



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

St. Brendan's C.N.U. Loughrea. *Residential Care Facility*



Residents Guide (Service User Guide) 2015

Telephone: 091 871200

This document is compiled to our best efforts in adherence with Care Standards.

The document will be reviewed every six months unless circumstances dictate that it should be reviewed earlier.

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Status of the Unit:

Registration Number: 0030597

Date of Registration: 3rd August, 2014.

Date of Expiry: 2nd August 2017.

Conditions Attached

Care Speciality of the Unit: Long Stay Residential Care for the Elderly.

We provide residential care for people over the age of 65 years and younger whose care needs range from low to maximum dependency level. We provide care in a safe environment for people suffering from dementia; we provide respite care & we provide care to both Male and Female.

Mission Statement

Provide a home from home atmosphere in a safe and happy environment, by ensuring the resident is treated with dignity and respect.

Philosophy of Care

St. Brendan's aim to provide you with a secure, relaxed, and homely environment in which your care, well-being and comfort are of prime importance.

Carers will strive to preserve and maintain the dignity, individuality and privacy of residents within a warm and caring atmosphere, and in so doing will be sensitive to your ever-changing needs. Such needs may be medical/therapeutic (for physical and mental welfare), cultural, psychological, spiritual, emotional and social and you are encouraged to participate in the development of your individualised Care Plans in which the involvement of family and friends may be appropriate and is greatly valued. This is achieved through programmes of activities designed to encourage mental alertness, self-esteem, and social interaction.

All Care Staff within the Unit will be appropriately qualified to deliver the highest standards of care. High standards are maintained in accordance with (Health Information Quality Authority) HIQA residential standards.

Registered Provider: Health Service Executive West

Person In Charge:

Ms. Bernie Austin, Director of Nursing,

RGN RPN Pin: 5503.

B.A. Health Management.

2004 – To date – St. Brendan’s, Loughrea DON, Older Peoples Services.

1997 to 2004 – Clinical Nurse Manager 11, Geriatric Medical Assessment Unit,

University Hospital, Galway.

1993 to 1997 – Staff Nurse, Surgical Ward, University Hospital, Galway.

Assistant Director’s of Nursing:

Ms. Mary Madden.

Persons participating in the management of the unit

N Callaghy Clinical Nurse Manager

R Kelly Clinical Nurse Manager

P O Grady Clinical Nurse Manager

A Shiel Clinical Nurse Manager

E Shiel Clinical Nurse Manager

C Lawlor A/ Clinical Nurse Manager

Manager’s:

Ms. Catherine Cunningham, Area Manager, Galway/Roscommon PCCC Services,

HSE West, Merlin Park, Galway. Telephone: 091 775923/4 (Galway Office & Mobile: 087-7983944).

2000 – BA in Public Administration

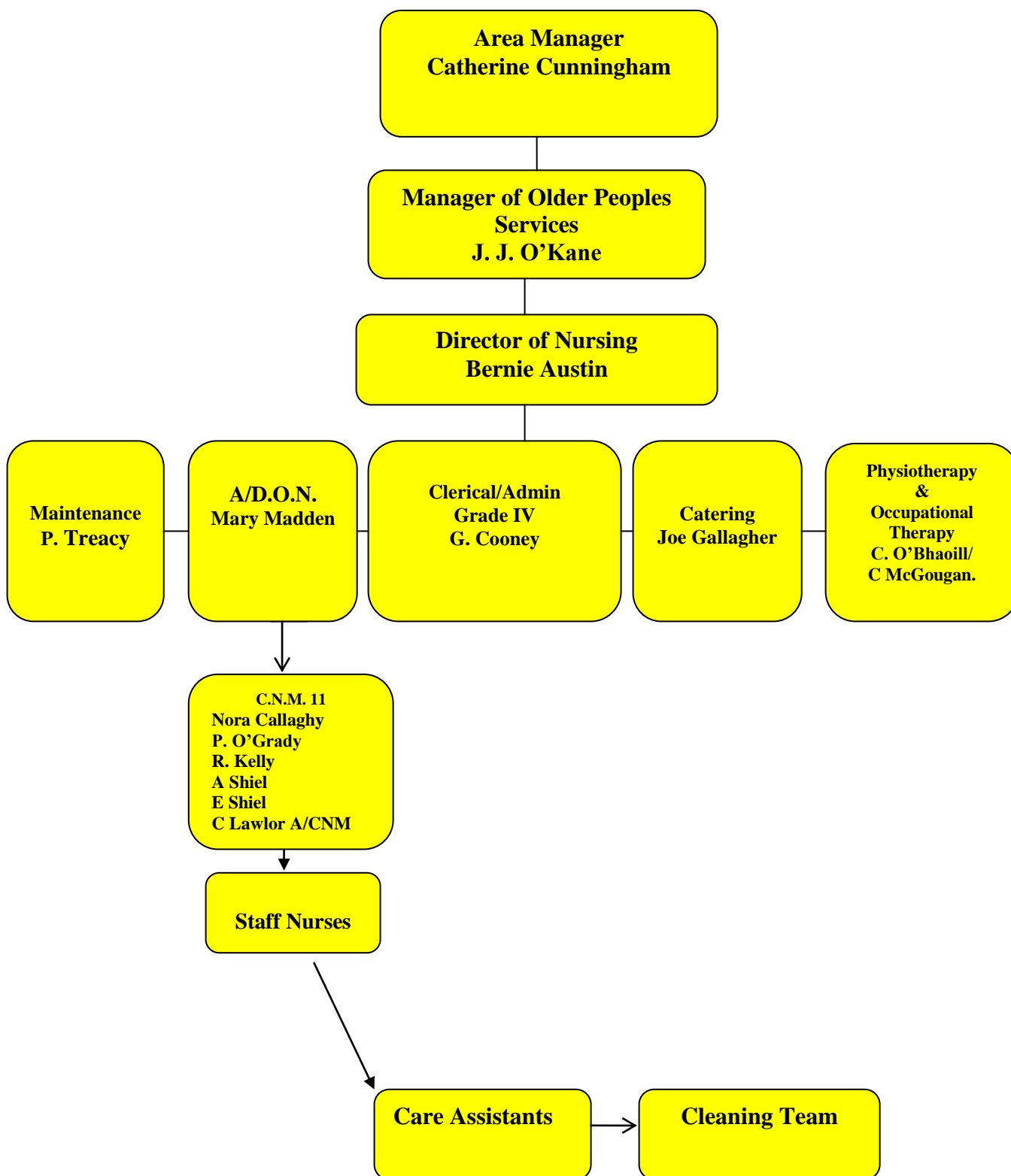
2005 – Diploma in Accountancy 2005

Mr. J. J. O’Kane, Manager of Older People Services, H.S.E. West,

Ballybane Neighbourhood Village, Castlepark Road, Galway.

Ms. Bernie Austin, Director of Nursing, St. Brendan’s C.N.U. Loughrea, Co. Galway.

