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

Issued by the Chief Inspector

<table>
<thead>
<tr>
<th>Name of designated centre:</th>
<th>St Vincent's Community Nursing Unit</th>
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<tr>
<td>Name of provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Address of centre:</td>
<td>Irishtown, Mountmellick, Laois</td>
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<tr>
<td>Type of inspection:</td>
<td>Short Notice Announced</td>
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<tr>
<td>Date of inspection:</td>
<td>24 September 2020</td>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000533</td>
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<tr>
<td>Fieldwork ID:</td>
<td>MON-0029831</td>
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About the designated centre

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

The following information outlines some additional data on this centre.

<table>
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<th>Number of residents on the date of inspection:</th>
<th>70</th>
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How we inspect

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Times of Inspection</th>
<th>Inspector</th>
<th>Role</th>
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<tbody>
<tr>
<td>Thursday 24 September 2020</td>
<td>09:00hrs to 15:00hrs</td>
<td>Catherine Rose Connolly Gargan</td>
<td>Lead</td>
</tr>
<tr>
<td>Thursday 24 September 2020</td>
<td>09:00hrs to 15:00hrs</td>
<td>Mary McCann</td>
<td>Support</td>
</tr>
<tr>
<td>Thursday 24 September 2020</td>
<td>09:00hrs to 15:00hrs</td>
<td>Helena Grigova</td>
<td>Support</td>
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What residents told us and what inspectors observed

There was a relaxed and unhurried atmosphere in the centre and residents were either relaxing in their bedrooms or out and about in the communal areas in the centre. While, staff ensured the various infection prevention and control precautions were respected, they made good efforts to ensure that the impact of these lifestyle restrictions on residents' routines in the centre was minimised. Residents were encouraged to continue to enjoy activities that interested them and to meet with other residents that they had developed friendships with. For example, two residents enjoyed each others company while watching a video on rural life in Ireland in years gone by. Some residents in the multiple occupancy bedrooms also chatted together.

Residents told the inspectors that they 'felt protected' from COVID-19 in the centre and one resident said she was thankful that she was not 'living and having to fend for herself' in the community during this time. Two residents said that COVID-19 worried them especially in the early days of the pandemic and the outbreak in the centre but, staff put them 'at ease' and always answered their questions honestly. Residents' links with their families were supported and encouraged by the person in charge and staff and residents' relatives were visiting them on the day of inspection. Residents were satisfied with the arrangements for their visitors to come and see them. Staff helped residents to use social media to make video calls and to keep in contact with their family members. A number of residents told inspectors that they missed their family members and they felt lonely sometimes especially during increased national and more recent regional restrictions. They said they were grateful that restrictions were eased but longed for normality again.

Residents told the inspectors that they were very content with living in the centre describing it 'As a wonderful place', they felt 'Involved and part of the centre community' and a place 'Where everyone matters'. Both residents and relatives who spoke with inspectors gave high praise to the staff for their absolute kindness, happy and upbeat demeanours and willingness to go out of their way to help at all times. Some residents described staff members as being their friends. Staff compared their care and concern for residents in the centre as being equal to that of their own elderly family members. While inspectors, observed task oriented interactions with residents on one unit, the majority of staff knew the residents well and they interacted with residents in a kind and respectful manner.

Inspectors spoke with three residents' relatives and they expressed high levels of satisfaction with all aspects of the service. One resident's relative said that she could 'sleep peacefully at night' knowing that her relative was being very well cared for in the centre. Another relative said that they were glad that their relative was having a 'great and very happy life' in the centre. These relatives also valued the fact that many staff in the centre were from the local community and were familiar with the local areas and people residents remembered and talked about.
The inspectors were told by residents that their views were always listened to and they felt part of the centre community. All residents who spoke with the inspector said they had no complaints about the centre and that 'it was the best place in Ireland'. Several residents spoke in very complimentary terms about the person in charge and some of the staff.

**Capacity and capability**

St Vincent's Community Nursing Unit is managed by the Health Service Executive (HSE). The designated centre has an established and clearly defined governance and management structure and is locally managed by an appropriately qualified and experienced Person in Charge (PIC). The PIC works full-time in the centre and is supported in her management role by the provider representative, an assistant director of nursing and clinical nurse managers. Inspectors found that the person in charge provided strong local leadership and oversight of clinical effectiveness and the quality and safety of the service provided to residents. The provider ensured sufficient resources were made available to meet residents needs and had systems in place to ensure the service was safe, effective and of a good standard.

