



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

## Issued by the Chief Inspector

Name of designated centre:	Clarenbridge Care Centre
Name of provider:	The Village Nursing Home Limited
Address of centre:	Ballygarriff, Craughwell, Galway
Type of inspection:	Unannounced
Date of inspection:	20 April 2023
Centre ID:	OSV-0000764
Fieldwork ID:	MON-0039921

## About the designated centre

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

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

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	51
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Thursday 20 April 2023	10:30hrs to 19:00hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Resident feedback on the service received in the centre was positive. The residents felt that the staff caring for them were familiar with their needs, and knew their likes and dislikes. Residents reported satisfaction with the length of time it took to have their call bells answered when seeking assistance. Residents who were unable to use call bells had extra supervision and checks in place to ensure their safety. One resident told the inspector that there was "no need to inspect the centre" - meaning that the care resident's received was of a good standard. Residents were satisfied with the food and the choices available, but had voiced at the most recent resident meeting, that they wanted a review of the time evening meals were served. The management team were actively looking at this request.

On arrival to the centre, the inspector walked the premises with a member of staff. There was a large communal dining room and separate sitting room. Multiple residents were sitting in the large communal day room having had their breakfast. This communal room was occupied by residents throughout the day. The inspector spent time in this room chatting with residents, and observing the interactions between staff and residents. Some residents were unable to articulate their experience of living in the centre. However, those residents appeared comfortable and relaxed in their environment. Staff were observed spending time with those residents to ensure they were comfortable in their surroundings. The atmosphere was welcoming. The room was supervised by a member of staff at all times. Throughout the day, staff in this room spent time sitting and chatting with residents. Drinks and snacks were offered. In the afternoon, multiple residents and staff joined in a sing along celebration and birthday cake for a resident.

Residents movement in the centre was unrestricted. There were a variety of small communal rooms that were available should residents wish to spend time outside of their bedrooms. Residents were provided with spacious bedrooms that were personalised, and decorated according to each resident's individual preference. Residents were encouraged to personalise their bedrooms with personal items of significance, such as ornaments, and posters of teams and music groups that they followed. Multiple bedrooms had large comfortable couches where visitors could sit.

There was an enclosed courtyard. On the day of inspection, the inspector observed that the pavement in this courtyard was uneven and may pose a risk to residents. The person in charge confirmed that this risk had been escalated to the provider and that a plan was in place to have the area paved with more suitable pavement. There was a second outdoor space that had a large polytunnel where residents spent time gardening and attending to their own plants. The inspector met a resident who had recently planted some vegetables and was checking on their growth progress.

Multiple visitors were observed entering the centre to visit their loved ones. Residents were delighted that visiting restrictions, put in place during the COVID-19

pandemic, had been lifted.

Resident's personal clothing was laundered on-site. Residents were satisfied with the service provided.

Residents were kept informed about changes occurring in the centre through resident meetings. Residents told the inspector that they were provided with the opportunity to meet the management, and provide feedback on the quality of the service they received. As previously stated, a review of the time that the evening meal was served was under review at the request of the residents. Residents, and their relatives, were provided with an opportunity to provide feedback on the quality of the service through surveys that were completed in 2022. The results of the survey were communicated to residents, and their relatives, and overall there was a high level of satisfaction in all areas surveyed. For example; of the 17 returned surveys, 15 had marked that the care was excellent.

Overall, the inspector found that residents in Clarenbridge Care Centre received good quality health and social care from a team of staff that were committed to supporting residents to have a good quality of life. The following sections of this report detail the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service provided to residents.

## Capacity and capability

The inspector found that this was a well-managed centre where residents were supported and facilitated to have a good quality of life. Staffing in the centre was stable, and the inspector found this had a direct positive impact on the direct care given to residents. Notwithstanding the positive findings, the inspector found that the management of records did not meet with regulatory requirements, and that the systems in place to monitor records management in clinical and non-clinical areas was inadequate. The inspector followed up on the findings from the previous inspection of May 2022 and found repeated non-compliance under Regulation 17: Premises and Regulation 27: Infection control.

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). This unannounced risk inspection took place over one day. In addition, the inspector followed up on notifications and information of concern submitted to the Chief Inspector. The findings from the inspection are discussed throughout the report. There were 51 residents accommodated in the centre on the day of the inspection and ten vacancies.

The Village Nursing Home Limited is the provider of this centre. There was a clearly defined management structure in place, with identified lines of authority and accountability. The director of nursing, who was the person in charge, facilitated this

inspection. They demonstrated an understanding of their role and responsibility and were a visible presence in the centre. They were supported in this role by two supervisory assistant directors of nursing, and a full complement of staff, including nursing and care staff, activities, housekeeping, catering, administrative and maintenance staff. Management support was also provided by a director of quality and safety manager.