St. Brendan's C.NU. Organisational Structure



Details of Staff Numbers and Staff Training

Employed at St. Brendan's Unit are:

- 39 WTE Registered General Nurses of which 11 hold a higher Diploma in Gerontological Nursing with 3 currently undertaking the course.
- 1.0 WTE Occupational Therapist.
- .5 WTE Physiotherapist.
- .5 WTE Reflexologist.
- 43.5 WTE Multi Task Attendants, 16 hold a FETAC, Level 5 HCA Course.
- 8.76 WTE Cleaning Staff.
- 9 WTE Kitchen Staff.
- 3.5 WTE Administration Staff.
- 4.65 WTE Laundry Staff.
- 7 WTE Maintenance Staff.

Our care support team are selected for qualities of professionalism, reliability, integrity, skill, experience, friendliness and aptitude to care. They are carefully selected and references are always checked thoroughly. All staff maintains their skills and competencies and is supported with learning events on an ongoing basis. Training in relation to the following: Fire, Health and Safety, Moving and Handling, Food Hygiene, Safety Elder Abuse and Infection Control are maintained on a regular basis.

Monitoring and Quality

We in St. Brendan's are proud of the quality and standard of care we deliver; we base our standards as set by HIQA and are subject to inspection by HIQA on a regular basis. We are also subject to inspection by Health & Safety Authority and Environmental Health Office. The service is Nurse led, Nurse delivered and professional standards are maintained as laid down by An Bord Altranais.

Accommodation

St. Brendan's Loughrea overlooking the lake of Loughrea is a new purpose built residential care facility for older people. The building consists of 100 beds, located between 4 care areas, each care area has 2 double rooms the remaining are single rooms. Double rooms are available to couples who choose to continue their lives together. Respite Care is available for up to 4 weeks in the year free of charge. This can be arranged by contacting the Unit, demand is high for Respite Care therefore an equitable waiting list is maintained.

Day Care Service is provided for up to 30 clients daily.

A palliative care suite is available providing palliative care supported by the hospice home care team; referrals are accepted through medical officer/doctor.

Admission

Admission to St. Brendan's is facilitated through [Fair Deal](#); an application may be made by a healthcare professional such as your Public Health Nurse or General Practitioner to The Local Placement Forum, West City Centre, La Nua Ballybane, Galway.

All applicants are assessed by the Multi Disciplinary Local Placement Forum. If your care needs are such that the Local Placement Forum accepts your application you may make contact with St. Brendan's to organise your stay.

Financial Arrangements and Fees

The Administration staff can facilitate your preferred payment option, you may wish to pay privately or we can handle your finances, deducting the cost of your stay, the balance of your money will be maintained in the Patients Private Property Account.

You can have access to this money at your discretion.

Should you require financial assistance under the [Fair Deal Scheme](#) the Community Welfare Officer will assess your means, if deemed suitable you will be asked to contribute 80% of your income, the State will fund the balance of your care. A contribution of 7.5% of your assets to a maximum of 3 years will be payable on settlement of your estate.

Each resident/representative signs a contract of care on admission stating charges for maintenance & a copy is given to each resident/representative or put in medical file.

Smoking and Alcohol

We encourage residents to consider smoking cessation and support them if this is their choice.

However for those who wish to continue smoking, a designated smoking area is available.

Fire Safety

- St Brendan's has a Fire Alarm System fitted, with "Fire Exit Notices" and "Fire Emergency Instruction Notices" displayed at strategic points throughout the unit for your safety.
- Staff is trained with regard to Fire Prevention/Drills Policy; this includes use of the unit's fire appliances, evacuation procedure, raising the alarm, etc.
Service users are informed of the emergency procedure during admission.
- A full fire drill is conducted six monthly in association with the HSE Fire Officer.
- Fire systems are tested weekly by staff; three monthly by systems engineers. Records are kept of all testing as part of the Manager's/Director's responsibilities.
- All fire fighting equipment is checked bi-annually by a qualified fire extinguisher maintenance engineer.
- Where applicable furniture & coverings must be fire-resistant.

Care Plan Review

On admission your care needs will be assessed by your Primary Nurse these needs will be reassessed on a 3 monthly basis or sooner if your condition changes. You will be involved in this process and in developing a care plan to meet your needs.

Privacy and Dignity

We aim to respect and maintain the dignity, individuality and privacy of all clients within a warm and caring atmosphere, and in so doing will be sensitive to your ever-changing care needs.

Advocacy

A Residents Committee is in place; you may join this group or make representation to the group. The group meet on a regular basis and are chaired by the Occupational Therapist/outside volunteer.

Religion (Worship/Attendance at Religious Services)

We facilitate your religious beliefs whatever your chosen religion. Fr. Cathal Geraghty is the Catholic Administrator to St. Brendan's. Mass is celebrated four times each week and this is relayed to the care areas via T.V. Confessions are available on a regular basis at the bedside where necessary. Residents may visit the Multi Denominational Prayer Room at any time.

Contact with Family and Friends

We have an open visiting policy. Family, relatives and friends are encouraged to visit regularly and may also maintain contact by letter, telephone or email when visiting is not possible. Visitors will be welcomed at all reasonable times, and are asked to let the Person in Charge know of their arrival and departure from the unit.

You have the right to refuse to see any visitor, and this right will be respected and up-held. We facilitate outings with family and friends at your request.

Medical Management

Dr. O'Reilly is the Medical Officer attached to St. Brendan's Unit. He or a member of his team visit the Unit daily. The Doctor will review your condition and medication 3 monthly or sooner if required. Should you wish to maintain your own General Practitioner this can be arranged.

Medication

If a client/resident wants to self-medicate and is deemed safe to do so, then all help and advice is given to facilitate the resident, otherwise all drugs will be managed by the staff and dispensed and ordered for them under the instructions of the Doctor. Any client/resident may request to see a doctor in private if they wish.

There is a charge of €2.50 for each item of medication dispensed by pharmacist monthly, every resident/representative will get bill from pharmacy for this & must make arrangements for payment either by standing order or direct payment monthly.

Telephone & Mail

You may avail of the resident's telephone set at any time. Staff will assist in making calls, the hands free set will enable you to enjoy a private telephone call should you so desire.

Your family/friends may contact you at any time. Should you require your private telephone line in your bedroom this can be arranged or some clients/residents choose to have their own mobile telephone.

Mail is delivered daily to all residents & letters are posted for any resident from reception.

E-mails can be sent/received by residents via Personal Computer in each care area.

Residents may have their own PC & Skype family & friends.

Meals

Menus are available on your dining table special diets are catered for as per care plan. You are encouraged to take your meals at the dining table. Meals will be brought to the bed side and assistance given where required.

Tea, coffee and other hot drinks are served and available 24 hours a day.

Pets

Should you require accommodation for your pet we will work with you to arrive at a solution suitable to you and other residents.

Therapeutic Techniques

Physiotherapy is available as required to both residential and day care clients.

Occupational Therapy is available as required to both residential and day care clients.

All residents on admission are reviewed by both Therapists and a programme of treatment put in place as required.

Chiropody services are provided but clients now pay for this service.

Hairdresser services are available as required, there is a charge for this service, hairdresser will inform client of cost which is payable directly to her.

