Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	St Brendan's High Support Unit
Centre ID:	0389
Centre address:	Mulranny Day Centre Housing Co. Ltd
	Mulranny
	County Mayo
Telephone number:	098-36027
Fax number:	098-36914
Email address:	mulrannygp@gmail.com
Type of centre:	☐ **Private** ☒ **Voluntary** ☐ **Public**
Registered provider:	Mulranny Day Centre Housing Co. Ltd
Person in charge:	Susan Moran
Date of inspection:	20 January 2011
Time inspection took place:	**Start:** 10:30 hrs **Completion:** 16:15 hrs
Lead inspector:	PJ Wynne
Support inspector(s):	N/A
Purpose of this inspection visit	☐ Application to vary registration conditions ☐ Notification of a significant incident or event ☐ Notification of a change in circumstance ☐ Information received in relation to a complaint or concern ☒ Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken following a change in circumstances; for example:

- following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

St Brendan's is built in a bungalow style and designed to meet the needs of dependent persons. The centre can accommodate up to 40 residents. Older people who need long term care, those who have dementia care needs and a small number who require respite or convalescent care are admitted.

There is a reception area located inside the main entrance, staffed with a receptionist throughout the day, providing a focal point of contact for residents and visitors.
There are two day sitting rooms; the first is located close to the main entrance. The second day sitting room is at the opposite end of the building. The dining room is spacious to accommodate all residents and is located adjacent to the kitchen.

There are 20 twin bedrooms. There are five assisted bathrooms that include a toilet, wash hand basin and shower. There are eight assisted toilets located throughout the building.

Other facilities include a smoking area, an oratory, a physiotherapy room and a private visitor's room.

Residents have access to a paved patio area where garden furniture is provided. A number of designated parking spaces are available close to the main entrance.

Location

St Brendan's is located in the village of Mulranny. There is a pedestrian footpath leading from the centre to shops and business facilities within the immediate vicinity.

Date centre was first established:	1 June 1998
Number of residents on the date of inspection	35
Number of vacancies on the date of inspection	5

Dependency level of current residents	Max	High	Medium	Low
Number of residents	25	8	0	2

Management structure

St Brendan's is a voluntary, not for profit organisation managed by a board of seven directors. The Person in Charge is Monica Mc Andrew who reports to Dr Gerry Cowley, nominated Provider and chairperson of the board of directors. All nurses, care assistants and ancillary staff report to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	3	7	3	4	2	*2

* 1 activities coordinator and 1 maintenance staff member

Background

The purpose of this unannounced inspection was to follow up on the action plan from the first announced registration inspection, which took place on the 1 and 2 June 2010. This report is available on the Authority's website, www.hiqa.ie.

This inspection focused on the areas of practice that required improvement, as outlined in the action plan of that report. While inspectors were satisfied at that time that the medical, nursing and other healthcare needs of residents were addressed to a high standard, the action plan identified 17 actions where improvements were required. Two best practice recommendations were also outlined. The provider replied within the specified timeframe with an appropriate action plan to address the issues identified. This was agreed with the inspector.

The improvements required from the previous inspection included, training of staff in the areas of challenging behaviour and dementia care to more effectively meet the needs of the resident profile. Mandatory training on the safe moving and handling of residents and cardio pulmonary resuscitation techniques was also required. The complaints process required review and Garda Síochána vetting had not been obtained for all staff. Care plans were not person-centred. The means of communicating with residents with dementia also required improvement.

Summary of findings from this inspection

This follow up inspection was unannounced and focused on those areas of practice that required improvement as set out in the action plan of the inspection report. The provider and person in charge had addressed the majority of the actions identified in the previous report. In all, 13 of the 17 actions had been fully completed, one was partially completed and three had not been satisfactorily completed. While the inspector acknowledged that work had progressed on the remaining requirements, these remained outstanding at the time of inspection. One of the two recommendations had been completed. A new person in charge had commenced in post on the 17 January 2011. The inspector, in order to assess the fitness of the person in charge undertook a Fit Person interview. The inspector was satisfied regarding the fitness of the person in charge to manage the centre.

The action plan at the end of the report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. These include the need to obtain all the documentation required by the regulations in respect of each person employed, including Garda Síochána vetting and documentary evidence of all qualifications. Provide training in the safe moving and handling of all residents and ensure all residents or their representative are involved in their plan of care.

Actions reviewed on inspection:

1. Action required from previous inspection:
Ensure the resident or their representatives are involved in their care plan.

Further ascertain the personal and social care needs of residents and ensure their needs are met on a daily basis through their care plan.

