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<th>Centre name:</th>
<th>St Colman’s Residential Care Centre</th>
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<tr>
<td>Centre ID:</td>
<td>OSV-0000492</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Ballinderry Road, Rathdrum, Wicklow.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>0404 46109</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:may.kavanagh@hse.ie">may.kavanagh@hse.ie</a></td>
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<tr>
<td>Provider Nominee:</td>
<td>John O’Donovan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Helen Lindsey</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Gearoid Harrahill</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 03 October 2017 10:00  
To: 03 October 2017 18:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 01: Statement of Purpose</td>
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<tr>
<td>Outcome 02: Governance and Management</td>
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<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 09: Medication Management</td>
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<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
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**Summary of findings from this inspection**

This was an announced inspection by the Health Information and Quality Authority [HIQA]. The inspection was carried as part of the process of gathering information to inform the renewal of the certificate of registration.

The inspectors were satisfied that the residents received a good quality service and high levels of compliance were identified with the regulations inspected from the Health Act 2007 [Care and Welfare for Residents in Designated Centres for Older People] Regulations 2013 [as amended]. However some improvements were required.

During the inspection inspectors met with residents, family and staff members. They also observed practices and reviewed documentation such as policies and procedures, care plans, medical records and records from allied health professionals. 33 questionnaires were returned with generally positive feedback about the service offered and the staff team. There was a general theme that activities could be improved at the weekend.
Residents health and social care needs were being met to a good standard, with good access to a range of allied healthcare professionals, and an activities program offering a range of engaging activity and occupation.

Residents who spoke with inspectors and returned HIQA questionnaires were positive about the service provided in the centre. Inspectors observed resident and staff communicating well, and staff meeting residents identified needs. Residents were supported to live as independently as possible, information was provided for residents about the service, and clear contracts were in place setting out the service being offered and any charges associated with it.

There were clear governance and management procedures in place that included regular checking on the experience of residents using the centre on a long term or respite basis. Effective arrangements were in place in relation to health and safety in the centre including effective management of fire safety arrangements including servicing of equipment and training of staff.

Improvements were required in the premises and maintaining the privacy and dignity or residents in the Lavender Vale unit. This is discussed further in the report and in the action plan at the end.

Of the three actions made at the previous inspection, one had been addressed fully. Two actions remained outstanding relating to Outcome 12 Safe and Suitable Premises and Outcome 16 Residents' Rights, Dignity and Consultation.
Outcome 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The Statement of Purpose set out the services and facilities provided in the designated centre and contained all the requirements of Schedule 1 of the Regulations. It was kept up to date and revised in July 2017.

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were effective management arrangements in the centre and systems in place to monitor the quality and safety of the service.

There was a clearly defined management structure in place that identified all roles in the centre and the link with the provider. Staff and residents who spoke with inspectors were clear of the management arrangements.

The person in charge, assistant director of nursing, and the clinical nurse managers
(CNMs) monitored performance indicators and areas of risk closely. There were a range of systems in place to monitor practice in the centre and ensure that safe and effective care was provided. The person in charge gathered risk management reports weekly that covered topics such as falls, responsive behaviour, use of psychotropic medication, and pressure sores. There was a good system of auditing in place and action plans were implemented in response to any areas for improvement which were identified.

The person in charge then provided an overview of the performance of the centre to the provider representative at meetings held every two months. This included meeting with peers from other centres to share learning and best practice. The provider representative also visited the centre on a regular basis. They reviewed the centre and met with residents.

Overall resources were sufficient in the centre. Residents' needs were being met in the centre by an effective staff team who were trained and skilled in their roles. There was an activities programme to provide meaningful engagement that had been improved since the previous inspection. There was also a staff team who were skilled and available in sufficient numbers to meet the needs of residents. The provider had recognised that the premises were not designed as a designated centre for older people and plans were in development for a new build with planning applications being progressed at the time of the inspection.

There was an annual plan in place that provided information on the performance of the centre in 2016, and plans for 2017. It made reference to the audits completed and their findings, and a number of studies the centre had taken part in for example in relation to healthcare acquired infections. It also included feedback from residents on and the learning in the centre to improve residents’ experience of the service provided.

**Judgment:**
Compliant

### Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
There was a Residents' Guide that had been made available to residents and was on display in the centre and each resident had a written contract in place that set out the service to be provided and the fee to be charged.

The residents’ guide covered a summary of the services and facilities provided, how they managed privacy and dignity, visiting arrangements, and the types of recreation.
available. It was seen to be available for respite and long term residents in the centre.