The centre experienced a COVID-19 infection outbreak in March 2020. At the time of this inspection, the centre had recovered from the outbreak. During the outbreak, nine residents contracted COVID-19, five recovered and sadly four residents died. Effective multidisciplinary medical and infection prevention and control specialist input and communication ensured the centre was provided with expert guidance during the outbreak. Eight staff contracted COVID-19 infection and support with staffing from an external staffing agency ensured that staffing levels to meet residents' increased needs were maintained and ensured risk of cross infection was minimised with rostering of separate staff teams. Staffing levels continued to be closely monitored to ensure sufficient numbers of skilled staff were provided to meet residents' needs on each of the four units in the centre.

Inspectors found that the person in charge provided strong leadership and ensured that staff were well informed about the symptoms of COVID-19, including atypical symptoms and were knowledgeable about isolation procedures and the latest infection control guidelines published by the health protection and surveillance centre (HPSC). This information was also collated in a folder for ease of staff reference. There was a comprehensive monitoring system in place for residents and staff to detect symptoms related to COVID-19 without delay. There was also a good tracking system in place where the time-lines of testing, test results, infection levels and outcomes were clearly recorded.

Staff were facilitated to attend mandatory and professional development training. Staff training included training on infection prevention and control, cleaning procedures, use of personal protective equipment and hand hygiene. All COVID-19 related training had a system of assessing staff competencies to ensure
that recommended procedures were rigorously adhered to. Residents were also well informed about COVID-19 infection prevention and control procedures. The provider facilitated staff to receive training on taking viral swabs to test for COVID-19 infection. This ensured testing was done without delay, that residents were isolated for the shortest time possible and helped to reduce unnecessary PPE use.

Communication with residents and their families was prioritised during the COVID-19 outbreak regarding the wellbeing of all residents but especially residents with COVID-19 infection. Feedback on the service was welcomed and procedures were in place for receiving and investigating complaint about the service. Inspectors found that the complaints procedure displayed warranted review to improve accessibility to ensure residents and relatives were fully aware of the complaints procedure.

A post COVID-19 outbreak review had been completed and had informed a number of improvements made to the centre's preparedness plan for further COVID-19 outbreaks.

**Regulation 15: Staffing**

Adequate numbers of appropriately skilled staff were provided in accordance with the assessed support and care needs of residents and with regard to the layout of the centre. The person in charge had subdivided the centre into four separate pods for the purposes of limiting movement of staff and residents and potential for any spread of COVID-19 infection. Each pod had an assigned staffing cohort which inspectors saw was carefully managed and maintained. Arrangements were in place to replace staff in the event of unplanned leave.

There was a minimum of two registered nurses on duty in each unit at all times during the day and at night. All nurses working in the centre had valid registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

**Regulation 16: Training and staff development**

The person in charge had a system in place for monitoring and tracking all training done by staff and the staff training records were made available to the inspectors. Staff who spoke with inspectors and staff training records examined confirmed that all staff were facilitated to attend up-to-date mandatory training in safeguarding residents from abuse, safe moving and handling procedures and fire safety training. Staff were also facilitated to attend a wide variety of professional development training. This training was informed by the varied and complex needs of the residents in the centre and staff training needs identified in annual appraisals.
completed with staff by the person in charge.

There was a focus on ensuring all staff attended training in infection prevention and control procedures and practices, timely identification and care of residents with COVID-19 infection, hand hygiene procedures and donning and doffing of personal protective equipment (PPE).

All staff were supervised on an appropriate basis according to their roles and were recruited, selected and vetted in accordance with best practice and legislative requirements.

Judgment: Compliant

### Regulation 21: Records

A sample of four staff files were examined by the inspectors and they contained all information as required in Schedule 2 of the regulations. This information included vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. Inspectors received assurances from the person in charge that all staff working in the centre had completed An Garda Siochana vetting disclosures before commencing employment and this information was in their staff files.

A signed and dated daily record of each resident’s health, condition and treatments given was maintained by nursing staff.

A register of restrictive procedures or equipment used in the centre was maintained.

Judgment: Compliant

### Regulation 23: Governance and management

The person in charge worked on a full-time basis in the centre since March 2020. She displayed a good knowledge of the residents and of the overall running of the centre. She maintained good oversight of the quality and safety of clinical care and of the service provided to residents.

The quality, safety and effectiveness of the service provided to residents was closely and consistently monitored and where areas for improvement were identified, specific and time-bound action plans were put in place and completed. The management systems for monitoring infection prevention and control, hygiene standards, risk management, staffing allocations and clinical oversight were well established and ensured that the service provided was safe, appropriate, consistent and effectively monitored, as required under Regulation 23(c). A system of frequent
auditing and review of residents' key clinical information ensured the delivery of safe quality care with positive outcomes for residents.

The provider was addressing ongoing non compliances regarding the centre premises including the layout and design of multiple occupancy bedrooms and residents access to shower and toilet facilities with refurbishment of parts of the current premises and construction of a new 50 bed unit on the same campus by December 2021. These works were in progress at the time of this inspection. Completion of the building works by December 2021 to bring the centre premises into compliance with the regulations and standards is a condition of the centre's registration as a designated centre.

