

Residents were engaged in activities throughout the day. There was a detailed activity schedule on display to support residents to choose what activities they would like to participate in. The inspector observed the interactions between residents and staff during activities and found that staff supported residents to enjoy the social aspect of activities. There was a blend of group and one-to-one activities throughout the day. The feedback from residents on activities held in the centre was positive. These included arts and crafts, gardening, exercise sessions and music activities. There was a member of staff appointed to activities seven days a week.

In summary, the residents in the centre received a high quality service from a team of staff that were committed to supporting the residents to have a good quality of life. The following sections of this report detail the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service provided to residents.

Capacity and capability

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would enhance the daily lives of residents. The governance and management was well-organised and the centre was sufficiently resourced to ensure that residents were supported to have a good quality of life. The provider was delivering appropriate direct care to residents. The system in place to facilitate and ensure that residents had access to their care records, and the management and oversight of infection prevention and control practices was not in full compliance with the regulations.

This was an announced inspection conducted over the course of one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, as amended. In addition, the provider had submitted an application to vary condition one of the centres registration. The provider had changed the purpose and function of a store room to a second sluice room.

The Village Nursing Home Limited is the registered provider of the centre. The centre was registered to accommodate 61 residents. On the day of inspection, there was 51 residents living in the centre, with ten vacancies. The management structure in place identified clear lines of authority and responsibility. The person in charge was supported by senior management and a quality and safety manager from within the group structure. Within the centre, the person in charge was supported by two

assistant directors of nursing, a team of clinical nurse managers, registered nurses, healthcare assistants, an administration team, activities staff, a physiotherapist, an occupational therapist, maintenance staff and support staff. This management structure was found to be effective for the current number of residents. On the day of inspection, there were sufficient numbers of suitably qualified nursing, healthcare and support staff available to support residents' assessed needs.

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

An annual review of the quality and safety of care delivered to residents had been completed. The management team held weekly management meetings and all areas of care delivery was discussed. There was an audit schedule in place to monitor the delivery and quality of the care given. The nursing management team were completing monthly audits. The system included monitoring of wound care, weight management and care plan documentation. The inspector found that the completed audits had identified risk and deficits in the quality and safety of the service. Quality improvement plans had been developed in line with the audit findings. Audit results were communicated to the staff for the purpose of learning and to address the findings.

The inspector reviewed a sample of staff files. The files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. All staff files had documentation in place to support an induction process and the supports given to new staff.

Records reviewed by the inspector confirmed that training was provided. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) and fire safety. However, the inspector found that the supervision of practices in relation to fire safety and infection prevention and control was not always effective. For example, staff responses to what action to take in the event of the sounding of the fire alarm was inconsistent and not in line with the training delivered. In addition, this inconsistency was also reflected in staff knowledge relating to infection prevention and control practices.

The registered provider had an accessible and effective procedure in place for dealing with complaints. The complaints procedure detailed the personnel responsible for the management of complaints and specified the time-frame for the resolution of complaints. The person in charge held responsibility for the review and management of complaints and concerns. At the time of inspection all logged complaints had been resolved and closed.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary the conditions of registration was made and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

While all staff had received training in relation to infection prevention and control, the system in place to supervise staff was not fully effective to ensure effective infection prevention and control practices. This was evidenced by the poor practice described in the decontamination processes and the management of waste. In addition, some staff responses on what action to take on the sounding of the fire alarm were inconsistent and could pose a risk to residents and staff in the event of a fire emergency.

Judgment: Substantially compliant

Regulation 23: Governance and management

The centre was found to have adequate staffing resources in place to provide safe and effective care to the current residents. The management team were organised and familiar with the systems in place to monitor the care.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the logged complaints found that concerns were managed and responded to in line with regulatory requirements. The satisfaction level of the complainant was recorded.

Judgment: Compliant

Regulation 4: Written policies and procedures

There was a suite of policies in place in the designated centre. The policies set out in Schedule 5 of the regulations were made available to staff. Policies were in date with an identified review date.

Judgment: Compliant

Quality and safety

The inspector observed that the interactions between residents and staff were kind and respectful throughout the inspection. The majority of residents were satisfied with the quality of care they received, and staff spoken with were knowledgeable of residents' needs. The findings of this inspection were that some practices in respect of infection prevention and control were not in line regulation requirements. In addition, residents and, where appropriate, their relatives, did not have access to a copy of their care plan, as required by Regulation 5: Individual assessments and care plan, and by the centres' statement of purpose.

The inspector reviewed the documentation relating to care delivery in the centre. Following admission, a range of validated clinical assessment tools were used to determine the needs of residents. These assessments included the level of dependency, skin integrity, nutrition and manual handling needs. This information was used to develop a care plan for each resident which addressed their individual abilities and assessed needs. The inspector reviewed a sample of residents' care records and found that not all care plans were reviewed as the residents' condition changed. There was documented notes evidencing that care plans were discussed with the resident, and where appropriate their family. However, the inspector was informed that a copy of care plans are not made available to residents when requested. This practice was not in line with the centres statement of purpose.

Residents had access to general practitioner (GP) services and were also supported by allied health care professionals such as dietitian, speech and language therapy and palliative care services. There was a full-time physiotherapist and occupational therapist working in the centre. Multiple residents received daily sessions due to their specialist care needs. There was clear evidence that recommendations made by allied health care professionals was implemented which had a positive impact on a resident's overall health. Residents with specialist communication requirements had detailed care plans in place that guided care.

