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<th>St. Brendan's Community Nursing Unit</th>
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<tbody>
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<tr>
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<td></td>
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<td>Fax number:</td>
<td>N/A</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:Bernie.austin@hse.ie">Bernie.austin@hse.ie</a></td>
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<td>Registered provider:</td>
<td>Health Service Executive (HSE)</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Bernadette Austin</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>1 June 2010</td>
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<td>Time inspection took place:</td>
<td>Start: 10:00 hrs Completion: 16:00 hrs</td>
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<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector:</td>
<td>Fiona Whyte</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>☑ Registration ☐ Scheduled ☐ Announced ☐ Unannounced</td>
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**About inspection**

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

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

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

**Evidence of good practice** - this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

**Some improvements required** - this means that practice was generally satisfactory but there were areas that need attention.

**Significant improvements required** - this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

**Registration inspections** are part of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration six months prior to the time the provider wishes to commence.
In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the Regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.
St. Brendan’s Community Nursing unit is a new development by the Health Service Executive (HSE). St. Brendan’s is a purpose built residential centre with 50 places. There are presently no residents living in the centre. It is proposed to transfer 17 residents from the nearby St. Bridget’s psychiatric hospital and three residents from St. Brendan’s community nursing unit in Loughrea, the remaining vacancies will be filled from the local community. All residents will be over 65 years, some residents will have dementia while a small number will require palliative care. There will also be a separate day care service with places for a maximum of 30 persons from the local community.

St. Brendan’s is a two-storey building; there are two lifts and two stairs provided between floors. The building overlooks secure landscaped gardens and the local pitch and putt course. There are two separate secure garden areas. One is a paved enclosed area and the other a large landscaped sensory garden. There is a separate sunken walled garden area to the front of the building. A long avenue leads up to the building and is lined with mature trees.

The main entrance is to the front of the building and opens into a large bright reception area. There are two corridors off the central reception area. One corridor leads to the day care area and the other to the residential area. Day care, offices, consulting rooms, treatment room, physiotherapy room and laundry are provided on the ground floor. There is a hair dressing room, prayer room, smoking room and staff facilities also located on the ground floor.

The kitchen and dining room are located centrally on the ground floor of the building. There are two assisted toilets adjacent to the dining room.

Bedroom accommodation is provided on two floors. Each floor / corridor is named after local religious abbeys. There are 21 single and two double bedrooms on each floor, all have en suite assisted shower and toilet facilities. There is a separate assisted bathroom with bath on each floor. Each floor has three day rooms and additional toilets are provided beside the day areas. A nurses’ station and clinical room are located centrally on both floors and sluice rooms are also provided.

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

The centre is located on the outskirts of Ballinasloe town in Co Galway.
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<tbody>
<tr>
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</tr>
<tr>
<td>Number of vacancies on the date of inspection</td>
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**Management structure**

The provider is the HSE and the designated contact person is Tony Canavan, General Manager. The Person in Charge is Bernie Austin, who reports to J.J. O’Kane, Manager of Services for Older People in the HSE. The Person in Charge is also responsible for St. Brendan’s community nursing unit in Loughrea.

Staff have not yet been recruited but the following management structure is proposed:

- An Assistant Director of Nursing to be appointed to manage the day-to-day operation of the centre. He/she will be supported by two Clinical Nurse Managers in each care area. Each care area will have 25 places and will be staffed independently and managed by a Clinical Nurse Manager 2 and supported by a Clinical Nurse Manager 1.

The following staffing levels and skill-mix are proposed:

- 24 nursing staff, 16 care assistants, 3 laundry operatives, 2 assistant staff officers, 1 occupational therapist, 1 occupational therapy assistant, 1 physiotherapist and 1 physiotherapy assistant. It is proposed that catering staff will transfer from St. Bridget’s hospital.
Summary of findings from this inspection

The provider was making an application for a new centre to be registered for the first time under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009 (as amended). This registration inspection took place over one day.

As part of the registration process, the provider and person in charge have to satisfy the Chief Inspector of Social Services that they are fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

Inspectors met with the person in charge, the provider and the manager of older peoples services. Proposed documentation was examined including care plans, proposed staffing rosters, accidents and incidents log, complaints register, register of residents, emergency plan and the policies and procedures.

Separate fit person interviews were carried out with the provider and the person in charge both of whom had completed the fit person self assessment document in advance of the inspection. This was reviewed by the inspectors, along with all the information provided in the registration application form and supporting documents.