This action was partially completed. Work had been undertaken to ensure care plans reflected all aspects of residents' physical, social and personal needs. Comprehensive life histories had being completed with residents to inform a holistic care planning process. Each resident had been assigned a nurse as a primary contact; with a responsibility for reviewing and updating each resident's care plan as required. There were care plans and daily records for all residents which were completed by nursing staff on a computer based system. In addition, there were personal profiles and a system for care assistants to record their contributions each day. Work had been undertaken to ensure care plans reflected all aspects of resident's physical, social and personal needs. Residents' likes, dislikes, hobbies and pastimes had been recorded in the plans of care reviewed by the inspector. The communication sheets completed by nurses each day gave a clear detailed picture of each resident's physical care and psychosocial wellbeing.

Residents' care plans were completed at three-monthly intervals or sooner should a change in health occur. The person in charge told the inspector that each resident and his/her representative were consulted informally regarding the care plan. Residents indicated and families confirmed to the inspector they were satisfied with information provided by staff about their plan of care. However, there was not clear documented evidence in the care plans that all residents or their representatives had been consulted.

2. Action required from previous inspection:
Provide a program of training for staff that care for residents with dementia.

Provide training for staff in challenging behaviour.

Provide training to all staff in basic life support.

This action was completed. A range of modular training was undertaken. This included care of elderly with dementia and challenging behaviour and cardio pulmonary resuscitation techniques. Staff spoken with were able to competently demonstrate how training informed and guided their day-to-day practices. Staff spoke about how beneficial the training course was on the care of residents with dementia and challenging behaviour. Staff explained they understood the condition better and they felt enabled to deliver the appropriate care to support residents with cognitive impairment. Staff confirmed they had received training in basic life support. The inspector viewed the automated external defibrillator (AED) machine in the clinical room. The inspector viewed records indicating it was checked on a regular basis to ensure it was operational. Staff spoken with had a clear understanding of how to use the emergency equipment.

3. Action required from previous inspection:
Ensure all staff are trained in moving and handling of residents.

This action was not completed. The provider had developed a training matrix to identify all staff training needs.The inspector reviewed the training records for staff. A comprehensive programme of training had been undertaken. However, mandatory training required by the regulations in the safe moving and handling of residents, while well attended by the majority of staff had not been undertaken by all staff and other staff required refresher training as their certificates has expired.

4. Action required from previous inspection:
Devise a protocol to guide staff in an emergency situation where a resident needs resuscitation.

Document each resident's wishes to be followed in a medical crisis and at end of life.

This action was completed. Guidelines to respond to an emergency were in place. Operational instructions for cardio pulmonary resuscitation were displayed in the clinical and the day sitting room to remind staff of their practical and theoretical training in basic life support techniques.

The inspector reviewed three care plans and viewed personal wishes in relation to end of life care outlined in each resident's care plan. The documentation included details of the residents' religious and personal wishes.

5. Action required from previous inspection:
Adopt a validated tool to tools to risk rate the dependency level of residents.

Implement validated risk assessment to assess risk for continence, swallowing difficulties and cognitive impairment.

This action was completed. The administration of care planning had been changed from a paper format to a computer based system. The care planning process used evidence-based, recognised assessment tools to promote health and address health issues. These included assessments for dependency levels, continence and mental health. Risk assessments were fully completed and used to plan care. Where the assessment identified a risk, the resident was highlighted for more intensive supervision and appropriate intervention, such as a referral to speech and language therapy where difficulty swallowing was identified. The person in charge had adopted a tool to risk rate each residents' dependency level. The tool was completed on admission and reviewed when a change in a residents' condition occurred.

6. Action required from previous inspection:
Provide signage that is appropriate for the needs of residents who have dementia or memory problems.

Provide communication aids to assist residents with dementia communicate.

This action was completed. Signage with pictorial diagrams had been provided around the building, in the day sitting room, dining room, bathrooms and the smoking room. The signs acted as effective and meaningful prompts, to help residents find their way to communal areas, bedrooms and remind them of where they were. Some residents had their photograph displayed on the door of their bedroom to help them locate their room.

All staff wore name badges and each staff grade wore a different coloured uniform ensuring they were easily identifiable to residents. Notice boards were placed in areas where residents could obtain relevant information about ongoing events and activities. The notice boards contained information on the date for the next residents' forum and the contact details for the advocate. A menu board was displayed in the dining room showing the menu choices for lunch, in a clear legible font.

The inspector spoke with the activity coordinator who explained and demonstrated the work she was undertaking with the talking mats which had been obtained to assist residents with dementia or confusion to communicate. The inspector reviewed the notes completed by the activity coordinator after using the talking mats with residents. One resident had expressed a wish to knit. Wool and needles had been obtained and with encouragement the resident will now knit the inspector was told.