The provider had submitted an application to vary Condition 1 of the registration. The store room on the ground floor was repurposed to a sluice room. The inspector found that the processes in place, and described to the inspector on the management of the sluicing arrangements were not in line with best practice, or the centres policy. The ancillary facilities available in the centre did not fully support infection prevention and control practices. In one sluice room, there was no hand hygiene sink available for use. The inspector observed that in parts of the centre there were no hand hygiene sinks within easy access from residents rooms designated for staff use. In addition, on the day of inspection, one sluice room was visibly unclean with multiple basins and items of resident equipment stacked awaiting cleaning. The sluice room was not cleaned to an acceptable standard.

Visiting was found to be unrestricted, and residents could receive visitors in either their private accommodation or communal area if they wished. There was a number of information notice boards strategically placed along corridors. Residents' safety was supported through staff awareness of what to do in the event they had suspicions of abuse or had abuse reported to them. Residents spoken with were complimentary of the care provided by staff and reported they felt safe. The inspector observed a number of positive interactions between staff and residents.

Residents attended regular meetings and contributed to the organisation of the service. Residents confirmed that their feedback was used to improve the quality of the service they received. There were facilities for residents to participate in a variety of activities such as art and crafts, knitting groups, bingo, exercise classes and live music events. Residents complimented the provision of activities in the centre and the social aspect of the activities on offer. Residents were informed of independent advocacy services and were supported to access those services as required or requested.

Regulation 10: Communication difficulties

Residents with specialist communication requirements had detailed care plans in place that guided care.

Judgment: Compliant

Regulation 11: Visits

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

Judgment: Compliant

Regulation 27: Infection control

The care environment and equipment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. This was evidenced by;

- cleaning and infection prevention and control practices on waste disposal, were not in line with the centres policy or best practice. This practice in place created a risk of cross infection.
- Facilities to support effective hand hygiene were not appropriate for the care environment. With the exception of sinks within communal toilets, there were insufficient clinical hand wash sinks available for staff use. Sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.
- Poor oversight of the cleaning procedure and the quality of environmental hygiene. For example, multiple bedrooms had layers of dust along windowsills and cobwebs had formed around windows.
- There were poorly maintained areas of the premises that impacted on effective cleaning where floors and wardrobe surfaces were damaged.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

A review of a sample of resident's assessment and care plans found that they were not always in line with the requirements of the regulations. For example;

- Care plans were not always reviewed or updated when an assessment identified a resident's condition had changed. For example, the care plan of a resident whose mobility had significantly deteriorated had not been updated to reflect a significant increase in their care needs.
- A copy of a residents care plans were not readily made available for either the resident or with the consent of that resident, their family. This practice was not in line with regulatory requirements or the centres' statement of purpose.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to health and social care professional services, as necessary. In addition, there was good evidence that recommendations were implemented.

Judgment: Compliant

Regulation 8: Protection

A policy and procedure for safeguarding vulnerable adults at risk of abuse was in place. The training records identified that staff had participated in training in adult protection.

Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Resident meetings were held monthly. Residents said that they felt that their feedback was listened too. For example, minutes from the April 2024 meeting highlighted dissatisfaction from residents on the availability of towels. As a result, the number of towels ordered had been increased. The minutes of the May 2024 meeting recorded the issue was resolved.

All residents spoken with reported that they felt their rights, privacy and expressed wishes were respected. Independent advocacy services were available. Residents expressed high levels of satisfaction with the activities in the centre. A variety of daily national and local newspapers were available to residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Clarenbridge Care Centre OSV-0000764

Inspection ID: MON-0043738

Date of inspection: 26/06/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. A review of the current staff training programs was completed by the PIC and the Quality and Safety Manager on 05/07/2024 to identify gaps and areas for improvement. 2. Refresher training sessions on infection prevention and control, and fire safety were scheduled and initiated for all staff to be completed by 31/10/2024. This includes specific training on decontamination processes and waste management. 3. All staff received refresher training on decontamination and waste management practices by 5th July 2024. 4. A new supervision system, lead by IPC lead was implemented on 01/07/2024 to ensure adherence to training protocols. 6. Fire Awareness Month: In July 2024, we will run a Fire Awareness Month to raise awareness about fire safety among staff and residents. 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. A review of the premises was completed by the PIC and the Maintenance Manager on 05/07/2024. Assess and initiate repairs on all damaged walls, doors, skirting, and surfaces of equipment to ensure they are conducive to effective cleaning and decontamination. By 31st September 2024 2. Clinical hand wash sink ordered to improve hand hygiene facilities. Installation will be completed by 31st August 2024. 3. The maintenance plan was reviewed and a plan to repair damaged flooring was put in 	

place. By 30th November 2024

4. The PIC and the Quality & Safety Manager reviewed the cleaning schedules, met with the housekeeping team, and a deep clean of the centre was initiated immediately. Ongoing deep cleans will now occur weekly.

5. Establish a comprehensive IPC audit system to ensure that the cleanliness of the care centre is always maintained. Ongoing

6. An IPC lead has been appointed to oversee infection prevention and control practices.

7. Infection Control Awareness Campaign: In August 2024, we will run an Infection Control Awareness Campaign to reinforce best practices and update staff on the latest guidelines.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

1. A schedule was implemented to ensure all care plans are reviewed and updated regularly, particularly following any changes in a resident's condition.

- This schedule was completed and implemented as of July 2024.

2. Initial review and updates of all care plans will be completed by July 31, 2024.

3. All care plans are available for residents and, with their consent, for their next of kin (NOK) as per the centre's statement of purpose. Documentation of all communications and consent related to care plan distribution is ensured and ongoing. Completed.

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/10/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	30/11/2024
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with	Substantially Compliant	Yellow	31/07/2024

	the resident concerned and where appropriate that resident's family.			
Regulation 5(5)	A care plan, or a revised care plan, prepared under this Regulation shall be available to the resident concerned and may, with the consent of that resident or where the person-in-charge considers it appropriate, be made available to his or her family.	Substantially Compliant	Yellow	19/07/2024