A review of the COVID-19 outbreak in the centre was completed and identified actions put in place to strengthen the centre's preparedness for possible further outbreaks.

There was good evidence that residents were consulted with regard to the day to day running of the centre and with regard to the recent infection outbreak. Residents' feedback on their experiences of the COVID-19 outbreak was utilised to develop supports for residents, especially for residents who had recovered and residents who continued to experience anxiety.

An annual review report on the quality and safety of the service and quality of life for residents had been completed in consultation with residents for 2019.

Judgment: Compliant

**Regulation 3: Statement of purpose**

The centre's statement of purpose was recently revised and detailed all information as required by Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The statement of purpose described the management and staffing structure, the facilities and the service provided and was accurately reflected in practice in the centre.

Judgment: Compliant

**Regulation 31: Notification of incidents**

A record of all accidents and incidents involving residents was maintained in the centre. All incidents of serious injury to residents were notified to the Health Information and Quality Authority (HIQA) as required within the specified regulatory timescales. Notification of other specified events involving residents including notification of an COVID-19 infection outbreak and the unexpected deaths of four
Residents due to COVID-19 infection were submitted as required. Quarterly reports were submitted as required by the regulations.

Judgment: Compliant

**Regulation 34: Complaints procedure**

A complaints policy was in place that clearly described the complaints procedure including the appeals procedure. The person responsible for the management of complaints was clearly identified as the person in charge. While a photograph of the person in charge was displayed in each unit to assist residents, the complaints procedure on display was not easily accessible as it was written in very small font and placed on a wall well above eye level. All complaints were detailed in the complaints log and investigated without delay. The outcome of investigations were communicated to complainants and their satisfaction with how the complaints were addressed was sought and recorded. An appeals procedure was in place and made available if any complainants dissatisfied with the outcome of their complaint investigation.

An independent advocacy service was available to support residents with making a complaint about the service if they wished.

Judgment: Substantially compliant

**Regulation 4: Written policies and procedures**

Policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available, accessible to all staff and were specific to the centre. These policies and procedures were reviewed and updated at intervals not exceeding three years to ensure the information within the policies reflected best practice information and up-to-date guidance. Policies to inform procedures relevant to COVID-19 such as, infection prevention and control, visiting in the centre and admission of residents were updated in accordance with evolving guidance and were implemented in practice.

Judgment: Compliant

**Quality and safety**
Residents' medical and nursing care needs were met to a good standard and they were provided with timely access to multidisciplinary services employed by the provider as needed. Residents' care plan documentation provided assurances that residents' needs had been assessed and their care interventions were developed in consultation with them regarding their individual care preferences and wishes. Residents' care plan information clearly described the care that was important for staff to complete to meet their individual needs. Residents' records and documentation was for the most part completed to a good standard.

Having experienced and recovered from an outbreak of COVID-19 in the centre, the provider, person in charge and staff team were committed to keeping residents and staff in the centre free of further COVID-19 infection. Training was ongoing to ensure all staff were kept informed of the most up-to-date guidance published by the health protection and surveillance centre (HPSC) and to ensure it was implemented. Inspectors found that infection prevention and control practices and procedures in the centre were optimised but were compromised by limited number of single occupancy bedrooms to isolate residents with suspected or confirmed COVID-19 infection and the layout of multiple occupancy and twin bedrooms without en-suite facilities. Residents privacy and dignity was also compromised by the location of washing and toilet facilities at various distances from their bedrooms. This necessitated them traveling along the communal corridors to have a shower and to use toilet facilities. The toilets in some areas of the centre were of a cubicle design.

The provider ensured there was a plentiful supply of PPE available and that it was appropriately used by staff. Signage was in place throughout the centre advising of COVID-19 infection prevention and control precautions. Residents' equipment was cleaned after each use and was observed to be spotlessly clean. There was a cleaning schedule in place to ensure that frequently touched surfaces were cleaned at regular intervals. Clinical waste was appropriately segregated and securely stored to prevent unauthorised access while awaiting removal by the centre's waste management company.

Staff training in the centre included health screening procedures and up-to-date information in relation to COVID-19 symptom presentation. Designated staff in the centre had also been trained to take viral swabs and this ensured testing could be done without delay. Resident and staff health screening included recommended temperature checking to ensure that any symptoms of COVID-19 infection were detected at the earliest opportunity and appropriate containment measures were put in place.

Restricted visiting into the centre put in place on 06 March 2020 and again during regional restrictions were eased at the time of this inspection and residents were enjoying scheduled visits with their relatives and friends again.

