



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

Name of designated centre:	St Columban's Retirement Home
Name of provider:	Maynooth Mission to China (Incorporated)
Address of centre:	Dalgan Park, Navan, Meath
Type of inspection:	Announced
Date of inspection:	14 January 2019
Centre ID:	OSV-0000166
Fieldwork ID:	MON-0023459

## About the designated centre

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

St. Columban's Retirement Home is a ground floor building situated within Dalgan Park and located between Navan and Dunshaughlin. Dalgan Park also includes St Columban's College, home of the Columban Missionaries, which adjoins the centre enabling residents to continue to engage and interact with the Columban Community on-site, as desired. St Columban's Retirement Home provides care for Columban Priests for convalescence and long term care. Residents with a disability, cognitive impairment, dementia, chronic and life limiting illnesses can be provided for following an individual and clinical assessment. The overarching aim is to provide the highest standard of care to promote the health and wellbeing of residents while striving to provide a home with a happy and homely atmosphere in which each resident feels at home, cared for, content, listened to, valued and at ease. The centre comprises of 34 single bedrooms with accessible en-suite facilities that are suitable for low, medium and high dependency residents. A variety of communal rooms, an external courtyard and surrounding gardens are available for residents use.

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

Number of residents on the date of inspection:	29
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## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
14 January 2019	09:35hrs to 17:15hrs	Sonia McCague	Lead
14 January 2019	09:15hrs to 17:15hrs	Michael Dunne	Support

## Views of people who use the service

Conversations with individual and groups of residents during the inspection were positive in respect to their view of the provision of the care, facilities and services provided. Residents said they had meaningful social engagement and good community involvement on a regular basis.

Residents confirmed they were supported and offered opportunities to exercise their choice which was respected.

## Capacity and capability

This centre has capacity and capability to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The provider and person in charge were providing residents with a good quality service where their individual social, religious and healthcare needs were being met.

Good leadership, governance and management arrangements were in place which contributed to residents experiencing a quality service.

There was a clear governance and management structure in place which helped to ensure that the centre was well run for the benefit of the residents who lived there. Some improvement in relation to the frequency of senior management meetings, agenda and oversight arrangements were identified. Inspectors held discussions with person in charge and registered provider representative about impending changes to the governance and management structure of the home and about the roles and responsibilities of the incumbents. The Chief Inspector is to be informed and the necessary prescribed documents are to be submitted when changes are confirmed.

The improvements identified in the previous inspection had been addressed to include the centre now having an active policy and procedure in place regarding the use of volunteers at the centre. Volunteer files were examined and found to contain a written description as to their roles and responsibilities in addition to current Garda vetting details. Inspectors noted the centre has completed an annual review resulting in an improvement plan which was being implemented.

There was a written statement of purpose that described the service and facilities that were provided in the centre. The statement of purpose consists of a statement of the aims, objectives and ethos of the centre. The statement of purpose described the current management structure of the designated centre; however the centre are

planning personnel changes to their governance and organisational structure which will prompt a review and revision of the current statement of purpose.

There was evidence to indicate that the centre was well resourced. The centre was clean, warm and furnished to a high standard. There were sufficient numbers of staff on duty at the time of the inspection. Files inspected indicated that the centre was meeting regularly with residents. Information accessed from resident consultation was used to plan services for the residents.

The centre had a range of tools to monitor and audit the quality of care delivered to the residents such as incident, falls, resident care plans and cleaning schedules.

The centre's policy and procedural manual was reviewed and found to be consistent with guidance set out under schedule 5 of the regulations. Policies in the centre were reviewed every three years and there was evidence that staff were aware of these policies. The person in charge informed the inspectors that the centres policies and procedures will be reviewed again in 2019.

Inspectors reviewed actual, planned and past rosters for the centre and found that there were sufficient numbers of staff on duty to meet the needs of the residents. There was an appropriate skill mix of staffing to ensure that the social and health care needs of the residents were met. Inspectors noted that there were two members of staff on long term sick leave however the centre had managed to ensure sufficient cover for these absences and the person in charge stated that they were actively recruiting to their own locum list which they use to cover staff absences. The person in charge illustrated that he is introducing a new system of supervision and gave inspectors a copy of one supervision report already completed. Mandatory and relevant training was provided and completed by staff, however, an assurance regarding training completed by contracted staff was required.

Inspectors reviewed a number of staff records and found them to meet the requirements as described under Schedule 2 of the regulations. However, the arrangement of records relating to staffing and residents finances being stored in a separate building required reviewed. The registered provider representative and person in charge agreed to retrieve these records and store them within the confines of the designated centre with immediate effect.

A number of resident contracts were reviewed and they were observed to contain a written, witnessed agreement between the centre and the individual resident. There were clear statements as to the responsibilities of both parties and these contracts described fees chargeable for services not provided in the contract. Inspectors were informed that the centre will often bear the cost of charges for ancillary services.

The inspectors reviewed the centres notification log and found it to be consistent with information held by the office of the chief inspector.

The centre had a complaints policy in place and inspectors reviewed the complaints file. All complaints were investigated according to the centres policy in a timely and robust manner, information seen included actions and follow up carried out by the person in charge. Inspectors observed that the complaints policy was fully

advertised in the centre.