Inspectors reviewed a template of the contract for long term and respite residents. It was seen to contain all information required by the regulations, for example the care and welfare of the resident, the service to be provided, the fees to be charged and additional charges if there were any.

**Judgment:**
Compliant

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**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre was managed by a suitably qualified and experienced person with authority and accountability for the provision of the service. The person in charge worked full time, and was supported by an assistant director of nursing along with the rest of the nursing team.

Inspectors spoke with the person in charge during this and the previous inspection and found they had a good knowledge of the legislation under which they were required to work. They were found to be engaging with staff in a positive manner to ensure they all worked together as a team to fully meet the needs of the residents.

They were involved in the governance, operational management and administration of the centre and met with the provider on a regular basis.

**Judgment:**
Compliant

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**Outcome 08: Health and Safety and Risk Management**
The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
The health and safety of residents, visitors and staff was promoted and protected
The service had a centre specific health and safety statement which outlined the commitments and duties of staff towards the protection of residents, visitors and the public. A centre specific risk register was available, which described hazards in the centre and the actions and control measures in effect to mitigate risk of harm. The register also described and outlined control measures for risks relating to residents with responsive behaviour, poor balance, low safety awareness or inability to manage their own finances.

Procedures for responding to emergency situations and for evacuating the building were clearly described in centre policies, and fire and evacuation procedures were posted on the walls. Each shift had a designated person who would take charge in the event of an evacuation and staff were aware of their own duties and from whom they took instruction. Each of the four units of the building had a personal emergency evacuation plan (PEEPs) for each resident living there, which clearly outlined each resident's physical assistance requirements, cognitive understanding of evacuation, and equipment required to move quickly in an emergency, such as who was suitable to wheel out in their bed instead of assisting to a walking frame. This sheet also served as a summary of the resident's basic care needs in the event that returning to the centre is not a feasible option. Unannounced fire drills were held throughout the year and tested staff knowledge in a practical manner by having them involve the residents and carry out actual evacuation from the simulated area. The occasional early morning drills before night duty concluded allowed practice to occur when staff resources are at their lowest and residents are not in communal areas. Staff signed to confirm participation in drills, and recent drill records began noting the time taken to evacuate and potential delays identified, so that drills could act as a learning and development exercise for staff to achieve efficient evacuation.

A log was kept of maintenance issues, along with the dates of them being identified and of being resolved signed by the relevant staff members. Service records for patient equipment such as hoists, air mattresses and wheelchairs were available. Logs of routine checks of evacuation routes and compartment door release mechanisms were documented, as well as up to date professional testing and servicing certification for fire fighting equipment, emergency lighting and the fire panel.

Cleaning staff were clear on their routine for cleaning the premises and how their procedures would change in the event of an ill resident or infection outbreak risk. Colour coded cleaning equipment was used for different types of room, and reusable mop heads were separately bagged and washed by area to prevent movement between units. Laundry staff similarly was aware of good infection control practice, including the procedures for washing soiled or potentially infectious clothes or bedding. Curtains were on a cleaning schedule, which had been amended appropriately due to a recent influenza event on one unit.

Judgment:
Compliant

Outcome 09: Medication Management
Each resident is protected by the designated centre’s policies and procedures
Theme: Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The residents were protected by the centre's policies and procedures for medication management.

There was a detailed medication policy in place that provided guidance and information on all areas relating to medication receipt, storage, administration and disposal. The policy was seen to be followed in practice by the nursing staff.

A review of medication records found that medications were clearly identified on the prescription sheet. The medication administration sheets viewed were signed and up to date. There was also a signature sheet available to aid identification of who had made the entries. The drugs were administered within the prescribed timeframes. There was space to record when a medication was refused or withheld on the administration sheet.

Where drugs had been recommended to be crushed, they were signed by the general practitioner as appropriate for crushing. Alternative liquid or soluble forms of the drugs were sought where possible through consultation with the pharmacy. The maximum amount for (PRN) medication (a medicine only taken as the need arises) in 24hrs was indicated on the prescription sheets examined.

Medication was stored securely in the centre. There were fridges to store medication that required refrigeration, the temperature was monitored daily and a deep clean was carried out regularly. Medications that required strict control measures (MDA’s) were kept in secure cabinets which were double locked. Nurses kept a register of controlled drugs. It was signed following a balance check completed by two nurses at the end of each shift, and following administration.