The provider had submitted an application to be registered for the following categories of care:

- Older person (over 65 years of age)
- Dementia
- Physical Disability
- Intellectual Disability
- Acquired Brain Injury

Inspectors viewed the statement of purpose and discussed the categories applied for with the person in charge, she clarified that the HSE was applying to provide care for older persons (over 65 years of age) including older persons with dementia as well as persons with dementia under 65 years of age; the statement of purpose reflected this. She clarified that the HSE was not applying to provide residential care to residents with physical and intellectual disability under 65 years of age.

The inspectors were given a tour of the building by the person in charge. It is of a high standard and the person in charge had been closely involved since the building commenced. The building was not yet completed and some consideration will be required when furnishing it, in order to create a homely atmosphere.

As the building was not fully completed the opening date had not been decided and staff had not been recruited. The provider and person in charge undertook to submit a detailed operational plan for the transfer and admission of residents prior to the opening of the centre.
A letter from a competent person confirming that the requirements of the statutory fire authority have been complied with had not yet been submitted. The provider confirmed that a fire compliance letter will be submitted on completion of the building works.

While considerable preparations had been made by the person in charge, the report identifies some areas of improvement which are required to comply 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*. These include further development of the complaints policy and procedure and updating the contracts of care.

These issues are included in the Action Plan at the end of the report.
Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the Regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The provider and person in charge demonstrated their knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) during the “fit person” interviews. They both spoke of their commitment to providing residential care services that meet the current and emerging needs of the community. The person in charge had been working in that post at St. Brendan’s Community Nursing Unit in Loughrea for the past five years and had been involved with the HSE management team in the planning and development of the new community nursing unit in Ballinasloe. She is now the person in charge of both centres. The person in charge will be based in Loughrea but will travel to Ballinasloe one or two mornings per week. The person in charge explained that there will be an assistant director of nursing appointed in each centre who will manage day-to-day operations.

The person in charge was able to show inspectors the proposed staffing requirements and management structure which had been budgeted for and were currently being negotiated at senior management level in the HSE. Inspectors reviewed proposed staffing rotas. The provider told inspectors that securing finance to appoint the staff was a challenge in the current climate. However he stated that he was confident of getting the funding to recruit the required staff.

Inspectors reviewed a wide range of policies including medication management, restraint, complaints, elder abuse, infection control, recruitment, selection and vetting of staff. Most policies had been recently developed and were found to be very detailed, clear and comprehensive. They were dated and signed and included planned review dates. The person in charge told inspectors that she would provide staff training days to ensure they were familiar with the policies.

The health and safety statement was reviewed and found to be centre-specific and included comprehensive risk assessments for all hazards such as those associated with moving and handling, infection control and working at heights. The person in
charge advised inspectors that a health and safety committee would be established and a health and safety representative would be elected.

The emergency plan was reviewed by inspectors and found to be comprehensive. It outlined very clear procedures of the action to take in the event of emergencies such as fire, flooding, power outage, communications failure, explosion, public health incident, water contamination and communicable disease outbreak. The plan also included procedures for evacuation of residents to alternative accommodation.

The person in charge described her commitment to continuous improvement. She had recently developed a number of audit tools in order to effectively monitor and audit areas such as restraint, medication management, incidents/accidents and policies. She planned on introducing these audits in order to provide feedback and learning to staff and enhance the quality of care for residents.

The statement of purpose and Residents’ Guide were reviewed by inspectors. They were found to be in accordance with the requirements of the Regulations.

Inspectors viewed the proposed register of residents. The register had provision for recording all the information required by the Regulations.

The person in charge informed inspectors that she intended to maintain the same system for managing residents’ accounts as was presently being operated in the unit in Loughrea. Inspectors reviewed the current system and found it to be managed in a safe, secure and transparent manner. Individual private property accounts were maintained for each resident, all transactions were recorded in a triplicate book, signed by the resident and the nurse. Each resident was given a printed statement monthly but could request and receive a print out at any time.

Some improvements required

Inspectors reviewed the complaints policy; it did not include details of the Chief Inspectors office and did not require verbal complaints to be documented. The complaints procedure was not developed. The provider and person in charge’s knowledge and understanding of the complaints process showed a positive attitude to receiving complaints; they viewed complaints as a source of information and providing opportunities for learning. They showed a very good understanding of the issues involved in managing complaints and responding to allegations, disclosures or concerns about abuse.

Inspectors reviewed proposed contracts of care. The contracts of care did not include the type of room to be occupied, the fee or charges for additional health, personal and social care services to be paid over and above those included in the fee.