7. Action required from previous inspection:
Designate within the emergency plan a senior manager who should be contacted in the event of an emergency.

Outline the roles of involvement to undertake evacuation within the emergency plan.

Missing person drills are to be undertaken on a routine basis.

Include a completed missing person profile description record with photographic identification.

This action was completed. An emergency plan was in place to guide staff in responding to untoward events. A designated senior person was nominated to be the contact point in the event of an emergency. The plan outlined the procedure to follow in the event of fire, loss of electrical power, discontinuation of the water supply and structural damage to the building. Contingency arrangements were provided for should it be deemed necessary to evacuate the building. Staff members' roles were identified within the emergency plan. The contact numbers for the various emergency services were contained within the plan and displayed in the nurses' office.

There was a missing person policy in place which included clear procedures to guide staff should a resident be reported as missing. Photographic identification was available for each

resident and a profile description sheet had been developed to provide to emergency services in the event of a resident going missing. The inspector viewed records of a recent missing person's drill which had been undertaken by staff. A staff member clearly explained to the inspector the procedure to follow should a resident leave the centre unknown to the person in charge.

8. Action required from previous inspection:
Undertake a risk assessment of the building and update the health and safety statement accordingly.

Develop a protocol for managing incidents of aggression and violence, self harm and assault.

This action was completed. A comprehensive health and safety policy was in place. The policy was updated following a health and safety audit. The audit included a complete identification of risks and highlighted precautions to control risks identified throughout the building. The risk assessments identified hazards throughout the building and if additional controls were required. An actionable report had been developed arsing from the risk assessment. The provider was in the process of implementing the recommendations of the report. For example, a lack of suitable storage space was identified and a new store had been provided to ensure corridors were free of equipment and did not pose a trip hazard.

The risk management policy was reviewed by the inspector and noted to include a procedure for the management of incidents of aggression and violence, self harm and assault.

9. Action required from previous inspection:
Provide suitable storage facilities.

This action was completed. The day sitting room was not used to store assistive equipment. A new storage area had been provided which was viewed by the inspector. The store was centrally located and easily accessible to staff allowing assistive equipment to be stored discreetly.

10. Action required from previous inspection:
Provide Garda Siochana vetting for all staff.

This action was not completed. A review of staff files indicated that Garda Síochána vetting was absent for seven staff, who had been most recently recruited. The provider told the inspector vetting had been applied for all staff. Copies of the vetting applications were viewed in staff files by the inspector. The provider was awaiting the return of Garda Síochána vetting for the remaining seven staff employed.

11. Action required from previous inspection:
All staff members are supervised on an appropriate basis pertinent to their role.

This action was completed. The person in charge told the inspector there was no staff working nights only. A review of the rota, over a three week period confirmed staff were not rostered on nights permanently.

12. Action required from previous inspection:
Provide of evidence of relevant qualifications and accredited training.

This action was not completed. A good effort had been undertaken by the provider to obtain all of the information required by Schedule 2 of the regulations. However, a review of staff files by the inspector indicated while the majority of the required information was in place; documentary evidence of all qualifications and photographic identification was not available for each employee.

13. Action required from previous inspection:
Develop a policy to ensure the safe disposal of unused or out of date medication.

Include within the medication policy, procedures for the management of medication errors, the administration of intramuscular injections and the use of medication patches.

This action was completed. The inspector reviewed the medication policy. The policy included a procedure to ensure the safe disposal of unused or out of date medication. The policy outlined procedures for the management of medication errors, the administration of intramuscular injections and the use of medication patches.

14. Action required from previous inspection:
Nominate a second person to ensure all complaints are appropriately responded to and records are maintained.

Ensure all complaints are recorded to include the details of the investigation and the outcome.

This action was completed. The complaints policy had been reviewed and updated. The complaints procedure was displayed prominently at reception.

All complaints were recorded to ensure management were aware of all informal issues or concerns to allow for review to identify trends. A second person had been nominated to ensure that all complaints are responded to within the timeframe outlined in the complaints policy and records were appropriately maintained.

The inspector reviewed the complaints log which contained details of the nature of each complaint, the investigation undertaken and the resolution achieved. The complainant's satisfaction with the outcome was recorded in respect of complaints.

15. Action required from previous inspection:
Specify in the contract of care the room to be occupied by the resident and the conditions of occupancy.

This action was completed. The inspector reviewed three contracts of care. Each contract specified the room occupied by the resident and included the conditions of occupancy.