Residents had opportunities in the unit they resided in to participate in meaningful and varied activities that were appropriate to their interests and capabilities. Residents were encouraged to participate in small group activities in the various sitting rooms with social distancing arrangements in place. Exercise sessions
were facilitated as part of a health promoting and rehabilitation programme to help residents with maintaining their mobility and strength. There were a variety of outdoor areas for residents' enjoyment and they could freely access these areas as they wished.

Staff had developed positive and therapeutic relationships with residents and they knew them and their preferences well. Task focused interactions observed by inspectors in one unit on the first floor needed improvement but all interactions with residents by staff were respectful and courteous. Staff who spoke with the inspectors were very clear on their responsibility to report any suspicions, disclosures or incidents of abuse they may witness.

Residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) were assessed and well supported by staff. Restrictive practices used were in line with the national standards and were closely monitored.

Regulation 11: Visits

Scheduled visits to the centre commenced on 15 June 2020 with the exception of a period of regional restrictions in line with Health Protection and Surveillance Centre (HPSC) guidance. The provider had a system of scheduled window visits in place to ensure that residents could continue to see their family in a controlled and safe way during the COVID-19 outbreak and during a subsequent period of restricted visiting for residents in centre in Co Offaly. During these times, residents were also supported to maintain contact with their families with regular telephone calls and use of video technology as often as they wished.

At the time of this inspection, nine visits from families and friends were scheduled each day and residents' designated visitors were required to socially distance and wear face coverings during visits. The provider and person in charge had procedures in place to ensure all visitors were screened for any signs of COVID-19 and were facilitated to carry out appropriate hand hygiene.

Judgment: Compliant

Regulation 13: End of life

End-of-life care plans were developed in consultation with residents or their families on their behalf. This information regarding residents' personal preferences and wishes had been updated prior to, and following the COVID-19 outbreak in the centre to ensure residents had sufficient opportunity to review and update this information. Residents' end-of-life care plans described their wishes in relation to
their physical, psychological and spiritual care and included specific preferences regarding where they wished to be cared for at the end of their lives and arrangements that were important to them regarding their funeral and final resting place.

Some residents' care documentation recorded advanced care directives. The information examined gave assurances that residents or their families on their behalf, as appropriate were involved in advanced care decisions. Palliative care services were available and supported residents' GPs and staff in the centre with managing and supporting residents' end-of-life symptoms including pain relief and providing comfort measures. Anticipatory prescribing was in place to ensure residents were provided with timely effective pain relief and symptom management.

Residents families were kept informed of residents' health conditions throughout the COVID-19 outbreak and were facilitated with opportunities to be with their loved ones when they became very ill. Staff told the inspector that where family members were unable to be with residents in their last days and hours, they ensured that a member of staff was with them and that none of the residents died alone.

Judgment: Compliant

Regulation 17: Premises

Residents’ accommodation consisted of four separate units within the centre including a dementia specific unit. There were 13 single bedrooms in total in the centre, eight of which are in the dementia care unit. Three other single bedrooms are predominantly allocated for residents receiving palliative care. Plans were in progress for the construction of a new 50 bed unit on the same campus to be completed by December 2021. Part of the current designated centre will be amalgamated into the new build. Currently major refurbishment work has commenced in part of the building with further refurbishment work planned. This work has and as it progresses will further enhance the living environment for residents. Ancillary work with regard to building water storage tanks as a condition of planning permission was in progress. At the time of this inspection one multiple occupancy bedroom was in the process of being upgraded and reconfigured to create a new additional spacious dining and sitting room areas. The majority of residents in the centre resided in multiple occupancy bedrooms with these four bedded rooms having no en suite facilities. The twin bedrooms in one unit on the first floor also did not have en suite washing or toilet facilities. The layout and design of the multiple occupancy bedrooms continued to impact on resident’s privacy and dignity as discussed under regulation 9: Residents' rights. While there were adequate numbers of bathrooms and toilets, their location, some distance off circulating corridors from several residents' bedrooms did not meet the needs of residents or promote their privacy, dignity, well-being and independence. As also found on the last inspection, some shared toilets in the centre were of a cubicle
design which did not ensure residents' privacy.

Storage for residents' equipment had improved since the last inspection. However, storage of residents' assistive equipment, when not in use by some residents' bedsides compromised the space available to them in some twin bedrooms on the first floor.

Since the last inspection, a second room was upgraded and improved the communal dining and sitting accommodation available for residents residing on the first floor.

All areas of the centre were maintained to a good standard and a painter was painting one communal corridor area on the day of inspection. There were ramps in the surfaces of two circulating corridors and handrails were fitted on each side of these corridors for residents' safety. Measures were in place to optimise residents' access around the centre. For example, all handrails in the centre were in contrasting colours to surrounding walls along all corridors. Toilet seat fittings and grab rails were also in contrasting colours. The doors of key areas such as toilets and bathrooms were painted in a contrasting colour throughout to orientate residents to their function. Good use of directional signage and signage on key communal rooms also supported residents with independently accessing key areas in the centre. Some residents used motorised wheelchairs which promoted their independence. Functioning call bells were accessible to residents in all areas.