Reflexology is offered to each client on an ongoing basis which is both therapeutic and comforting.

Home Call Optical Care visits the Unit on a regular basis and provides an eye examination to all clients.

Recreational Activities

St. Brendan's Unit offers a wide range of Recreational Activities taking into account the Service User's interests, skills, experiences, personalities and medical condition. The range of activities is designed to encourage the client/resident to be active, and most importantly take an interest in life. Staff will encourage and help clients to pursue hobbies and interests:

The Occupational Therapist plays a key role in organising activities in conjunction with staff on the units.

Daily newspapers are available in each care area or resident may choose to order their own newspaper which will be delivered daily. Residents pay for their own paper. Connacht Tribune delivered weekly to all care areas.

A sample of the activities available is:

- Hand Massage
- Knitting
- Ball Games
- Bingo
- Card Games
- Music Therapy
- Art
- Outings
- Parties
- Reading newspaper with clients.

Bereavement

In the event of bereavement, the family can be assured of every possible support and consolation from staff.

Staff will assist with funeral arrangements if required. Where there is no next of kin, staff will attend to the necessary arrangements.

Complaints

Should you feel that there is cause for complaint, you should first discuss the matter with the person in charge of the care area or the Director of Nursing. If the matter is in your opinion of a serious nature, or if you remain dissatisfied, you can put the complaint in writing, staff will assist you if required. The matter will then be dealt according to the Complaints Policy.

Other options to voice your concerns/issues/complaints include contacting any of the following: Mr. B Austin, Director of Nursing. Telephone: 091 871205 / Mr. J. J. OKane, Manager of Older Persons Services, Telephone: 091 741730 / Chief Inspector, Health Information and Quality Authority. Social Services Inspectorate, Georges Court/ Georges Lane, Smithfield, Dublin 7. Telephone 021 2409300 www.hiqa.ie / Office of the Ombudsman. Telephone: 1890 223 030;

www.ombudsman.ie

You can get more information on how to complain about Health and Social Care Services in Ireland from: www.healthcomplaints.ie

Accommodation

Accommodation consists of either single room or double with ensuite bathroom, each room having a T.V./ Radio, telephone point and I.T. access. Each resident has their own lockable storage and may personalise their own room.

Each room is fitted with tracker hoist system to facilitate care of a dependent resident.

All rooms are furnished with electric profiling beds to accommodate residents comfort.

Day/Dining space is situated overlooking the lake of Loughrea to enhance a relaxing and homely environment.

Leaving or Temporarily Vacating Unit

If a person wishes to leave St. Brendan's Unit, staff will assist with a discharge plan in association with community services.

If you require hospitalisation or are away from the Unit for any other reason, your bed will be reserved in your absence. Residents admitted under Fair Deal Scheme are liable for charges while away from unit.

Name of resident:	
Name of Centre:	St Brendans CNU
Registered Provider:	The Health Service Executive
Name of Person In Charge:	B Austin
Date of admission:	
Referral from:	
Particulars of services / charging structure :	<p>Long-Term Residential Care Services and Long-Term Residential Care Charges / Fees (as set out in Schedules 4 and 5)</p> <p><u>The Health Service Executive will provide the Long-Term Residential Care Services subject to the availability of resources (including financial resources, staffing resources and / or facility capacity) (section 7 of the Health Act 2004) in accordance with its statutory obligations under the Health Act 2007 (and the regulations made thereunder) and the Nursing Homes Support Scheme Act 2009, and having regard to the HIQA Standards for Residential Care Settings for Older People in Ireland</u></p>
Representative(s) family member(s)/friend(s):	
Valuable personal property of resident deposited with Centre:	
Details of room allocated to resident:	
Policies & procedures of Centre:	Please see the policies and procedures at schedule 7
Other relevant information:	

The Long-Term Residential Care Services and equipment provided are subject to the financial and budgetary constraints of the Health Service Executive and the resources of the Centre.

By signing below, the Person in Charge and the resident confirm that they have agreed the specific provisions set out above, that the Long Term Residential Care Services shall be provided subject to the payment of the Fees and that the terms and conditions attached shall apply between them.

Before signing this document, the resident and / or his or her Representative(s) should ensure that he / she has read and understood the above provisions and the attached terms and conditions.

Signed by Person in Charge at the Centre for the
HSE

Date:

Signed by resident *
Or

Signed for and on behalf of the resident pursuant
to power of attorney / enduring power of
attorney / by Committee

[Delete as appropriate]

Or

I certify that:

(a) I presented this document and the current
terms and conditions to the resident, who
declined/was unable to sign this document.

[Delete as appropriate]

(b) A copy of this document and the current
terms and conditions of the Centre have been
given to the Representative of the Resident

Yes/No [Delete as appropriate]

Signature of Person in Charge

TERMS AND CONDITIONS FOR THE PROVISION OF LONG-TERM RESIDENTIAL CARE SERVICES

1. DEFINITIONS/INTERPRETATION

- 1.1 In these terms and conditions, capitalised words shall have the meanings as set out in Schedule 1.
- 1.2 References to "**you**", "**yours**", and other similar, derivative and analogous terms refer to the resident, and references to "**we**", "**us**", "**our**" and other similar, derivative and analogous terms refer to the Health Service Executive.
- 1.3 Unless the context otherwise requires, references to the singular include the plural, and references to the masculine include the feminine and vice versa.
- 1.4 The headings contained in these terms and conditions are for convenience only and do not affect their interpretation.
- 1.5 The schedules form part of these terms and conditions as if they were incorporated in the body of these terms and conditions.

2. THE CONTRACT

- 2.1 These terms and conditions set out the terms on which we will provide Long-Term Residential Care Services to you at the Centre.
- 2.2 No variation or alterations to these terms and conditions shall be valid unless approved in writing by the Health Service Executive.
- 2.3 If any provision of these terms and conditions is prohibited by law or judged by a court to be unlawful, void or unenforceable, that provision shall, to the extent required, be severed and rendered ineffective insofar as is possible without modifying or affecting the validity of the remaining provisions.

3. SERVICES

- 3.1 The Registered Provider will, subject to available resources including financial resources, staffing resources and / or facility capacity (section 7 of the Health Act 2004), provide the Long-Term Residential Care Services to you in accordance with its obligations under the Health Act 2007, and the regulations made thereunder, and having regard to the *Statement of Purpose* and *Resident's Information Booklet* of the Centre and the Health Information and Quality Authority (hereinafter "HIQA") *Standards for Residential Care Settings for Older People in Ireland*.
- 3.1.1 The Services to be provided to you under these terms and conditions are as set out at Paragraph 1 of schedule 4.
- 3.1.2 Further information about the Nursing Homes Support Scheme (hereinafter "the scheme") may be obtained in the '*Nursing Homes Support Scheme Information Booklet*' issued by the Department of Health and Children, a copy of which is included at schedule 3 of these terms and conditions.
- 3.2 Additional Services
 - 3.2.1 In the event that based on an assessment of your needs, we determine that you require Additional Services, we may, subject to the availability of resources to do so, provide those Additional Services to you. Where we provide Additional Services, you may be obliged to pay Additional Fees, and we shall not be obliged to provide any Additional Services where you do not pay the Additional Fees to us.

