

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	St. Brendan's Home
Centre ID:	0633
Centre address:	Lake Road
	Loughrea
	Co. Galway
Telephone number:	091-871205
Fax number:	091 841338
Email address:	Bernie.austin@hse.ie
Type of centre:	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
Registered providers:	Health Service Executive (HSE)
Person in charge:	Bernadette Austin
Date of inspection:	17 May 2012
Time inspection took place:	Start: 10:00 hrs Completion: 14:00 hrs
Lead inspector:	Mary Costelloe
Support inspector:	N/A
Type of inspection:	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> 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 matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, 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 wellbeing 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 Home is a new development by the Health Service Executive (HSE). It is a purpose-built residential centre with 100 places. The new centre was built in 2010 and opened in September 2011 when residents from the older St. Brendans centre transferred into the new unit. At the time of inspection there were 95 residents living in the centre and one resident was in hospital. There is also a day-care service in the building, with places for a maximum of 30 persons daily from the local community.

The main building is two-storey with the kitchens located on the lower ground floor and there are two lifts and two sets of stairs provided between floors. The building overlooks secure landscaped gardens and has views across the lake.

The main entrance is through a double set of automatically opening doors and leads into a large bright foyer with reception desk. There are four care areas, two located on the ground floor on either side of the main reception and two on the first floor. They are called Crannog, Sliabh Aughty, Cooreen and Knock Ash - inspiration for the names came from the lake and surrounding areas. Each care area accommodates 25 residents.

Day-care facilities, multi-disciplinary room, treatment room, physiotherapy and occupational therapy (OT) rooms and the laundry are provided on the ground floor. There is a hairdressing room, prayer room, a smoking room and staff facilities also located on the ground floor.

The kitchen is located on the lower ground floor of the building. A service lift is provided between floors.

There are 21 single and two double bedrooms in each of the four care areas, all have en suite assisted shower and toilet facilities. There is a separate assisted bathroom with bath on each floor. Each care area has three day/dining rooms. A nurses' station, clinical room and kitchenette are located centrally in all care areas, sluice rooms are also provided.

The building is wheelchair accessible and there is ample car parking provided around the building for staff and visitors.

Location

The centre is located on the outskirts of Loughrea town in County Galway. The building overlooks Loughrea Lake and is within walking distance of the town centre and all local amenities.

Date centre was first established:	2011
Number of residents on the date of inspection:	95 + 1 in hospital
Number of vacancies on the date of inspection:	4

Dependency level of current residents	Max	High	Medium	Low
Number of residents	59	10	12	14

Management structure

The Provider is the HSE and the designated contact person is Catherine Cunningham, Area Manager. The Person in Charge is Bernie Austin, who reports to J.J. O' Kane, Manager of Services for Older People in the HSE. Mary Madden is the acting Assistant Director of Nursing (ADON) and she reports to the Person in Charge. Staff nurses and care assistants report to Clinical Nurse Managers (CNMs) on each unit who in turn report to the Person in Charge.

Catering and housekeeping staff report to their supervisor who reports to the Person in Charge. Maintenance Staff report to the Maintenance Manager on site, who reports into the maintenance department in the HSE office in Ballinasloe.

Physiotherapists and OTs report to their respective senior line managers in the HSE. Administration 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	12	16	6	4	2	6**

* the person in charge was on leave, the ADON was on duty

** two porters, one physiotherapist, one assistant physiotherapist, one occupational therapist (OT) and one assistant OT

Background

St. Brendans Home was first inspected by the Health Information and Quality Authority (the Authority) Social Services Inspectorate on 18 October 2010. The provider had applied for registration under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009.

The new building was found to be of a high standard. While considerable preparations had been made by the person in charge and the provider for the opening of the centre and the transfer of resident from the old building to the new building, the report identified some areas for improvement in order to comply with the Regulations and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

A follow up inspection took place on 21 February 2012. The purpose of the inspection was to review progress on the actions of the registration inspection dated 18 October 2010.