Judgment: Not compliant

### Regulation 18: Food and nutrition

Residents were assessed for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were monitored on a monthly basis to identify unintentional weight loss or gain at an early stage. Five nutritional care plans were reviewed by inspectors. In one care plan reviewed monthly weights were not recorded even though staff had identified this resident as at risk of malnutrition. Treatment interventions recommended by the dietician to address unintentional weight loss were not recorded in this resident's care plan. This posed a risk that these interventions would not be communicated to the care team and the resident would not receive the required care to mitigate their risk of malnutrition.

Residents with swallowing difficulties were referred and reviewed by a speech and language therapy services. The nutritional care plans developed for residents with swallowing difficulties outlined the recommendations of the speech and language therapist where appropriate and they were provided with recommended consistency meals and fluid preparations. While inspectors observed that staff were diligent in ensuring residents with assessed risk of dehydration were encouraged and assisted with drinking sufficient amounts of fluids, their fluid balance records were poorly completed and not consistently totalled. The centre's dietician was working to optimise residents' strength and wellbeing with increasing protein in residents'
meals, snacks and drinks, especially for residents who experienced muscle loss and weakness during their recovery from COVID-19 infection.

Residents were provided with assistive eating equipment to stabilize and prevent food slipping off their plates. These measures positively promoted their independence with eating. Tables in the dining rooms were arranged to assist residents with social distancing and although residents were seated at a distance from each other, mealtimes were social occasions. There were sufficient staff to meet residents' needs with eating their meals and drinking fluids and staff were observed to sit by residents while providing them with assistance. Alternatives to the menu, regular snacks and finger food were made available for residents as they wished.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre premises was visibly clean and residents' accommodation areas were free of any clutter. Advisory signage on COVID-19 infection prevention and control procedures and reminders to maintain two meters social distancing were posted at several points in the centre. A health assessment station with hand sanitising facilities and face coverings was set up in the reception area for screening visitors entering the centre to ensure any risk of COVID-19 cross infection to residents in the centre was mitigated.

Hand sanitizers were placed at regular points throughout the centre and additional units were being fitted on the day of inspection to ensure convenient access for regular use in line with current best practice guidance. Staff were observed to carry out appropriate personal hand hygiene regularly. Staff also assisted and gently prompted residents with carrying out their hand hygiene and respiratory etiquette.

Arrangements were in place to ensure personal protective equipment (PPE) was readily available and easily accessible. Staff training was completed and personal protective equipment was appropriately used by staff and staff were observed to be wearing face coverings at all times in the centre in line with current health protection and surveillance (HPSC) guidance. The centre was divided into four units each with separate staffing. The person in charge had put staff rostering arrangements in place to ensure that there was no mixing of staff between the units at any time and staff on each unit had separate staff dining and changing facilities.

There was 13 single bedrooms in the centre but only five of these bedrooms were available for COVID-19 isolation purposes. As there was limited single occupancy bedrooms available for isolating new residents on a precautionary basis, new admissions to the centre were not taking place at the time of this inspection. This arrangement ensured that single bedrooms were available to meet the actual and potential isolation needs of the current residents in the centre. No residents had
Further to completion of a post COVID outbreak review, the provider strengthened oversight and compliance in preparedness for a further COVID-19 outbreak. The centre's cleaning supervisor had responsibility for ensuring high standards of environmental cleanliness in the centre. Inspectors found that cleaning arrangements were comprehensive and cleaning procedures and protocols reflected best practice and COVID-19 infection prevention and control guidance. Cleaning services were in place each day and night over seven days each week. Decontamination of all frequently touched surfaces was completed three times every 24 hours and all cleaning staff were trained to ensure the centre's cleaning procedures were consistently completed to a high standard. Assistive equipment used by residents was decontaminated after each use and was observed to be spotlessly clean.

Residents' chairs were arranged in the sitting and dining rooms in all units to support residents with social distancing. Residents had their temperatures checked twice daily as well as monitoring for changes to their condition including timely identification of symptoms of COVID-19. Staff temperatures were recorded twice on every shift and staff were aware of the local policy to report any signs of illness to the person in charge. A staff uniform policy was in place and all staff changed their clothes in their designated changing area going on and off duty.

All waste was appropriately segregated in appropriate waste bins and securely stored awaiting removal by the centre's contracted waste removal company. Arrangements were in place to ensure residents laundry was segregated and washed as recommended to mitigate any risk of cross infection. The layout of the centre's laundry ensured that all used linen including contaminated linen was brought into the laundry through one door and clean laundry was brought out of the laundry by another door.