3.2.2 Alternatively, in so far as practicable, we will facilitate you in accessing the Additional Services, but in such circumstances, we shall not be obliged to bear the cost of any such Additional Services.

3.3 Service Providers

3.3.1 In the event that you require a service from a third party service provider, the decision as to which service provider the service is obtained from will be at our discretion.

3.3.2 In the event that you elect to obtain a service from a third party service provider other than a service provider that has been agreed by us or with whom we have a contractual relationship, the cost of such service will be borne by you.

4. EQUIPMENT

4.1 In providing the Long-Term Residential Care Services (and/or the Additional Services) we shall provide you with those items of equipment which we have a statutory obligation to provide. Our provision of such equipment shall be subject to the availability of resources (including financial resources, staffing resources and facility capacity) (pursuant to section 7 of the Health Act 2004), and we shall be under no obligation to provide any equipment where we do not have available resources to do so or we do not have a statutory obligation to do so.

4.2 In the event that you need additional equipment which we are not obliged to provide to you, we may, subject to the availability of resources to do so, provide such additional equipment to you, and you may be obliged to pay Additional Fees to receive such equipment.

5. ACCOMMODATION

5.1 As long as you are in receipt of the Long-Term Residential Care Services, you may use the accommodation facility allocated to you at the Centre (or such alternative accommodation as may be designated from time to time) and use, together with the other residents and staff of the Centre, the areas specified as being common areas in the Centre in accordance with the policies and procedures of the Centre.

5.2 Subject to clause 8.4(b) and clause 8.4(c) below, we shall ensure that you will not be moved from the accommodation allocated to you for so long as you are in receipt of the Long-Term Residential Care Services at the Centre.

6. TERM

The Contract between you and us will commence with effect from the date you are admitted to the Centre and will continue until terminated in accordance with the provisions of clause 15 (Termination).

7. FEES

7.1 The Fees shall be paid by you or discharged on your behalf in the form of Long-Term Residential Care Charges. You will be subject to an initial financial assessment under the scheme and the Fees due by you shall be calculated in accordance with the scheme. This financial assessment will be completed in advance of your admission to the Centre.

7.2 The Long Term Residential Care Charges may be revised or superseded from time to time as provided by law.

7.3 The Fees payable by you under these terms and conditions are as set out in schedule 5.

- 7.4 Items not included in the fees are personal care items, hair dressing, chiropody and transport except in the event of the you requiring transport via ambulance.
- 7.5 Further details in relation to the financial assessment under the scheme and the financial support provided under the scheme are outlined in the *'Nursing Homes Support Scheme Information Booklet'* issued by the Department of Health and Children, a copy of which is included at schedule 3.

7.6 **Discharge of Fees**

- 7.6.1 If you nominate us as agent for the collection of your Department of Social Protection benefit / pension, we (through a nominated representative at the Centre) will arrange for the deduction of the Long-Term Residential Care Charges from your benefit / pension as outlined in schedule 5 in discharge of your obligation to pay the Fees, and we (through a nominated representative at the Centre) will lodge the balance of your Department of Social Protection benefit / pension after discharge of the Fees to your patient private property account in accordance with clause 9.3 below.
- 7.6.2 If you have not nominated us to collect your Department of Social Protection benefit / pension, you shall arrange to pay the Fees to us in an agreed manner as outlined in schedule 5.
- 7.6.3 In the event that any arrears of Fees arise, you or your Representative(s) shall agree to discharge the amount in arrears as soon as practicable within an agreed timeframe.

7.7 **Additional Services**

- 7.7.1 We reserve the right to request you to pay Additional Fees in respect of any Additional Services or additional equipment. Any Additional Fees incurred by you shall constitute Fees due by you to us and shall be paid by you to us as follows:
- 7.7.2 In the case of Additional Services, within one month of the month end of receipt of those Additional Services; and
- 7.7.3 In the case of equipment, in advance prior to our providing such equipment to you.

8. **RIGHTS & OBLIGATIONS**

8.1 **RESIDENT'S OBLIGATIONS**

For so long as you are residing at the Centre, you shall be obliged to:

- (a) respect the privacy and dignity of other residents and staff of the Centre;
- (b) permit the staff of the Centre to carry out their duties to facilitate the efficient running of the Centre for your benefit and welfare and for the benefit and welfare of other residents in the Centre; and
- (c) abide by the policies and procedures applicable in the Centre, as amended, updated, extended and / or superseded from time to time (which we will make available for inspection upon request by you or your Representative(s)). A list of the policies and procedures applicable in the Centre is provided in schedule 7 of these terms and conditions.

8.2 **RESIDENT'S RIGHTS**

- 8.2.1 Your rights as a resident are as set out in the Health Act 2007 and the regulations made thereunder, in particular, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

People) Regulations 2009, as amended from time to time, and the HIQA *Standards for Residential Care Settings for Older People in Ireland*.

8.2.2 A summary of your rights as a resident is contained in the *Resident's Information Booklet*, a copy of which will be provided to you upon admission to the Centre.

8.3 REGISTERED PROVIDER'S OBLIGATIONS

The Registered Provider will, subject to available resources including financial resources, staffing resources and / or facility capacity (section 7 of the Health Act 2004), provide the Long-Term Residential Care Services to you in accordance with its obligations under the Health Act 2007, and the regulations made thereunder, and having regard to the *Statement of Purpose* and *Resident's Information Booklet* of the Centre and the HIQA *Standards for Residential Care Settings for Older People in Ireland*.

8.4 REGISTERED PROVIDER'S RIGHTS

We reserve the right to:

- (a) restrict visiting in circumstances where the timing of the visit poses a risk, in times of your illness or distress or under the direction of a medical practitioner where such restriction is considered to be in your best interests;
- (b) move you from your allocated room when such a course of action is considered necessary or appropriate for your safety and / or the safety of any other resident in the Centre or when such a course of action is considered necessary or appropriate for the purpose of managing the overall allocation of accommodation in the Centre. Any proposed move from your allocated room will be discussed in advance with you and / or your Representative(s) and all efforts will be made to agree in advance any proposed move with you and / or your Representative(s);
- (c) move you from your allocated room where an urgent need arises to reallocate accommodation in the Centre. In such circumstances, where practicable, any proposed move from your allocated room will be discussed in advance with you and / or your Representative(s).
- (d) transfer you to an alternative nursing home and / or to hospital if in the opinion of a medical practitioner it is in your best interests to do so;
- (e) review the Fees payable by you under these terms and conditions where necessary or in the event that Additional Services are required by you.

9. MANAGEMENT OF FINANCES

9.1 Management of your finances will be in accordance with the relevant legislation in relation to Long-Term Residential Care Charges (Nursing Homes Support Scheme Act 2009) and patient private property accounts (Health (Repayment Scheme) Act 2006), as amended from time to time.

9.2 If you elect to manage your own financial affairs or to appoint your Representative(s) for this purpose, we will provide support to you where possible. However, we will not accept any liability whatsoever in respect of the management of any funds by you and / or your Representative(s).