There were six actions to be addressed, two were risk related. Three actions had been addressed including one risk related action. One action was partially addressed and inspectors had concerns that two actions relating to healthcare had not been addressed within the agreed timeframes. Further risk related issues were identified in the areas of medication management and fire safety. These issues of concern were discussed with the person in charge and the ADON who undertook to immediately address the issues. The person in charge told inspectors that care planning documentation would be prioritised and the implementation of the new nurse documentation system would be expedited.

The key measures taken by the person in charge since the previous inspection were as follows:

- written confirmation that the building complied with all of the requirements of the statutory fire authority had been submitted
- a room had been designated for use as a private visitor's space
- the communal day spaces and residents bedrooms had been decorated and furnished in a suitable manner to create a homely and domestic atmosphere
- the complaints policy had been updated.

These reports can be found at www.hiqa.ie.

Summary of findings from this inspection

This additional inspection report outlines the findings of a follow up inspection that took place on 17 May 2012. The purpose of this inspection was to review progress on the actions of the follow up inspection dated 21 February 2012.

There were six actions to be addressed, four of which were risk related. Overall, the inspector was satisfied that the provider had implemented the actions required from the previous inspection within the agreed timeframes. Locks were still required to the sluice room doors and the statement of purpose required some further updating.

The key measures taken by the provider since the previous inspection were as follows:

- medication management practices had improved
- fire training had been provided to all staff
- records relating to maintenance of fire equipment and fire alarm were available
- the risk management register had been updated
- nursing documentation had improved
- the sluice rooms had been reorganised
- racks had been provided for storage in the sluice rooms
- locked presses were provided for the storage of cleaning chemicals
- up-to-date registration numbers were available for all nursing staff
- staff files had been updated

These and other areas for improvement are discussed further in the report and are included in the Action Plan at the end of the report.

Actions reviewed on inspection:

1. Action required from previous inspection:

Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

This action was addressed.

The inspector reviewed a sample of medication prescribing charts and noted that risks identified at the previous inspection had been attended to. Crushed medications were now prescribed as 'crushed', the maximum dosage was stated on PRN (as required) medications and medications requiring strict controls (MDA's) were being checked and signed at the change of each shift.

2. Action required from previous inspection:

Provide suitable training for staff in fire prevention.

Ensure, by means of fire drills and fire practices at suitable intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.

Make adequate arrangements for the maintenance of all fire equipment.

Maintain, in a safe and accessible place, a record of the number, type and maintenance record of fire-fighting equipment.

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

This action was partially addressed.

The inspector reviewed the staff training records and spoke with staff on duty who confirmed that all staff had received updated fire safety training since the previous inspection.

A service record for the maintenance of fire equipment was available; the fire equipment had been serviced in August 2011. The fire alarm was serviced on a quarterly basis; the last service took place in March 2012.

The inspector reviewed the updated risk register, risks such as smoking and other risks specifically required by the Regulations were included such as the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.

Inspectors noted that the doors to the four sluice rooms were still unlocked during the inspection. Sharps and clinical waste were stored in the sluice rooms which posed a risk to residents, staff and visitors. The sluice rooms were now maintained in a clean and orderly manner, storage racks had been provided for the storage of urinal bottles and large amounts of refuse were no longer being stored. A locked press had been provided for the storage of cleaning chemicals.

3. Action required from previous inspection:

Put in place recruitment procedures to ensure no staff member is employed unless the person is fit to work at the designated centre and full and satisfactory information and documents specified in Schedule 2 have been obtained in respect of each person.

Put in place recruitment procedures to ensure that no staff members are employed in the designated centre unless they are physically and mentally fit for the purposes of the work which they are to perform.

This action was addressed.

The inspector reviewed a sample of staff files. All information as required in schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) were included.

Current registration numbers were available for all nursing staff.

4. Action required from previous inspection:

Set out each resident's needs in an individual care plan developed and agreed with the resident.

Keep each resident's care plan under formal view as required by the resident's changing needs or circumstances and no less frequent than at three-monthly intervals.

Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.

Maintain, in a safe and accessible place, a record of any occasion on which restraint is used, the nature of the restraint and its duration, in respect of each resident.

Provide suitable and sufficient care to maintain the residents' welfare and well being,

having regard to the nature and extent of the residents' dependency and needs as set out in their care plan.

This action was addressed.

The inspector reviewed a number of resident's files including the files of residents with wounds, internal feeding tubes, those at risk of developing pressure ulcers, those with swallowing difficulties, using restraint and residents displaying challenging behaviour.

Up-to-date nursing assessments were in place for all residents. A wide range of risk assessments including falls, risk of developing pressure ulcers, manual handling, nutrition and dependency were in place and all had been recently reviewed and updated.

Care plans were in place for all identified issues and were specific to the need of the individual resident. Care plans had been recently reviewed.

The inspector noted that wounds were being well managed. Wound assessment and wound progress charts were documented at the change of each dressing. Photographs showed progress and improvements to the wounds.

All residents had been nutritionally assessed. Resident's weights were being monitored and recorded on a regular and ongoing basis. The inspector noted that speech and language therapist (SALT) assessments and recommendations were recorded in some resident's files. The ADON told the inspector that all staff had been educated and given guidance with regard to residents individual swallowing requirements. She confirmed that an experienced member of the nursing staff had been assigned to assist the residents at risk at meal times and that nursing staff had been assigned responsibility to supervise mealtimes for all residents.

Up to date risk assessments for the use of restraint were in place. A multidisciplinary team involving nursing staff, physiotherapists and occupational therapists (OT) had been involved in the assessments. Restraint release and review charts were maintained and two hourly checks at night time were recorded. The ADON showed the inspector a number of low beds which were in use for some residents and explained that a bed alarm pad was in use for another resident.

5. Action required from previous inspection:

Provide suitable and sufficient care to maintain the residents' welfare and well being, having regard to the nature and extent of the resident's dependency and needs as set out in their care plan.

This action was addressed.

This action related to the lack of supervision provided on one of the units at the last inspection. The ADON told the inspector that meetings were held with staff to discuss work organisation and meal breaks. She stated that staff break times were now staggered to ensure supervision of residents was provided at all times. The inspector noted that dayrooms were supervised by staff during the inspection.

6. Action required from previous inspection:

Update the statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.

This action was partially addressed.

The statement of purpose had been updated in order to reflect the changes to the designated contact person in the HSE following the last inspection. The qualifications and experience of the designated contact person were not included.

Report compiled by:

Mary Costelloe

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

22 May 2012

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
18 October 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
21 February 2012	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow-up inspection <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	St. Brendans Home
Centre ID:	0633
Date of inspection:	17 May 2012
Date of response:	22 June 2012

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:

The doors to the four sluice rooms were still unlocked. Sharps and clinical waste were stored in the sluice rooms which posed a risk to residents, staff and visitors.

Action required:

Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety
Standard 29: Management Systems

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

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Sluice rooms are risk assessed and actions to minimise risk associated with this area is in place.</p> <p>The placement of locks on the sluice room doors have been priced, an application for the preferred funding has been sought locks will be installed.</p>	<p>In place</p> <p>03 September 2012</p>

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The qualifications and experience of the designated contact person were not included in the statement of purpose.</p>	
<p>Action required:</p> <p>Update the statement of purpose that consists of all matters listed in Schedule 1 of the Regulations.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 5: Statement of Purpose Standard 28: Purpose and Function</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The statement of Purpose has been updated to include the qualifications and experience of the designated contact person.</p>	<p>In place</p>

Any comments the provider may wish to make:

Provider's response:

We would like to take this opportunity to thank the inspectors for the professional manner in which the inspections have been carried out and for their assistance through out the process.

Provider's name: Liam Fogarty A/Area Manager for Catherine Cunningham, Area Manager, Galway Roscommon PCCC HSE West

Date: 25 June 2012