Nursing staff described the process for returning medication to the pharmacy and it was as described in the policy. Records showed that where MDAs were returned the pharmacist would sign the register to confirm receipt.

Audits were carried out of medication practice in the centre, and there was ongoing monitoring of trends in the centre such as antibiotic use, psychotropic medications, sedation and analgesia. Each unit also provided information on a monthly basis in relation to key areas of medication practice and this was reviewed by the management team to identify if improvement was required in any areas.

Records showed the medications were reviewed at least every 3 months, and records confirmed changes were made to support residents’ ongoing health. The multidisciplinary team (MDT) also discussed residents in the centre and the
Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Each resident’s health and social care needs were maintained by a staff team with the relevant skills and experience.

At the last inspection carried out six months ago inspectors found residents' wellbeing and welfare was being maintained to a high standard of evidence based nursing care and the findings were the same at this inspection. Inspectors sampled a number of residents' records and found that care and support provided to residents was found to be person centred and encouraged residents to maintain independence skills as much as possible.

There was a clear process in place for pre admission assessments, and each resident had a comprehensive assessment on admission and care plans were put in place for each identified care need.

There was access to a range of allied health professionals, for example speech and language therapy, dietician, physiotherapist, and psychiatry of old age. This group made up the multidisciplinary team for the centre. There was a general practitioner (GP) who attended the centre who was very knowledgeable of residents needs, and could be responsive to any changes in residents’ health. Residents were able to continue to see their own GP if that was their choice.

Inspectors noted that reviews of care records were carried out every four months or more often if required. One method of review was through the weekly multidisciplinary team meeting (MDT). Inspectors sat in on an MDT meeting made up of the healthcare professionals and senior staff from the centre. The unit managers identified residents whose needs required review and the team discussed topics such as medication, response to treatment, palliative or end of life care needs. Recommendations were made for the residents that were then reviewed again at following meetings to ensure
the required impact was achieved and residents were receiving appropriate care and support. Residents’ appointments and results of any tests carried out were also reviewed to identify if any action was required. This was providing a holistic approach to residents healthcare needs.

A range of recognised nursing tools were being used in the centre, and their results were used to inform nursing practice, for example where residents were identified as being at risk of malnutrition there were clear records of their daily intake to ensure it was sufficient, weights were taken regularly and referrals were made to the dietician or speech and language therapist if required, for example if there was significant weight loss or residents were having issues swallowing food. Where assessed as requiring them residents were seen to be receiving a meals and fluids with a modified consistency. Staff were also trained in administering subcutaneous fluids to support residents in the centre where required.

Records showed that where residents were arriving at the centre or leaving to another service, such as hospital, that appropriate information was with the resident to ensure their needs continued to be met.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
The building was originally a hospital and had retained those characteristics of design, with long corridors and a ward-based layout. In some areas the design was having an impact on residents’ privacy and dignity. The premises are described here, and the impact on residents in Outcome 16.

The centre consisted of four units in which the majority of bedrooms accommodated three or four residents. These bedrooms were large and ward like in appearance. Some steps had been taken to increase the home-like design of these rooms, such as adding couches, coffee tables and resident’s photographs and decorations. However a number of rooms, particularly on Lavender Vale unit, were not personalised by the residents as was their choice, some were only at the centre for a short period of time. Some rooms
had reduced in occupancy, but it was noted that the newly opened space had not been used to enhance the home-like appearance of the rooms. Some single rooms were available on two of the units. All bedrooms either had en-suite toilet facilities or were in close proximity to toilets and showers on the corridor.

While many of the bedrooms in the centre afforded residents with adequate private space one area required improvement. The bedrooms on Lavender Vale unit each had double doors leading to a veranda corridor as well as doors to the internal hallway. There were also large windows in the rooms. Inspectors observed that on many occasions, when residents were and were not present, the doors were left open which had a result of affording the residents no private space as their bed area was easily visible from the corridors on both sides which may be frequented by residents, staff and visitors. In some of the same rooms, the position of the beds obstructed access to the wardrobes, with some beds pushed against the wardrobes, preventing an independent resident to use them without staff present to wheel their or the neighbour's bed out of the way.

The building had adequate communal areas for the number of residents in the centre including a lounge on each unit, an activities room, multiple dining areas and an oratory. These were all large rooms with plenty of space for residents to navigate, including those in need of staff or equipment to help them mobilise. Residents were observed making use of a sensory therapy room, and there were smaller sitting rooms available in which a resident could receive a visitor in private.