16. Action required from previous inspection:
Develop and implement a policy to safeguard against Legionella contamination.

Provide a suitable storage area for the cleaner's trolley to minimise the risk of spread of infection.

This action was completed. The inspection reviewed the Legionella control policy which included suitable procedures to minimise and safeguard against the risk of Legionella contamination. The inspector reviewed the checks undertaken to ensure the water was maintained at a suitable temperature and water systems were flushed on a routine basis.

A separate area had been provided for the storage of the cleaners' trolley which was viewed by the inspector. The cleaners' trolley was stored safely in an area to reduce the risk of cross infection. All records of cleaning were inputted by cleaning staff into the computer system which was viewed by the inspector.

17. Action required from previous inspection:
Develop fire escape plans to clearly show the escape route and locate plans at strategic points around the building.

This action was completed. The inspector viewed escape route plans showing the means of escape to the nearest fire exit. Escape route plans were displayed in each bedroom and in all communal areas around the building. The plans were clear and legible.

Best practice recommendations reviewed on inspection

Standard	Best practice recommendations
Standard 24 Training and Supervision	Undertake a formal staff appraisal with each staff member. **Review** While an appraisal had not been completed with each staff member the person in charge had a clear timescale to progress completing appraisals with all staff, to reference their professional development and educational goals.
Standard 6: Consultation and Participation	Promote relatives to participate in residents' representative groups. **Review** The residents group meet on a weekly basis. The inspector spoke with the appointed relatives' representative who attends the residents' meetings and spoke with high regard for the centre and indicated all matters raised by the group are well received and are addressed promptly.

Report compiled by:

PJ Wynne

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

Date 25 January 2011

Chronology of previous HIQA inspections	
Date of previous inspection	**Type of inspection:**
1 and 2 June 2010	☒ Registration ☐ Scheduled ☐ Follow up inspection ☒ Announced ☐ Unannounced

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Action plan

Health Information and Quality Authority
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Provider's response to additional inspection report*

Centre:	St Brendan's High Support Unit
Centre ID:	0389
Date of inspection:	20 January 2011
Date of response:	8 March 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider has failed to comply with a regulatory requirement in the following respect: Not all staff had been trained in the safe moving and handling of residents.	
Action required: Ensure all staff are trained in the safe moving and handling of residents.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 24: Staff Training and Supervision	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**

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

Provider's response:	
Due to staff illness and certification expiration some of our employees did not comply with this standard. A full review of all training is currently being undertaken. We are also currently seeking a course for a member of our team to gain certification in the training of safe moving and handling of residents so we can deliver training in house to our staff. Staff whose moving and handling certificate has expired will be retrained.	May 2011

2.The provider has failed to comply with a regulatory requirement in the following respect: Evidence of Garda Síochána vetting was not provided for all staff. Documentary evidence of all qualifications and photographic identification was not available for each employee.	
Action required: Provide Garda Síochána vetting for all staff.	
Action required: Provide documentary evidence of all qualifications and photographic identification for each employee.	
Reference: Health Act, 2007 Regulation 18: Recruitment Regulation 24: Staffing records Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: We have evidence of all qualifications and photographic identification available now for each employee. Here at St Brendan's, it is our policy, in line with current legislation and Authority standards, that all members of staff complete a Garda Vetting Form. Any staff member who commences work in the unit is fully supervised until such time as clearance is obtained. Garda vetting forms have been applied for all staff, we are awaiting the return of the remaining Garda vetting applications.	Complete In progress

3. The provider has failed to comply with a regulatory requirement in the following respect: There was not clear evidence in the care plans of all residents or their representative being consulted on their plan of care.	
Action required: Involve each resident and (as appropriate) his /her representatives in the care plan.	
Reference: Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	**Timescale:**
Provider's response: Both residents and their next of kin participated in the compilation of their care plans and life history and signatures were obtained. However when ongoing 3-monthly care plan updating took place no written signature of resident or next-of-kin was obtained. A new form has now been implemented, which will be signed when care plan is updated.	Complete

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	**Best practice recommendations**
Standard 24: Training and Supervision	Implement a staff appraisal system to provide a mechanism for staff to receive feedback on their performance and to identify their strengths, to ensure continuous professional development. **Providers Response:** While we had a staff appraisal assessment tool in place already and appraised all Staff. We are currently reviewing our overall appraisal system, to include the above recommendations.

Any comments the provider may wish to make:

All our residents, staff and management appreciate the ongoing support and guidance of the Authority. We thank Mr PJ Wynne for his courtesy and professionalism and we look forward to continuing to work with the Authority in the future.

Provider's name: Dr Gerry Cowley
Date: 7 March 2011