There was evidence of daily, weekly and monthly governance and management meetings. The quality and safety of care delivered to residents was monitored through a range of clinical and operational audits. The audits included reviews of care planning documentation, falls analyses, and hygiene audits. Where areas for improvement were identified, action plans were developed and completed. The annual review of the quality of the service provided for 2022 had been completed and was made available to the inspector for review.

The governance and management of the designated centre was well-organised and the centre was well-resourced. On the day of the inspection, there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The team providing direct care to residents consisted of two registered nurse on duty at all times and a team of healthcare assistants.

Staff had access to education and training appropriate to their role. This included infection prevention and control training, fire safety, manual handling, and safeguarding training.

Records management systems required action to bring the centre into full compliance with the regulations. Staff files reviewed were incomplete and the provider had failed to ensure that all of the information required under Schedule 2 of the regulations was in place. The inspector was informed that all new staff go through a process of induction into the centre and this induction process was completed over a two week period. While there was a system of induction and a list of the topics to be covered during induction outlined, the documentation to support this induction process described was not completed on three of the four files reviewed.

A review of an incident and accident log found that one incident involving a resident had not been notified to the Chief Inspector of Social Services, as required by the regulations. In addition, the inspector found that the use of restrictive practices within the centre were not appropriately, or accurately, notified to the Chief Inspector.

## Regulation 15: Staffing

On the day of inspection, there was sufficient staff on duty, with appropriate skill mix, to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider was committed to providing ongoing training to staff, and staff were appropriately trained. Staff demonstrated a good level of knowledge in relation to resident care.

Judgment: Compliant

### Regulation 21: Records

The provider had failed to ensure adequate oversight of records management, with particular regard to staff files and the information required under Schedule 2 of the regulations. For example:

- a staff file reviewed did not have up-to-date Garda (police) vetting in place.
- details and documentary evidence of relevant qualifications were not obtained in one file reviewed.
- the system of induction described to the inspector was not documented or recorded and made available for review in three of the four staff files reviewed.

The notification submitted to the Chief Inspector on the use of restraint was not accurately reported in line with the restrictive practice register held on site.

Judgment: Not compliant

### Regulation 23: Governance and management

The centre had sufficient resources to ensure the effective delivery of safe and quality care for all residents, in line with the centre's statement of purpose.

The provider had an established and effective governance and management structure in place where lines of accountability and responsibility were clearly defined. This structure supported the management systems in place to monitor, evaluate and improve the quality of the service provided to residents.

The annual review of the quality and safety of the care delivered to residents had been completed.



Judgment: Compliant

### Regulation 31: Notification of incidents

A review of the record of incidents that had occurred in the centre found that a resident had an injury that required hospital treatment. This incident had not been notified to the Chief Inspector, as required by the regulations.

Judgment: Substantially compliant

### Quality and safety

The inspector found that residents received a good standard of evidenced-based care and support from a team of staff who knew their individual needs and preferences. Residents were satisfied with the quality of the care they received. However, action was required by the provider to ensure that the premises and surrounding environment were kept in a good state of repair.

The provider had taken some action to improve the quality of the premises since the previous inspection. This included maintenance works to replace some wardrobes. A programme of painting and redecoration was on-going. The internal courtyard was kept in a poor state, and the paving was uneven throughout which was a risk to residents. The risk had been identified by the clinical nurse management team and had been escalated to the provider. This detail is discussed further under Regulation 17: Premises.

Following the last inspection, where it was identified that the centre had inadequate sluicing facilities, the provider had committed to the installation of a second sluice room. This action had not been taken. This meant there was a continued risk with staff having no option but to walk past communal areas to gain access to sluicing facilities.

The inspector reviewed a sample of resident files. Following admission, a range of validated assessment tools were used to assess the clinical risks of the residents including skin integrity, falls risk, nutrition, and manual handling needs. This information was used to develop a care plan for each resident, which addressed their individual abilities and assessed needs. Care plans were initiated within 48 hours of admission to the centre and reviewed as changes occurred. The documentation in place to guide 'end of life' care was detailed and the steps to take in the event of sudden deterioration was clearly documented. The inspector found that the care plans reviewed by the inspector were person-centred, holistic and contained the necessary information to guide care delivery.

Residents were provided with access to appropriate medical care, with residents' general practitioners providing on-site reviews. Residents were also provided with access to other health care professionals, in line with their assessed need.

The inspector reviewed the use of restrictive practices and found that the centre has a small number of residents using bed rails. Appropriate assessment of the use of bed rails was in place, and monitoring of resident safety checks was completed.