The centre had an enclosed garden which was pleasantly decorated and provided a range of seating, and included ramps and handrails to assist a resident to use it. The door leading to this was not locked and it was easily visible from a main hallway, and residents were observed going outside without obstruction. The outer external grounds of the centre had a walking route which residents were observed using with staff assistance.

The building was all on one level, and handrails were used in all corridors. There were no major trip hazards or steps to negotiate in order to walk around the building.

The previous inspection highlighted the lack of navigational signage to assist independently mobile residents who may have dementia or confusion from navigating the centre easily. The person in charge provided an invoice of incoming signage to alleviate this issue. Clear pictorial signage was used to identify toilets on the corridor, however there were two bathrooms whose primary purpose had changed to an equipment storage room with the sign on the door still identifying it as a bathroom.

**Judgment:**
Non Compliant - Moderate

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**Outcome 15: Food and Nutrition**
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a
Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Residents were provided with food and drink in sufficient quantities to meet their needs.

There was a nutrition and hydration policy in place that provided definitions and guidance about care planning. It also covered the process to follow if residents lost or gained weight, and when to make a referral to a general practitioner (GP) or other professional. There was also a checklist to support staff in making decisions.

Inspectors found that there were systems in place to monitor that residents were receiving good nutrition and hydration. For example residents' weights were taken monthly or more frequently if needed, and residents were seen receiving special diets as recommended by the dietician or speech and language therapist. A screening tool was used to identify if residents were at risk of malnutrition, and this was regularly reviewed.

Where residents' needs had changed, referrals were seen to have been made to the relevant professionals. Where residents were on a modified diet, evidence was seen that the professional advice had been implemented. The care staff and kitchen staff were familiar with who should have which diet, and residents were observed taking the correct diet for their needs. Assistance was seen to be provided discreetly and respectfully by staff, who sat next to the person they were supporting and went at the preferred pace of the resident.

Inspector observed lunch and tea being served, and found that the dining experience was a pleasant one. There was adequate communal space for residents, a choice of where to take a meal and the experience was not rushed. Meals were provided in different portion sizes and staff were heard asking residents if they had enough or wanted more. It was observed to be a social occasion that residents appeared to be enjoying. Tables were laid out with cutlery, napkins, and condiments, and flowers. Residents who spoke with inspectors confirmed that snacks were available at any time if they asked the staff, but most felt they had sufficient with the meals and snacks provided through the day.

Residents were seen to enjoy choice of meal at each sitting. On the day of the inspection there was a traditional and international option that residents were seen to enjoy. There was also a range of drinks available with their meal, including tea, water, and juices. The inspector noted that all meals were well presented. Residents who spoke with inspectors gave positive feedback about the meals, and the choice offered, and discussion at residents meetings generally found residents were satisfied with food and mealtimes in the centre.
Inspector saw residents being offered a variety of drinks and snacks throughout the day and fresh water was available at all times.

The kitchen was well maintained, and storage was sufficient for the needs of the centre. The chef described the process of ensuring there was a sufficient supply of fresh food in the centre, and also explained the process for ensuring the correct diets were catered for.

**Judgment:**
Compliant

**Outcome 16: Residents’ Rights, Dignity and Consultation**
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/ she is facilitated to communicate and enabled to exercise choice and control over his/ her life and to maximise his/ her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

**Findings:**
Residents were consulted with and participated in the organisation of the centre, and there was a range of meaningful activities available in line with individuals interests and preferences. Overall the service provided a person centred service focusing on individuals health and social care needs, however the bedrooms in Lavender Vale required review to ensure residents' privacy and dignity was respected at all times. This matter remains outstanding from the last inspection.

Residents were facilitated to practice their religion. There was a large oratory in the centre and mass took place in the centre three times a week, with weekly arrangements in place for Church of Ireland residents. Residents were registered to vote, and have had the option of using a ballot box set up in the centre in previous elections and referenda.

Interactions observed between staff and residents were patient, friendly and respectful. Staff were seen to have a good rapport with residents, and those residents who spoke with inspectors felt the staff were very kind and caring in their approach.