Significant improvements required

The building was not fully completed and handed over to the HSE therefore written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with had not been submitted.
2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

The person in charge discussed the importance of meeting residents’ needs with inspectors. She emphasised the importance of ensuring that privacy and dignity of residents was respected. There were 42 single bedrooms and four double bedrooms all of which had screening curtains to ensure privacy. She told inspectors that treating residents with dignity and respect was always on the agenda and discussed at staff meetings.

The person in charge outlined how she proposed to ensure that residents’ social and recreational interests were met. She told inspectors that residents’ likes and dislikes would be discussed and assessed as part of the care plan. She stated that the occupational therapist would undertake assessments of individuals’ capabilities to inform the care plan. She showed inspectors a variety of ‘life story’ booklets which were currently being considered and stated that they would be completing a booklet/album for each resident. She told inspectors that she intended to use the assessments to inform a variety of planned activities to suit all residents’ interests and capabilities. She also hoped to involve outside groups such as musicians, dancers, artists and local school children.

The person in charge told inspectors that the catering staff would be transferring from St. Bridget’s hospital once the building was ready. She said that the chef and dietician would assess the nutritional status and requirements of all residents having regard to their individual likes and dislikes, the nutrition policy and food pyramid. This information would then inform the meals and menu planning. There was a kitchenette located on each floor and the person in charge confirmed that residents, relatives and staff will be able to access snacks and drinks outside of regular hours.

There was an in house laundry facility provided. The person in charge advised that residents’ personal clothing will be laundered on site and that they had obtained discreet button type laundry tags to personalise all clothing and minimise loss.

There was a multi denominational prayer room located on the ground floor. There was a sliding door provided between the prayer room and an adjoining dayroom to allow mass to be celebrated for larger numbers if required. The person in charge confirmed that arrangements were in place and the local Chaplin was available to
attend to residents spiritual needs. She confirmed that residents of all religions will be catered for.

The person in charge discussed residents’ rights and choice with inspectors and stated that they would be respected and facilitated. She said that routines would be tailored to meet individual resident’s needs and wishes such as flexibility around getting up and going to bed times, meal times, and choice of dining location.
3. Healthcare needs

Outcome: Residents’ healthcare needs are met.

Healthcare is integral to meeting individual’s needs. It requires that residents’ health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

Inspectors reviewed the medication management policy. The policy was found to be comprehensive, and gave detailed, clear guidance on areas such as administration, prescribing, telephone orders, facsimile ordering, as required medications (PRN), transcribing, double checking of medications, crushing, covert medication, refusal, withholding, self administration, vaccination, pain management, injections, storage, emergency admissions, medications requiring strict controls and medication errors. The policy stated that all residents’ medications would be reviewed on a three monthly basis by the general practitioner (GP) and also included a medication error report form.

Proposed medication prescribing and administration charts were available for inspectors to view and included a section for residents’ photographs, weight/height, allergies and biographical details to be recorded. Codes were provided on the charts for recording when residents’ medications were ‘withheld’, ‘refused’ and ‘not available’. A signature bank of nurses’ signatures was provided for. Essential elements of safe prescribing and administration practice had been documented on the charts for easy reference by staff.

The person in charge told inspectors that she had made arrangements with local GPs to provide services to residents and that an out-of-hours service was available.

Inspectors reviewed the proposed nursing documentation which was found to be comprehensive. The documentation included resident profile, comprehensive assessment of needs under headings such as communication, emotional needs, safe environment/ mobility, personal hygiene and nutritional needs. It included additional risk assessments such as nutritional, continence, moving and handling, falls risk, risk of developing pressure ulcers, wounds and dependency levels. Domains of care including personal care, daily life/promotion of choice, safety and social participation were provided for. The person in charge confirmed that additional care plans would be put in place when residents have specific needs such as wound management or catheter care. The care plans had provision for residents current abilities, agreed assistance required, agreed long and short term goals. The documentation allowed for the residents/representative signature and review dates/comments. Nursing narrative notes, daily progress report, biographical details and physiotherapy referral forms were all included.
The person in charge outlined to inspectors the range of allied health professionals which will be available to all categories of residents. She informed inspectors that she had requested and applied for full time physiotherapy and occupational therapy posts. Arrangements had been put in place for a Consultant Geriatrician to visit weekly. The community dietician services were available on referral. She confirmed that a consultant psychiatrist and her team were moving their consulting rooms and offices from St. Bridget’s Hospital to the new building and would be available to the residents. The person in charge told inspectors of the strong links between the current service in Loughrea and the psychiatry of old age unit, she said that response to referrals was almost immediate. She also outlined how this link was particularly beneficial for residents with Alzheimer’s disease and dementia. She spoke of how they were presently considering developing a staff training module on dementia care with the psychiatry of old age team.