Judgment: Compliant

**Regulation 29: Medicines and pharmaceutical services**

There were centre specific policies available informing ordering, prescribing, storing and administration of medicines to residents and this policy information was available to staff for their reference if needed. Inspectors found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff practices reflected professional guidelines. Residents had access to the pharmacist responsible for dispensing their medicines. The pharmacist completed regular audits, reviewed medicine prescriptions and communicated findings with residents' GPs and the person in charge. The pharmacist ensured that residents' medicines were dispensed as prescribed during the COVID-19 outbreak in the
centre.

Medicines controlled by misuse of drugs legislation were stored securely and the balances were checked by two staff at each staff changeover. Medicines that required refrigerated storage were stored appropriately and storage temperatures were checked daily. Multidose medicine preparations were dated on opening to ensure use did not exceed timescales as recommended by the manufacturers. Procedures were in place for return of unused or out-of-date medicines to the pharmacy.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident in the sample of residents' documentation examined by inspectors had a comprehensive nursing assessment completed and their care plan was developed in consultation with them or their relatives on their behalf, within 48 hours of their admission. Thereafter, residents' needs were reassessed and care plans were reviewed and updated regularly. There was documentary evidence that residents or their relatives on their behalf, as appropriate were involved in care plan reviews.

The nursing assessment process involved the use of validated tools to assess each resident's risk of malnutrition, falls, level of cognitive impairment, skin integrity and their mobility needs among others. Residents' care plan information was generally person-centred and described care interventions that reflected residents' individual preferences and wishes. Inspectors found that residents were provided with a high standard and care from staff who knew them very well. However, the quality of the documentation regarding residents' personal care preferences varied in the care plans examined.

There were no residents with pressure related skin ulcers at the time of this inspection. Inspectors were told that the implementation of a skincare bundle initiative positively impacted on pressure ulcer prevention in the centre. This documentation was consistently completed and was effective. Each resident had their risk of developing pressure related skin damage regularly assessed. Tissue viability nursing specialists and the dietician supported nurses with expert advice and guidance to manage wounds effectively. Repositioning schedules were in place and residents at assessed risk were nursed on pressure relieving mattresses. Occupational therapy services assessed residents for appropriate seating as necessary and were provided and in use. Treatment and monitoring wound care plans were in place and reflected best practice procedures.

Residents risk of falling was regularly assessed and the effectiveness of care measures put in place to mitigate residents' risk of falling and sustaining an injury were demonstrated in a very low incidence of residents falling.
Regulation 6: Health care

Residents’ healthcare needs were met through timely access medical and social care professional assessments and treatments. Two medical officers from a local general practitioner (GP) practice provided medical care for residents in the centre. Residents also had access to out-of-hours medical services. Social care professionals including dietetic, speech and language, physiotherapy, occupational therapy, optician and chiropody services were available to residents in the centre. Access to these services continued for residents throughout the recent COVID-19 outbreak in the centre. Residents medical reviews were up-to-date.

Community psychiatry of later life services visited residents as necessary in the centre. All residents were registered with a local general practitioner (GP) practice. The physiotherapist was facilitating twice weekly exercises with residents including residents who had recovered from COVID-19 to improve their strength, fitness and balance. A newly recruited occupational therapist attended the centre on three days each week and in addition to carrying out residents' mobility assessments, was involved in facilitating their group activities.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were policies in place to inform management of residents' responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) and restrictive practices in the centre. The provider employed a clinical nurse specialist in dementia who supported staff with assessments, management and guidance with caring for residents with dementia. The person in charge discussed a small number of residents who had a medical diagnosis that predisposed them to occasional episodes of responsive behaviours. With person-centred support and care measures in place, these residents rarely experienced responsive behaviours. Records were maintained of all responsive behaviours to assist with identifying triggers, effective de-escalation strategies and treatment plans. Behaviour support care plans were person-centred for each resident and were regularly reviewed. Staff were gentle and caring in their interactions with residents and offered them choice in all aspects of their daily life in the centre including where they spend their day and how they wanted to occupy their time. Residents could freely access a variety of attractive and therapeutic outdoor areas. Grazing for two horses was organised on unused land to the back of the centre and residents enjoyed watching them.
The person in charge and staff team were working to reduce the number of full-length bedrails in use and in collaboration with residents and their families had managed to significantly reduce the number of bedrails used. Bedrails in use were used as a last resort when other measures failed. For example, three residents with an increased risk of falling had sensor mats in place as an alternative to bedrails. Safety assessment were completed to ensure residents safety using bedrails and they were put in place for the least amount of time. Four residents were assessed as being at risk of leaving the centre unaccompanied and wore bracelets that alerted staff if they exited the centre unaccompanied. These residents had unlimited access to a variety of outdoor areas. This intervention ensured their safety without restricting their access to the outdoors as they wished.