The activities program had been developed since the last inspection, and more staff had been allocated activities under activities coordinator. Upon admission, each resident had a social care assessment conducted which gathered information on their history and interests. Inspectors spoke with the activities coordinators, who was relatively new to their role and was well supported by three part time staff specifically to facilitate recreation and activities for the residents. A wide range of group and one-to-one
activities and social engagement was on offer in the centre, both provided by the in-house staff as well as from visiting musicians or pet therapists. For each activity it is noted which residents attended, declined the offer to join, were ill or asleep. This tracking tool allowed the activities staff to identify regular attendees to expect at certain sessions, and to identify where someone regularly declined activities. This information was used to inform and update the social care assessment or to consider alternative activities where appropriate. The tracking tool also noted the level of physical and cognitive engagement with the session, which could be used to identify decline of capacity or interest in certain types of activity. Time was set aside for staff to spend time with residents who preferred not to, or lacked the capacity to, engage with group activities. Some staff were trained in Sonas therapy for residents for whom this type of relaxing sensory stimulation was suitable. Links to the community were retained, and outings had been well received such as mystery tours and shopping trips. Plans were in place for residents with capacity to travel to bingo games in the local village on a weekly basis. The service had accessible transport to facilitate this. The service did not charge an additional fee for activities.

Residents meetings took place every three months. A review of the minutes of the last meeting showed topics discussed included fundraising, condolences for residents who had passed away, activities, and the laundry arrangements.

At the last inspection it was noted that due to the design of residents' bedrooms in Lavender Vale there was insufficient privacy for residents due to doors on both sides of rooms being left open and one wall of each room being almost completely glass. As committed to in the action plan for the previous report a survey of the residents occupying those rooms had been undertaken, however inspectors found that the questions were focused on topics such as whether residents wanted curtains drawn to increase privacy and whether there was enough natural light with the curtains drawn and if their privacy was compromised when in bed. Residents' and relatives feedback to this survey was overall positive. Inspectors found the format of questions to be closed and didn't introduce other options that could be implemented to increase privacy without reducing light or access to fresh air, or company from passersby, issues residents and their families reported are important to them. Families were asked to respond on behalf or residents who did not have the capacity to understand the questions. The practice observed by inspectors in the centre included periods during the morning when residents were in bed and sleeping in nightwear and the curtains and doors remained open with people walking up and down the corridor and veranda affording residents no privacy, residents were observed taking drinks and snacks in bed again in full view of those using the corridors. There were also periods when residents were not in rooms and doors on both sides remained open resulting in residents' belongings being fully on display. Inspectors also noted there were periods when it was noisy, for example when trolleys were being wheeled down the corridors. It is judged that residents were not able to undertake private activities in these bedrooms. The person in charge did acknowledge the issues following the inspection and made a commitment to make improvements.

Judgment:
Non Compliant - Moderate
**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Helen Lindsey  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 12: Safe and Suitable Premises

Theme: Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient private space in the bedrooms on the Lavender Vale unit.

Access to wardrobes was obstructed by beds in some rooms, preventing a resident from independently accessing their clothes and belongings.

Bathrooms which were now used to store patient equipment and wheelchairs still had

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
signage on the door labelling it as a bathroom, which may confuse residents in need of toilet facilities.

1. Action Required:
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

Please state the actions you have taken or are planning to take:
The Bedrooms areas in Lavender Vale have been reviewed and reconfigured to ensure the revised layout provides adequate opportunity for “social space” while at the same time access to resident’s personal storage has been enhanced. This layout has ensured free access to all wardrobes in Lavender Vale - completed

New signage has been applied to bathroom areas which are now converted to store rooms for equipment, this new signage reflects access is for staff only - completed

Lavender Vale, ward area will be significantly enhanced through a programme painting upgrade, affording colour choice for residents, which will further promote a more personalised environment.

Proposed Timescale: 31/03/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme: Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Residents in multi occupancy rooms were limited in their choice to carry out activities in private.

2. Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Windows and Doors leading from residents rooms onto N11 corridor have been fitted with reflective film which acts as mirror image on corridor side. This application also allows free vision of garden and activity of corridor from residents rooms with the added advantage of natural light flow for the residents. This initiative enhances the privacy and dignity of residents through preventing residents personal space from being observed from external areas of the Unit.

The back doors leading onto N11 corridor are being fitted with barrel locks allowing the residents the option of locking their door from inside only adding to security of their personalised space. Fire safety keys will be placed in break glass points along N11 for
safety.

The residents have the option to lock or leave open the back door of their personalised space leading to N11 corridor. For those requiring assistance to achieve this security of personalised space, the staff member assisting the last resident exiting locks the back door and pulls the front door closed.

Operational protocols to enhance the privacy of residents will be reviewed formally with each resident following the introduction of this measures.

**Proposed Timescale:** 31/10/2017