There was one palliative care suite provided which comprised of a single room en suite with assisted shower and toilet. There were also kitchen facilities provided. The person in charge spoke of good links and input from the local hospice team and that support was available as required.
4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents’ individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The centre was purpose-built and the design of the building was suitable for its purpose. The entrance was through double glazed automatically opening doors which led into a large bright reception area with reception desk. The corridor on the left led to a single storey area which comprised mainly of the day centre areas, physiotherapy room, hairdressers room, laundry, cleaners room, smoking room, prayer room and consultant rooms. The corridor on the right led to the two storey residential care areas. The main stair case and two lifts were accessible from the reception area. The kitchen, dining room and two assisted toilets were located centrally.

The circulation areas had grab rails, corridors were wide, bright and allowed plenty of space for residents if walking with frames or using wheelchairs. The building was designed so that residents could view the landscaped gardens from all rooms; the gardens were easily accessible from all ground floor communal areas. There were two separate secure gardens. One was a paved enclosed area beside the smoking room and the other was a large landscaped sensory garden. There was also a variety of planting to provide texture and colour in the garden along with several paved walking areas and seated shelters. There was a separate sunken walled garden area to the front of the building and the person in charge was enthusiastic about holding garden parties and barbecues in this area.

There was a good variety of communal space. Each floor had three day rooms, two with wall mounted televisions. The person in charge told inspectors that it was intended that one of the day-rooms would be used as a quiet room or library. All dayrooms overlooked the garden. One first floor dayroom had a small secure balcony overlooking the garden. The person in charge outlined how it was her intention to provide some seating areas in alcoves and areas off the corridors and in the lobby in order to increase the variety of sitting space.

Bedrooms were bright, spacious and all had en suite assisted shower and toilet facilities. There was adequate personal storage space provided including a secure lockable storage area. Wall mounted televisions were provided in all bedrooms. Ceiling hoists were provided in all bedrooms. 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.

A separate well equipped sluice room was provided on each floor.

Inspectors viewed the large well-equipped kitchen. Separate changing and toilet facilities were provided for catering staff. The kitchen was designed with a serve over counter linking directly to the dining area, which facilitated self-service for residents and allowed them to see meal preparation and the catering staff.

Some improvements required

The building was unfurnished and the entire building was painted white internally, therefore it did not have a domestic or homely appearance/ atmosphere. The person in charge told inspectors that it was intended to allow each clinical nurse manager when appointed to choose colour schemes and soft furnishings for each care unit in order to create a homely atmosphere. She told inspectors that residents would be consulted when choosing paintings and soft furnishings for the communal areas and they could choose to personalise their own bedrooms if they wished.

Equipment had not yet been provided in the building. The person in charge told inspectors that all new furniture and equipment was on order. She confirmed that a maintenance contract for the service of all equipment would be put in place.

Inspectors viewed the laundry room which was not equipped. The person in charge said that residents’ personal clothing would be laundered in house and that bed linen, sheets and towels would be contracted out to a local laundry company. There was no designated storage area for soiled bed linen while awaiting collection.
5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents’ and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents’ privacy is respected.

Evidence of good practice

The person in charge informed inspectors that she intended to set up a residents’ council. She stated that she was hoping to involve the psychiatry of old age team and a social worker to ensure that all residents were represented. She said she intended to recruit volunteers to train as resident advocates on the National Advocacy Training Programme.

Inspectors noted clear signage throughout the building. Each corridor was named after local religious abbeys. Bedroom doors were numbered, the person in charge told inspectors that residents could personalise their own door sign by placing a photograph or picture in a laminated slot which had been provided outside each bedroom door.

Televisions points were provided n all bedrooms and it was intended to provide televisions for residents who wanted one in their bedroom. Access to telephones would also be provided to allow residents make calls in private.
6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents’ needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Inspectors reviewed the recruitment policy which met the requirements of the Regulations. The provider and person in charge confirmed that all staff would be recruited in line with the policy, that the required documentation including three references and Garda Síochána vetting would be sought. The person in charge stated that permanent staff would undergo a probationary period of 12 months and would be assessed at 3, 6 and 12 months prior to being made permanent. She stated that all temporary staff would be supervised on a day-to-day basis initially and staff appraisals would be completed at the end of week one and week two to determine their suitability and competence. Staff appraisals will be completed for all staff on an ongoing basis.