9.3 If you elect for us to manage your financial affairs, we will arrange for a patient private property account to be set up in your name. We shall manage this account in accordance with the Health

Service Executive *Patients' Private Property Guidelines* and in accordance with the Health (Repayment Scheme) Act 2006.

9.4 You and / or your Representative(s) may request a copy of the Health Service Executive *Patients' Private Property Guidelines* at the Centre.

10. **PERSONAL PROPERTY**

10.1 We will keep a record of all items of personal property brought into the Centre by you and notified by you to us.

10.2 This inventory of personal property is for recording purposes only and we shall (subject to the requirements of regulation 13 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009), as amended from time to time, have no obligations to maintain any such personal property in any particular condition or any responsibility whatsoever to you to keep, protect, manage or otherwise deal with such property in any particular manner.

10.3 We will put in place insurance cover against loss or damage to your personal property in accordance with the provisions set out in schedule 6 of these terms and conditions.

11. **REVIEW**

We will monitor your ongoing care needs and, if necessary will:

- (a) review and update your Care Plan in consultation with you and / or your Representative(s) to reflect changes in your needs or circumstances. Your Care Plan will be reviewed in accordance with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, as amended from time to time, and a copy of the updated Care Plan will be made available to you following each review;
- (b) discharge you in accordance with clauses 12.1, 12.2, 12.3 or 12.4; and/or
- (c) transfer you to a hospital in accordance with clause 12.2.2.

12. **DISCHARGE**

12.1 Where we consider that your care needs are no longer being appropriately met in the Centre, we will make arrangements to discharge you from the Centre. We will consult with you and / or your Representative(s) in relation to your proposed discharge.

12.2 Discharge to Hospital

12.2.1 Where you are being discharged to a hospital, we will consult with you and / or your Representative(s) in advance of your proposed discharge. In addition, we will ensure that all relevant information in relation to you is furnished to the receiving hospital in a timely manner.

12.2.2 Where you require urgent or emergency acute care in a hospital, we will transfer you to the relevant hospital and will notify your Representative(s) of the transfer as soon as reasonably practicable. Notification in such circumstances may take place either before or after your transfer to hospital.

12.3 Discharge to Alternative Centre

12.3.1 Where, based upon a review of your care needs, we consider that you require discharge to an alternative centre, we will consult with you and / or your Representative(s) in advance of the

proposed discharge. In addition, we will ensure that all relevant information in relation to you is furnished to the receiving centre in a timely manner.

12.3.2 Where you are discharged to an alternative centre, this Contract will be terminated upon your discharge in accordance with clause 15. However, any financial support to which you are entitled under the scheme and any charges payable by you under the scheme will continue to have effect in relation to the alternative centre.

12.4 Discharge to Home

12.4.1 Based upon a review of your care needs, and following consultation with you and / or your Representative(s), a decision may be made to discharge you to home.

12.4.2 Where you are discharged to home, this Contract will be terminated upon your discharge in accordance with clause 15. In addition, any financial support to which you are entitled under the scheme and any charges payable by you under the scheme will cease to have effect.

13. **EXCURSIONS & APPOINTMENTS**

13.1 You and/or your Representative(s) will provide reasonable notice to the Person in Charge of the Centre if you intend to leave the Centre and of the estimated time of your return.

13.2 You and / or your Representative(s) will be responsible for arranging transport to bring you to and from any appointment made in respect of you outside the Centre. Where you and / or your Representative(s) are unable to provide such transport, the Centre will provide transport upon receipt of advance notification of your requirement for same.

13.3 No liability will attach to us for any personal injury and / or damage to your property that occurs during the period of absence from the Centre.

13.4 When you leave the Centre for the purpose of obtaining treatment at a hospital or other healthcare facility, we will ensure that all relevant information in relation to you is furnished to the receiving facility and we will endeavour to obtain all necessary information relating to you from the receiving facility at the time of your return to the Centre.

13.5 Where you are absent from the Centre for an extended period of time, Fees will be payable by you to us in respect of the period of absence in accordance with schedule 5.

13.6 Where you are absent from the Centre for an extended period of time, other than for the purpose of receiving treatment at a hospital or other healthcare facility, your allocated accommodation in the Centre may be re-allocated as the Registered Provider sees fit. Decisions to re-allocate accommodation will be at the discretion of the Registered Provider and will be considered on a case by case basis.

13.7 For the purposes of clauses 13.5 and 13.6 above, an extended period of time is deemed to be a period of six weeks or more from the date on which your absence from the Centre commences.

14. **COMPLAINTS**

14.1 In circumstances where a complaint is made by or on behalf of you in relation to the care or services provided to you under these terms and conditions, the Person in Charge of the Centre shall first be notified of the complaint.

14.2 In the event that it is not possible for the issue in complaint to be resolved by the Person in Charge of the Centre, the formal HSE Complaints Procedure will be invoked.

14.3 A copy of the HSE Complaints Procedure will be furnished to you and / or your Representative(s) upon your admission to the Centre.

15. **TERMINATION**

15.1 We may by notice in writing terminate our Contract in any of the following events:-

(a) where the Centre closes or ceases to operate from its current premises; or

(b) where you are discharged from the Centre in accordance with clause 12 above.

15.2 Without prejudice to the events specified in clause 15.1 above, we may terminate our Contract for any reason upon notice in writing of six months to you.

15.3 Where our Contract is terminated by you, a period of four weeks notice in writing shall be given by you to us.

16. **INSURANCE**

16.1 The Centre is insured under the Health Service Executive Block Insurance Policy with Irish Public Bodies Mutual Insurances Ltd.

16.2 A summary of the insurance cover at the Centre (obtained through the block insurance policy with Irish Public Bodies Mutual Insurances Ltd) is contained in schedule 6.

17. **GOVERNING LAW**

These terms and conditions are subject to Irish law and the exclusive jurisdiction of the Irish courts.

18. **EFFECTIVE DATE**

These terms and conditions supersede all other terms and conditions of the Centre for Long-Term Residential Care Services and are effective from [].

SCHEDULE 2
YOUR CARE PLAN
MAINTANIEED IN CARE AREA

SCHEDULE 3

'Nursing Homes Support Scheme Information Booklet'

AVAILABLE ON REQUEST

SCHEDULE 4

SERVICES

1. **Services provided to you under the Nursing Homes Support Scheme**

The following services / items will be provided to you under the Nursing Homes Support Scheme and in accordance with the terms of the Nursing Homes Support Scheme Act 2009:

- 1.1
- (a) Accommodation and board;
 - (b) Nursing and personal care appropriate to your care needs;
 - (c) Standard aids and appliances required to assist you with the activities of daily living;
 - (d) Bedding;
 - (e) Laundry service;
 - (f) Incontinence wear;
 - (g) Ophthalmic and dental services;
 - (h) Chiropody;
 - (i) Transport (including care assistant costs) in circumstances where you and / or your Representative(s) are unable to make provision for such transport;
 - (j) Social programmes;
- 1.2 The following services will be provided to you based on the outcome of an assessment of your need for such services:
- (a) All therapies;
 - (b) Specialised wheelchairs.