There was a risk register which identified risks in the centre, and the controls required to mitigate those risks. The register was kept up-to-date, and all known risk was communicated to the provider. Arrangements for the identification and recording of incidents was in place.

Residents told the inspector that they felt safe living in the centre, that staff respected their choice and preferences, and treated them with dignity and respect. Residents' meetings were held, which provided residents with opportunities to consult with management and staff on how the centre was run. Minutes of recent meetings showed that relevant topics were discussed.

Residents were provided with access to independent advocacy services, and a number of residents were using the service at the time of the inspection. Residents were provided with access to daily newspapers, radio, television and telephone.

## Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place and were not restricted. Visits were encouraged, and residents could meet their relatives or friends in the privacy of their bedroom, or in in one of the communal day rooms.

Residents were also facilitated to go out to local amenities with their visitors.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents were provided with appropriate storage in their bedrooms for personal possessions, and were encouraged to personalise their private space with items of significance to each resident.

Residents clothing was laundered on-site. A new system had been recently implemented and the laundry system in place minimised the risk of items of clothing becoming damaged or misplaced. Residents were satisfied with the service provided.

Judgment: Compliant

### Regulation 17: Premises

There were areas of the premises that were not maintained in a satisfactory state of repair as required by Schedule 6 of the regulations. For example;

- There were areas within communal resident bathroom walls that were awaiting painting following repair to damaged plaster.
- The enclosed garden pavement was in a poor state with uneven surfaces that may be a falls risk to residents. The person in charge confirmed that for this reason the enclosed garden was seldom used.
- Hoist equipment used by residents was not adequately cleaned.
- Multiple resident bedroom wardrobes were in a poor state of repair. The vinyl was lifting or adhesive tape was used to hold the door laminate covering in place. This is a repeated finding from the last inspection in May 2022.

Judgment: Substantially compliant

### Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26.

Judgment: Compliant

### Regulation 27: Infection control

The provider had failed to take action committed to in the last compliance plan response by installing a second sluice room. This meant that staff had no option but to continue to walk past communal areas to gain access to sluicing facilities.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Residents care plans were developed upon admission and formally reviewed at intervals not exceeding four months.

Care plans were informed through assessment using validated assessment tools that assessed, for example, residents dependency, risk of falls, risk of malnutrition, skin integrity and a social assessment that gathered information on the residents hobbies, likes and dislikes. Where a resident had been reviewed by an allied health care professional, updates to the care plan were evident.

Judgment: Compliant

### Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP), and the person in charge confirmed that GPs were visiting the centre as required.

Residents also had access to a range of allied health care professionals. The centre had a full-time physiotherapist, and occupational therapist working in the centre. In addition, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age and palliative care services were all available, as required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The provider promoted a restraint-free environment in the centre, in line with local and national policy.

The provider had regularly reviewed the use of restrictive practises to ensure appropriate usage. The restraint register that is managed by the nurse management team had identified the use of bed rails in place for six residents and appropriate assessment of need had been completed. Each resident had a restraint care plan in place.

Judgment: Compliant

### Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Independent advocacy services were available.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Clarenbridge Care Centre OSV-0000764

Inspection ID: MON-0039921

Date of inspection: 20/04/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"><li data-bbox="172 869 1439 952">1. An Audit of all staff files has been completed to ensure that GV and detailed documentary evidence of relevant qualifications is in place for all staff.</li><li data-bbox="172 985 1439 1097">2. The audit template for the HR files has been updated to include quarterly review of the induction documentation to ensure completion and added to the master audit schedule for 2023.</li><li data-bbox="172 1131 1439 1214">3. An updated notification has been submitted to the Chief Inspector on the use of restraint in line with the restrictive practice register held on site.</li></ol>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"><li data-bbox="172 1601 1439 1684">1. A notification was submitted to the Chief Inspector on the day of inspection in relation to an incident where a resident had an injury and required hospital treatment.</li><li data-bbox="172 1718 1439 1800">2. There is a weekly review of incidents/notifications by the senior management team with oversight by the Registered Provider</li></ol>	



Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> <li>1. The maintenance schedule has been reviewed and updated to include the repairs identified on the day of inspection.</li> <li>2. An additional trades person has been employed and upskilled to provide ongoing refurbishment of the centre.</li> <li>3. The hoist equipment was cleaned and is part of the daily cleaning schedule, which is audited on a regular basis.</li> </ol>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> <li>1. A second sluice room, with a bedpan washer, will be completed on the other side of the centre. This means that staff will no longer need to walk past communal areas to gain access to sluicing facilities.</li> </ol>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2023
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Not Compliant	Orange	31/05/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	30/09/2023

	infections published by the Authority are implemented by staff.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	20/04/2023