The person in charge confirmed that all new staff will receive induction training on commencement of employment which will include mandatory training in relation to fire safety, moving and handling and elder abuse. She told inspectors that priority would be given to training staff in areas relevant to the needs of residents such as dementia care and in intravenous cannulation; this will ensure residents do not have to be transferred unnecessarily to hospital for procedures such as intravenous fluids.

The person in charge also intended for all care assistants to be facilitated to attend Further Education and Training Awards Council (FETAC) Level 5 training course and she stated that the course was provided within the HSE. She intended to introduce staff appraisals in order to identify training and educational requirements and to facilitate staff training on a planned annual basis. She stated that she would be putting forward at least one nurse to attend the nurse prescribing course.

Inspectors reviewed the proposed staffing rotas. It was proposed that each care unit of 25 residents will be staffed individually as follows:
- a clinical nurse manager 2 and a clinical nurse manager 1 will work Monday to Friday and will cover shifts on alternative weekends
- there will be four nurses and two care assistants on duty during the daytime
- there will be two nurses and one care assistant on duty from 8.00 pm to 11.00 pm One nurse and one care assistant on duty at night time.
Inspectors noted that adequate staff facilities were provided, they included separate male and female staff changing and toilet facilities. A staff dining room / rest room was also provided.
Closing the visit

At the close of the inspection visit a feedback meeting was held with the provider, person in charge, and manager of older people’s services to report on the inspectors’ findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the provider and person in charge during the inspection.

Report compiled by:

Mary Costelloe

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

2 June 2010
Provider's response to inspection report

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<th>Centre:</th>
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<td>0706</td>
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<tr>
<td>Date of inspection:</td>
<td>1 June 2010</td>
</tr>
<tr>
<td>Date of response:</td>
<td>9 July 2010</td>
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Requirements

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

1. The provider has failed to comply with a regulatory requirement in the following respect:

Written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with has not been submitted.

Action required:

Provide to the Chief inspector written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

Reference:

- Health Act, 2007
- Regulation 32: Fire Precautions and Records
- Standard 26: Health and Safety

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

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<th>Timescale:</th>
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**2. The provider is failing to comply with a regulatory requirement in the following respect:**

The complaints policy did not include details of the Chief Inspectors office and did not require verbal complaints to be documented. The complaints procedure which must be displayed in a prominent position had yet to be developed.

**Action required:**

Ensure that there are written policies and procedures relating to the making, handling and investigation of complaints from any person about any aspects of the service, care and treatment provided in, or on behalf of the centre and ensure that the complaints procedure is displayed in a prominent position.

**Reference:**

Health Act, 2007  
Regulation 39: Complaints Procedures  
Standard 6: Complaints

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

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<tr>
<td>The complaints procedure will be displayed in a prominent position in the unit when HSE take position of the building.</td>
<td>On hand over - date to be confirmed</td>
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**3. The provider is failing to comply with a regulatory requirement in the following respect:**

The contracts of care did not include the type of room to be occupied, the fees to be charged or the charges for additional health, personal and social care services to be paid over and above those included in the fee.
**Action required:**

Ensure that the contract of care includes details of the services to be provided and the fees to be charged.

**Reference:**

Health Act, 2007  
Regulation 28: Contract for the Provision of Services  
Standard 7: Contract/Statement of Terms and Conditions

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<th>Please state the actions you have taken or are planning to take with timescales:</th>
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| Provider’s response:  
The contract of care includes details of the services to be provided and the fees to be charged. | Complete |

**4. The provider has failed to comply with a regulatory requirement in the following respect:**

The building was unfurnished and the entire building was painted white internally. The building did not have a domestic or homely appearance/atmosphere.

**Action required:**

Ensure that all parts of the premises are suitably decorated.

**Reference:**

Health Act, 2007  
Regulation 19: Premises  
Standard 25: Physical Environment

<table>
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<tr>
<th>Please state the actions you have taken or are planning to take following the inspection with timescales:</th>
<th>Timescale:</th>
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</table>
| Provider’s response:  
It is intended to allow each clinical nurse manager when appointed to choose colour schemes and soft furnishings for each care unit in order to create a homely atmosphere. Curtains, bedding and seating is on order carefully chosen to introduce a coordinated colour scheme to the unit. Residents when in place will be consulted when choosing paintings and soft furnishings for the communal areas and they can choose to personalise their own bedrooms if they wish. | Work in progress |
Any comments the provider may wish to make:

Provider’s response:

None received

Provider's name: Tony Canavan, HSE General Manager
Date: 9 July 2010