SCHEDULE 5

FEES

(This section to be completed at the Centre upon completion of the financial assessment of the Resident under the Scheme.)

1. Fees

1.1 The Fees payable by you will be as follows:

Long-Term Residential Care Charges in the sum of € ----- per week

1.2 You will pay the above Fees monthly on the last day of the every month,

SCHEDULE 6

INSURANCE

1. **General Insurance Cover**

1.1 The Centre has the following policies of insurance in place with Irish Public Bodies Mutual Insurances Ltd:

Public Liability Policy

Employers Liability Policy

2. **Insurance Cover in Respect of Resident's Personal Property**

2.1 The Centre will have insurance cover in place against loss or damage to the personal property of residents at the Centre. The liability of the Centre to any resident shall not exceed €_____ for any one item, except where the property was deposited by or on behalf of the resident expressly for safe custody in the Centre's safe.

2.2 The HSE Block Insurance Policy covers the theft of residents' personal property, subject to Policy terms and conditions.

List of Policies, Procedures, Protocols and Guidelines that guide practice in St. Brendan's Community Nursing Unit, Loughrea, Co. Galway.

Admission of a Client to Residential Care-----	100
Death of a Client in Residential Care-----	101
Challenging Behaviour-----	102
Retention & Destruction of Healthcare Records of Deceased Residents-----	103
Communication Guideline-----	104
Support the Implementation of the HSE Complaints Policy-----	105
Obtaining Residents Consent in HSE West-----	106
Recruitment, Selection & Vetting of Staff-----	107
Management of Residents Private Property-----	108
Promotion of Continence & Management of Incontinence-----	109
Intimate Care-----	110
Use of Restraint-----	111
Infection Control-----	112
Elder Abuse-----	113
Nutrition Policy-----	114
Facilitate Resident taking time away from the C.N.U.-----	115
Transfer of client from Residential C.N.U. to the Emergency Department-----	116
Dealing with a Missing Resident-----	117
Prevention of Pressure Ulcers-----	118
Uniform Policy-----	119
Administration of Subcutaneous Fluids-----	120
National Clinical Policy & Procedural Guideline for Nurses & Midwives undertaking Venepuncture in Adults -----	121
Volunteer Recruitment-----	122
Observing Residents in Bedrooms-----	123
Procedure on Checking Windows-----	124
Basic Life Support for Community Nursing Units-----	125
Podiatry Policy-----	126
Cleaning Manual-----	127
Laundry Service-----	128
Prevention & Management of Latex Allergy-----	129

Risk Assessment & Management-----	130
Self Harm-----	131
Health Promotion & Healthy Living Activity-----	132
Smoking Policy-----	133
H.S.E. I.T. Security Policies	
Medication Policies	
National Clinical Policy & Procedural Guideline for Nurses & Midwives	
Undertaking Peripheral Cannulation in Adults	
Point of Care International Normalised Ratio (INR) Test (POCT)	
Policy utilizing the CoaguChek device	
Medication Protocol for Administering Intravenous Medication	

These policies are located in the Nurses station and can be seen on request.

Latest Inspection Report



Health Information and Quality Authority Regulation Directorate Compliance Monitoring Inspection Report Designated Centres under Health Act 2007, as amended

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Centre name: St. Brendan's Community Nursing Unit

Centre ID: 0633

Centre address:

Lake Road

Loughrea

Co. Galway

Telephone number: 091-871205

Email address: Bernie.austin@hse.ie

Type of centre: Private Voluntary Public

Registered provider: Health Service Executive (HSE)

Person authorised to act on

behalf of the provider: Catherine Cunningham

Person in charge: Bernadette Austin

Date of inspection: 26 June 2013

Time inspection took place: Start: 09:15 hrs **Completion:** 17:30 hrs

Lead inspector: Mary Costelloe

Support inspector(s): N/A

Type of inspection announced unannounced

Number of residents on the

date of inspection: 98

Number of vacancies on the

date of inspection: 2

Health Information and Quality Authority

Regulation Directorate

Compliance Monitoring Inspection Report

Designated Centres under Health Act

2007, as amended

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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by Regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the Regulations and Standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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Summary of compliance with 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.

This inspection report sets out the findings of a monitoring inspection, in which 10 of the 18 outcomes were inspected against. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

The table below sets out the outcomes that were inspected against on this

inspection.

Outcome 1: Statement of Purpose

Outcome 2: Contract for the Provision of Services

Outcome 3: Suitable Person in Charge

Outcome 4: Records and documentation to be kept at a designated centres

Outcome 5: Absence of the person in charge

Outcome 6: Safeguarding and Safety

Outcome 7: Health and Safety and Risk Management

Outcome 8: Medication Management

Outcome 9: Notification of Incidents

Outcome 10: Reviewing and improving the quality and safety of care

Outcome 11: Health and Social Care Needs

Outcome 12: Safe and Suitable Premises

Outcome 13: Complaints procedures

Outcome 14: End of Life Care

Outcome 15: Food and Nutrition

Outcome 16: Residents' Rights, Dignity and Consultation

Outcome 17: Residents' clothing and personal property and possessions

Outcome 18: Suitable Staffing

This monitoring inspection was unannounced and took place over one day. As part of the monitoring inspection the inspector met with residents, relatives, and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. On the day of inspection the inspector was satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspector observed sufficient staffing and skill mix on duty during the inspection and staff rotas confirmed these staffing levels to be the norm.

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The staff demonstrated a comprehensive knowledge of residents' needs, their likes, dislikes and preferences. Staff and residents knew each other well, referring to each other by first names. Residents were observed to be relaxed and comfortable when conversing with staff.

The centre was clean, warm and comfortable. The communal areas were appropriately furnished and the décor was pleasant.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Risks identified during the inspection relating to servicing of the fire equipment and labelling of cleaning agents were brought to the attention of the person in charge who undertook to address these issues as a priority.

The external windows were poorly maintained with cobwebs and grime evident. The secure enclosed garden area was overgrown and poorly maintained.

Further improvements were required to updating the statement of purpose, medication management and staffing files.

These areas for improvement are listed in the Action Plan at the end of this report.

Section 41(1)(c) of the Health Act 2007

Compliance with 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.

Theme: Leadership, Governance and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

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Inspection findings

The statement of purpose dated 2013 was reviewed by the inspector. The statement of purpose required some further updating in order to fully comply with the requirements of Schedule 1 of the Regulations such as the type of nursing care to be provided, a summary of the complaints policy including the named complaints officer and appeals process, the number and size of bedrooms and communal rooms in the centre.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge

Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge is Bernie Austin. She is a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She normally worked five days a week and she was on call out-of-hours and at weekends. Arrangements were in place for the assistant director of nursing to deputise on behalf of the person in charge.

The person in charge demonstrated good clinical knowledge and she was knowledgeable regarding the Regulations, the Authority's Standards and her statutory responsibilities.