Judgment: Compliant

**Regulation 8: Protection**

There were robust measures in place to ensure residents were safeguarded from abuse. Residents told the inspectors that they felt very safe and secure in the centre and that staff were always very kind and caring towards them. Observed staff interactions with residents were positive, person-centred and therapeutic.

Staff who spoke with inspectors and staff training records evidenced that all staff had received up-to-date safeguarding training. Staff were knowledgeable regarding the different types of abuse and possible presentations. They clearly articulated their responsibility to inspectors, to report any safeguarding concerns they had to management without delay.

Judgment: Compliant

**Regulation 9: Residents' rights**

Residents were consulted with in relation to the organisation and running of the centre with regular resident meetings in each of the units in the centre. An information leaflet on COVID-19 was prepared for residents' information as part of a health recovery programme to optimise residents' physical and mental health during national restrictions introduced to control spread of this virus. The person in charge and staff also facilitated residents to feedback on their experiences and the impact that the recent outbreak and subsequent restrictions had on them. This information informed improvements made in the variety of activities for residents. Residents were well informed regarding changes in the organisation of the centre and rationale for ongoing measures in place to keep them safe including social distancing in communal areas and shared bedrooms, hand hygiene, respiratory etiquette and increased monitoring of their vital signs. Residents said they were not
frightened by COVID-19 as they were assured that their safety was a priority for staff at all times.

Activity staff were on duty every day in each of the units and a schedule was prepared in each unit informed by the interests and activity preferences of the residents residing there. Activities were facilitated in small group arrangements and on a one-to-one basis to ensure each resident's interests and capabilities was catered for. A social assessment had been completed for residents which gave an insight into each resident's history, hobbies and preferences. While, this information supported staff to connect with residents and informed residents' social care plans, documentation regarding key dates in the year for some residents and other key information about them was scant. Health care staff had a key role in supporting activity staff with meeting residents' social and emotional needs and they spent time with residents to ensure that those who spent prolonged periods in their bedrooms were not socially isolated. The centre's occupational therapist facilitated a gardening group and newspaper reading among other activities as part of their role. Inspectors observed that staff interactions with residents were therapeutic and empowering in all units with the exception of some staff interactions on the unit on the first floor where staff interactions with residents were task oriented for the most part.

Residents had access to a large oratory and confirmed that their religious and civil rights were supported. A weekly Mass was held in the centre's oratory and residents were also facilitated to participate in services from local churches via webcam. The Church of Ireland minister and the Roman Catholic priest visited residents in the centre and attended residents who requested the sacrament of the sick or last rites.

Although staff made every efforts to maintain residents' privacy in bedrooms with four beds, the layout of these bedrooms did not ensure residents privacy and dignity was met to a sufficient standard. There were no en-suite facilities provided in bedrooms with four beds on the ground floor and in twin bedrooms on the first floor. Therefore residents on both floors had to travel a distance along circulating corridors to access bathrooms and toilets. The location of several bathrooms and toilets necessitated residents having to travel some distance and did not promote their dignity or continence. Staff made diligent efforts to respect residents’ privacy and dignity in multiple occupancy bedrooms by closing screening curtains around beds and closing bedroom doors during personal care procedures. Staff were also observed knocking on bedroom and bathroom doors, and privacy locks were in place on all communal bathroom and toilet doors. Staff used ‘do not disturb’ signs attached to the bed screens or placed on bedroom doors when delivering personal care.

Each resident's bed space had a television set in place and some residents had radios. Discreet listening equipment was not available and therefore residents were unable to enjoy these media facilities without disturbing others. Some residents had mobile phones and residents had access to ipads and several mobile phones in the centre to keep in contact with their families and friends.

Normally residents were connected with the local community and schoolchildren
visited them in the centre. Residents said they were looking forward to normal
times again.

Judgment: Substantially 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:

<table>
<thead>
<tr>
<th>Regulation Title</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capacity and capability</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 15: Staffing</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 16: Training and staff development</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 21: Records</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 23: Governance and management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 3: Statement of purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 31: Notification of incidents</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 4: Written policies and procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td><strong>Quality and safety</strong></td>
<td></td>
</tr>
<tr>
<td>Regulation 11: Visits</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 13: End of life</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 17: Premises</td>
<td>Not compliant</td>
</tr>
<tr>
<td>Regulation 18: Food and nutrition</td>
<td>Substantially compliant</td>
</tr>
<tr>
<td>Regulation 27: Infection control</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 29: Medicines and pharmaceutical services</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 5: Individual assessment and care plan</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 6: Health care</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 7: Managing behaviour that is challenging</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 8: Protection</td>
<td>Compliant</td>
</tr>
<tr>
<td>Regulation 9: Residents' rights</td>
<td>Substantially compliant</td>
</tr>
</tbody>
</table>
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. Specific to that regulation, Measurable so that they can monitor progress, Achievable and Realistic, and Time 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:

<table>
<thead>
<tr>
<th>Regulation Heading</th>
<th>Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 34: Complaints procedure</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outline how you are going to come</td>
<td></td>
</tr>
<tr>
<td>into compliance with Regulation</td>
<td></td>
</tr>
<tr>
<td>34: Complaints procedure</td>
<td></td>
</tr>
<tr>
<td>The complaints procedure on display</td>
<td></td>
</tr>
<tr>
<td>has been reviewed and the format</td>
<td></td>
</tr>
<tr>
<td>changed to ensure it is more</td>
<td></td>
</tr>
<tr>
<td>accessible for residents.</td>
<td></td>
</tr>
</tbody>
</table>

<p>| Regulation 17: Premises           | Not Compliant                 |
| Outline how you are going to come  |                               |
| into compliance with Regulation    |                               |
| 17: Premises: Planning permission |                               |
| has been obtained and funding      |                               |
| secured for new purpose built 50   |                               |
| bedded unit commencing early 2021. |                               |
| In the interim to maintain resident’s privacy and dignity the centre is closed to new admissions and the occupancy has been reduced. Additional funding has been secured prior to the commencement of the new build to reduce occupancy in each 4 bedded room and to convert these bedrooms to twin bedrooms with ensuite facilities. This work will be done on a phased basis two bedrooms at a time to minimize disruption to residents currently living in the centre. A risk assessment will be completed prior to the commencement of work with all necessary safety protocols put in place. All works will be conducted externally to the ward areas. Residents will be accommodated within existing capacity while works are underway which will take approximately 6 months Residents will be accommodated within existing capacity while works under way, which will take approximately 6 months. |</p>
<table>
<thead>
<tr>
<th>Regulation 18: Food and nutrition</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>
| **Outline how you are going to come into compliance with Regulation 18: Food and nutrition:**  
The procedures to ensure monthly weights are recorded for all residents have been reviewed. Recommendations from reviews by allied health professionals into residents care will be audited to ensure the most current treatment interventions are followed and updated in the resident’s care plans and communication to staff. |

<table>
<thead>
<tr>
<th>Regulation 9: Residents' rights</th>
<th>Substantially Compliant</th>
</tr>
</thead>
</table>
| **Outline how you are going to come into compliance with Regulation 9: Residents' rights:**  
Planning permission has been obtained and funding secured for now purpose built 50 bedded unit commencing early 2021.  
In the interim to maintain resident’s privacy and dignity the centre is closed to new admissions and the occupancy has been reduced. Additional funding has been secured prior to the commencement of the new build to reduce occupancy in each 4 bedded room and to convert these bedrooms to twin bedrooms with ensuite facilities. This work will be done on a phased basis two bedrooms at a time to minimize disruption to residents currently living in the centre.  
A risk assessment will be completed prior to the commencement of work with all necessary safety protocols put in place. All works will be conducted externally to the ward areas. Residents will be accommodated within existing capacity while works are underway which will take approximately 6 months  
Residents will be accommodated within existing capacity while works under way, which will take approximately 6 months.  
The Activities co-ordinator is undertaking a review of all documentation in relation to activities to ensure each resident’s interest and hobbies as well as important dates are documented, they will be in a separate part of each individual care plan and available for easy access. The clinical Facilitator is undertaking an audit on the activity documentation and giving staff education in relation to the correct use of the new documentation.  
Extra social space is now available for use in each ward with the addition of an extra space allocated for activities. |
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).

<table>
<thead>
<tr>
<th>Regulation</th>
<th>Regulatory requirement</th>
<th>Judgment</th>
<th>Risk rating</th>
<th>Date to be complied with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulation 17(2)</td>
<td>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.</td>
<td>Not Compliant</td>
<td>Orange</td>
<td>30/04/2021</td>
</tr>
<tr>
<td>Regulation 18(1)(c)(iii)</td>
<td>The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>16/11/2020</td>
</tr>
<tr>
<td>Regulation 34(1)(b)</td>
<td>The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>20/10/2020</td>
</tr>
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<td>---------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
<td>------------------------</td>
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</tr>
<tr>
<td>Regulation 9(2)(a)</td>
<td>The registered provider shall provide for residents facilities for occupation and recreation.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2020</td>
</tr>
<tr>
<td>Regulation 9(2)(b)</td>
<td>The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.</td>
<td>Substantially Compliant</td>
<td>Yellow</td>
<td>30/11/2020</td>
</tr>
</tbody>
</table>