The person in charge had maintained her continuous professional development having previously undertaken a BA in Health Management. She was currently undertaking a Masters degree in Health Care Management. She had recently attended the national gerontology conference and The Authority's information days. The inspector observed that she was well known to staff and residents. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

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Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that measures were in place to protect residents from being harmed or abused.

The inspector reviewed the comprehensive policies on elder abuse and responding to allegations of elder abuse which had recently been reviewed and dated January 2013. Staff spoken to confirmed that they had received training in relation to the prevention and detection of elder abuse and were knowledgeable regarding their responsibilities in this area. Training records reviewed indicated that all staff had received training.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

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Action(s) required from previous inspection:

The action required from the previous inspection was satisfactorily implemented.

Inspection findings

The inspector noted that improvements were required in relation to risk management. The maintenance service records for fire fighting equipment were not up to date and cleaning chemicals were stored in unlabelled containers which posed a risk to residents, staff and visitors. The person in charge was requested to immediately address the issue in relation to servicing of fire equipment.

Issues identified at the previous inspection had been attended to. The doors to all sluice room doors were now secure.

Records indicated that the fire alarm was serviced on a quarterly basis. The last fire alarm service took place on 13 June 2013. Systems were in place for weekly testing of the fire alarm and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up to date formal fire safety training. The last fire safety training and fire drill took place on 5 April 2013. There was a health and safety statement available. The inspector reviewed the comprehensive risk policy and register and found that they had been regularly reviewed and updated. All risks specifically mentioned in the Regulations such as assault, accidental injury, aggression and violence and self harm were included. The inspector reviewed the emergency plan. The plan included clear guidance for staff in the event of a wide range of emergencies. Arrangements were in place locally for alternative accommodation in the event of the building requiring evacuation. Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. The inspector observed good practice in relation to moving and handling of residents during the inspection.

The design and layout of the centre promoted a safe environment for residents. Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Safe floor covering was provided throughout the building and two lifts were provided between floors. Call bell facilities were provided in all rooms. The inspector noted that infection control practices were robust. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The inspector spoke with the cleaning staff on duty who were able to clearly outline cleaning and infection control procedures. The centre was found to be clean and odour free.

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Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector noted that the policies and procedures for medication management were robust.

The inspector reviewed the medication management policy which was found to be comprehensive, and gave detailed, clear guidance on areas such as administration, prescribing, storage, disposal, crushing, "as required" (PRN) medications, medications requiring strict controls and medication errors.

The inspector spoke with nurses on duty regarding medication management issues. The nurses demonstrated their competence and knowledge when outlining procedures and practices on medication management. Nursing staff informed the inspector that nurses did not transcribe medications. Nursing staff confirmed that all

nurses had recently attended medication management training. Training records reviewed confirmed that training had taken place.

Medications requiring strict controls were appropriately stored and managed. The inspector saw that these were stored in a double locked cupboard in the locked clinical room. Records indicated that they were counted and signed by two nurses at change of each shift in accordance with the centre's medication policy. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on a daily basis.

The inspector reviewed a sample of medication prescribing/administration sheets. All medications were regularly reviewed by the general practitioners (GP). All medications including those that required crushing were individually signed by the GP.

The inspector noted that some prescribed nutritional supplements had not been signed as administered on a number of occasions.

Medication errors were recorded in line with the medication policy. There were comprehensive details recorded including the outcome and follow up action taken.

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Regular medication management audits were carried out by the pharmacist. The inspector reviewed the last audit which took place in March 2013, no major issues were identified. Nursing staff confirmed that audits were discussed with them to ensure learning and improvements were carried out as a result.

Outcome 9

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents

Standard 29: Management Systems

Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge. Improvements were required to the recording of information and to nursing documentation post falls.

The inspector reviewed the incident log and saw that comprehensive details of each incident were recorded in the incident log. While nursing narrative notes indicated that the GP had been informed of incidents, the incident report log had not been completed to include contact with GP or relatives. The person in charge reviewed all falls on a monthly basis. Staff confirmed that falls were discussed with them and that measures including low-low beds, crash mats and sensor alarms had been put in place for some residents at high risk of falls. The inspector reviewed the files of a number of residents who had recently fallen and noted that falls risk assessments and care plans were not consistently updated following each fall. There was no care plan in place for one resident at high risk of falls.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

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Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidencebased nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. Some improvements were required to the nursing documentation.

All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including physiotherapy and occupational therapy (OT) in house and speech and language therapy (SALT), dietetic services and psychiatry of later life were available on referral. Chiropody, audiology and optical services were also provided. The inspector reviewed residents' records and found that residents had been referred to these services and results of appointments were written up in the residents' notes.

Comprehensive nursing assessments were completed on admission and had been routinely updated. A range of up-to-date risk assessments had been completed

including nutrition, dependency, manual handling, bedrail use and skin integrity. Care plans were found to be person centred, individualised and clearly described the care

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to be delivered. The inspector noted that some care plans had not been reviewed and updated three monthly.

The inspector reviewed a number of residents' files including the files of residents with wounds, behaviour that challenged and those using restraint measures.

Wounds were found to be well managed. The inspector reviewed the file of a resident with wounds and noted that there were adequate records of assessment and appropriate plans in place to manage wounds. Up to date wound progress charts were also maintained.

The inspector was satisfied that behaviours that challenged were well managed. A log of challenging behaviour episodes were recorded detailing possible triggers, type of behaviour, actions taken and outcomes for the resident. Suitable interventions were clearly outlined in the care plans to guide staff. Staff spoken with were clearly able to outline to the inspector detailed suitable interventions to calm a resident and diffuse a situation and stated that they had received recent training in dealing with behaviours that challenged.

The inspector was satisfied that weight loss was closely monitored and all residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Files reviewed by the inspector confirmed this to be the case. Nursing staff told the inspector that there were no residents currently whom they were nutritionally concerned about. There were a number of residents who had been assessed by the speech and language therapist as requiring thickened fluids. Staff confirmed that they had received training on the use of thickened fluids and were knowledgeable regarding the use and various consistencies for individual residents. The inspector noted that staff continued to promote the reduction in the use of restraint. The restraint policy promoted a restraint free environment. The inspector reviewed the files of some residents using bedrails and noted that bed rail risk assessments had been completed. The assessment included the alternative measures that had been tried or considered and outlined the risks associated with the use of bed rails. Care plans were in place for use of bedrails. Nursing staff told the inspector that all residents using bedrails were checked on a twenty minute basis at night time and this was being recorded. Staff has received training on the use of physical restraints during 2012.

Residents and relatives were involved in the development and review of care plans and this was being recorded.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

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References:

Regulation 19: Premises

Standard 25: Physical Environment

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre was purpose built, well maintained internally and nicely decorated. It was warm, clean and odour free throughout.

The inspector noted that the external windows were poorly maintained with cobwebs and grime evident. The secure enclosed garden area was overgrown and poorly maintained. Staff, residents and relatives all expressed disappointment with the condition of the garden. Residents mentioned that their views of the garden and lake were interrupted and some staff stated that supervision of residents in the enclosed garden was reduced due to the overgrown shrubs.

The main entrance was through a double set of automatically opening doors which led into a large bright foyer with reception desk. There were four care areas, two located on the ground floor either side of the main reception and two on the first floor. They were called Crannog, Sliabh Aughty, Cooreen and Knock Ash - inspiration for the names came from the lake and surrounding areas. Each care area accommodated up to 25 residents. Day-care facilities, multidisciplinary room, treatment room, physiotherapy, and occupational therapy rooms were provided on the ground floor. There was a hair dressing room, prayer room, smoking room and staff facilities also located on the ground floor.

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

There were 21 single and two double bedrooms in each of the four care areas, all had en suite assisted shower and toilet facilities. There was a separate assisted bathroom with bath on each floor. Each care area had three day/dining rooms. The communal areas had a variety of comfortable furnishings and were domestic in nature.

A nurses' station and clinical room were located centrally in all care areas, sluice rooms were also provided.

The design of the building was suitable for its purpose. The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames and using wheelchairs.

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Bedrooms were bright and spacious with adequate personal storage space provided, including a secure lockable storage area. Wall mounted televisions were provided in all bedrooms and each room had ceiling hoists. Call bell facilities were provided, the bells were audible on the corridors and a light indicator was located outside each door. Separate hand washing basins were provided in all bedrooms for nursing and care staff to ensure robust infection control practices.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Some residents spoken to stated that they liked their bedrooms.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 14

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

References:

Regulation 14: End of Life Care

Standard 16: End of Life Care

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector was satisfied that caring for a resident at end of life was regarded as an integral part of the care service provided in centre.

There was an informative end of life policy in place. The sacrament of the sick was available to any resident who wished to receive it.

There was a palliative care suite provided which comprised of a single room with en suite assisted shower and toilet. There were also kitchen facilities provided. Nursing staff spoke of good links and input from the local hospice team stating that support was available as required. Staff had received training on the use of syringe drivers.

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Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing

Regulation 17: Training and Staff Development

Regulation 18: Recruitment

Regulation 34: Volunteers

Standard 22: Recruitment

Standard 23: Staffing Levels and Qualifications

Standard 24: Training and Supervision

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector reviewed the staff recruitment and selection policy and a selection of staff files. The inspector was satisfied that there was evidence of safe staff recruitment practices. Staff files were generally found to be in compliance with the requirements of the Regulations however, one staff file did not contain photographic identification as required. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up to date for all staff nurses. Details of training received and training certificates were noted on staff files.

The inspector noted adequate staffing levels at the time of inspection. On the day of inspection, in each care area there were three nurses and four care assistants on duty during the morning, three nurses and five care assistants during the afternoon and two nurses and one care assistant on duty during the evening up to 8.30pm. There was one nurse and one care assistant on duty at night time. There was also a CNM on duty and in charge at night time. The person in charge and assistant director of nursing were also on duty. The person in charge told the inspector that the staffing levels and skill mix were based on the assessed needs and dependency levels of residents and reviewed on a daily basis. The inspector noted that dependency levels were regularly reviewed and updated.

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The management team were committed to providing ongoing training to staff. Training records indicated that staff had attended recent training on challenging behaviour, cardiac pulmonary resuscitation, microbiology/infection control, medication management for dementia care, catheter care and use of physical restraints. Further training was scheduled on national policy on consent, elder abuse, HACCP, infection control/hand washing.

Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge and assistant director of nursing to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, provider and staff during the inspection.

Report compiled by:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
1 July 2013

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Provider's response to inspection report *

Centre Name: St. Brendan's Community Nursing Unit

Centre ID: 0633

Date of inspection: 26 June 2013

Date of response: 12/07/2013

Requirements

These requirements set out the actions that must be taken to meet the requirements of the Health Act 2007 as amended, 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.

Theme: Governance, Leadership and Management

Outcome 1: Statement of purpose and quality management

The provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose required some further updating in order to fully comply

with the requirements of the Regulations.

Action required:

Update the statement of purpose to ensure all matters listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are included.

Action required:

Make a copy of the statement of purpose available to the Chief Inspector.

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

**Health Information and Quality Authority
Regulation Directorate**

Action Plan

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Reference:

Health Act, 2007

Regulation 5: Statement of Purpose

Standard 28: Purpose and Function

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

The statement of purpose has been updated to include all matters listed in Schedule 1 of the Health act 2007 (Care and Welfare in Designated centres for Older People) Regulations 2009. A copy of this statement has been forwarded to the inspector.

09/07/2013

Theme: Safe care and support

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect:

The maintenance service records for fire fighting equipment were not up to date and cleaning chemicals were stored in unlabelled containers which posed a risk to residents, staff and visitors.

Action required:

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

Action required:

Take all reasonable measures to prevent accidents to any person in the designated centre and in the grounds of the designated centre.

Reference:

Health Act, 2007

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

Please state the actions you have taken or are planning

to take with timescales:

Timescale:

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Provider's response:

All fire fighting equipment has been serviced and maintenance records updated to reflect this action.

All cleaning chemical containers are labelled at each point of use.

04/07/2013

Outcome 8: Medication management

The provider is failing to comply with a regulatory requirement in the following respect:

Some prescribed nutritional supplements had not been signed as administered on a number of occasions.

Action required:

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.

Reference:

Health Act, 2007

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines

Standard 14: Medication Management

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

All nutritional supplements are signed as administered in accordance with policy and procedures. All staff have updated their knowledge in relation to this specific policy.

09/07/2013

Theme: Effective care and support

Outcome 11: Health and social care needs

The person in charge is failing to comply with a regulatory requirement in the following respect:

There was no care plan in place for one resident at high risk of falls.

Falls risk assessments and care plans were not consistently updated following each fall.

Some care plans had not been reviewed and updated three monthly.

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Action required:

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

Action required:

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

Reference:

Health Act, 2007

Regulation 8: Assessment and Care Plan
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 17: Autonomy and Independence

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

All residents have a care plan agreed relevant to their care needs this care plan is re-evaluated at three-monthly intervals or sooner as required in accordance with policy including reassessment of falls risk following such an event. Audit of this practice is written into the annual audit plan.

09/07/2013

Outcome 12: Safe and suitable premises

The provider is failing to comply with a regulatory requirement in the following respect:

External windows were dirty and the enclosed garden area was overgrown and poorly maintained.

Action required:

Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

Action required:

Keep all parts of the designated centre clean and suitably decorated.

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Reference:

Health Act, 2007

Regulation 19: Premises

Standard 25: Physical Environment

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

Garden maintenance, hedge cutting was in progress at time of inspection, maintenance of the environment both external and internal is ongoing throughout the year.

09/07/2013

Theme: Workforce

Outcome 18: Suitable staffing

The provider is failing to comply with a regulatory requirement in the following respect:

A staff file reviewed did not contain photographic identification as required by the Regulations.

Action required:

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 of the Regulations have been obtained in

respect of each person.

Reference:

Health Act, 2007

Regulation 18: Recruitment

Standards 22: Recruitment

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

Information and documentation as specified in Schedule 2 of the Regulations is obtained in respect of each person and filed in the staff file. No person is employed in the centre unless this information is available.

09/07/2013