The centre had a current certificate of insurance and a directory of residents was maintained.

### Registration Regulation 6: Changes to information supplied for registration purposes

During the inspection the inspectors were informed of proposed changes pending that would affect the information and details previously supplied at the renewal of the centre's registration. The changes were yet to be confirmed and are to be notified to the Office of the Chief Inspector accordingly.

Judgment: Compliant

### Regulation 15: Staffing

There were appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre.

The person in charge and staff roster confirmed that a nurse was on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had completed up-to-date mandatory training and had access to relevant education and training to meet the needs of residents. But some gaps in training provision were identified for some staff which were to be followed up by the person in charge. The assurance arrangements for training provision and completion of contracted staff working in catering and housekeeping required improvement.

Staff were supervised and appraised on a regular basis, and had been recruited, selected and vetted in accordance with the centre's policy.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

An established directory of residents was maintained and had been updated as required.

Judgment: Compliant

### Regulation 21: Records

Records were held and maintained securely.

A sample of staff files reviewed against the requirements of schedule 2 were compliant. Information and records on display in the reception area included the complaints procedure and the registration certificate.

Staff rosters were available and other records required in respect of each resident and otherwise as described by Schedules 3 and 4 of the Regulations were available on request. However, a review of the storage of some records such as staff files and residents financial matters was to be completed to ensure they would be accessible at all times to those in charge and maintained in the designated centre.

Judgment: Substantially compliant

### Regulation 22: Insurance

A current insurance policy was confirmed and a record was of this was available.

Judgment: Compliant

### Regulation 23: Governance and management

The Provider's regional directorship and governance arrangements were going through a transitional phase and changes were anticipated. These are to be notified to the Office of the Chief Inspector when confirmed.

To date the governance and management team have provided sufficient resources to provide a quality service and had established governance and management arrangements to effectively monitored, control and direct the provision of care and the overall service. There was a clearly defined management structure that identified the lines of authority and accountability; staff understood their roles and responsibilities.



Assurance frameworks were in place to assist in the oversight arrangements, however, the efficiency of these arrangements would be enhanced by ensuring management meetings occurred on a more frequent basis and the set agenda included a review of identified risks and the risk register, a review of the assurance agreements in place for contracted workers and evaluation of all clinical audits.

An annual review of the quality and safety of care delivered to residents in the designated centre against the relevant standards was completed that identified quality improvement initiatives being implemented.

Judgment: Substantially compliant

### Regulation 24: Contract for the provision of services

A written contract of care was agreed with or on behalf of each resident following admission that set out the general terms on which that resident resided in that centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose outlined the facilities and services and corresponded with the findings on inspection. Changes to the organisational structure will prompt a review and require a revision of this document.

Judgment: Compliant

### Regulation 30: Volunteers

Volunteers were involved in the centre. Sample files reviewed contained an agreed written description of their role and responsibilities and a declaration of Garda clearance.

Judgment: Compliant

### Regulation 31: Notification of incidents

Notifications of incidents and events were submitted to the Office of the Chief Inspector, as required.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were policies, procedures, systems and practices in place for the efficient management of complaints in accordance with the requirements of the legislation.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Schedule 5 policies were available for implementation in practice, and they had been subject to regular reviews by those in charge.

Judgment: Compliant

## Quality and safety

Overall, residents' healthcare, social care and spiritual needs were well catered for. Some improvements were identified on the day of inspection that management responded to address or action immediately.

Management, staff and volunteers were striving to ensure residents' received a safe and quality service where their abilities and potential was maximised and their needs were maintained. Residents were complimentary of the services, staff and facilities they received.

Health and safety, risk management, infection control practices and accident prevention measures were in place. However, some improvements were required in relation infection prevention and control and fire safety precautions which the person in charge and provider representative took action to follow up and address during the inspection.

Although good fire safety procedures, servicing of equipment and staff training were in place, improvement was required to test precautions and ensure the emergency response arrangements in place were adequate. This could be demonstrated and assured by the completion of simulated fire evacuation drills to equip and familiarise

all staff with the equipment and procedures to be implemented and necessary to ensure residents safe evacuation to an appropriate and safe place.

The premises met the needs of the existing residents in its layout, and design. The design was homely and residents said they found it comfortable. There was suitable equipment, aids and appliances in place to support and promote the full capabilities of residents. However, improvement in relation to clinical waste management and the replacement of the out of service bed pan washer was required.

Generally most residents were familiar with the centre's facilities and existing residents prior to their admission. Residents had a nursing and medical assessment completed following their admission. The assessment process involved the use of validated tools to assess matters such as a resident's dependency level, risk of malnutrition, falls and mobility, their skin integrity and pain level. These assessments informed the care planning process and interventions in place. However, some gaps in the level of detail and specifications necessary within a care plan record to inform a review and evaluation process were evident in the sample examined along with the person in charge.

Good access to a General Practitioner (GP) and pharmacist was confirmed. Access to mental health care and allied healthcare professionals including physiotherapy, dietetic, speech and language, occupational therapy, tissue viability, dental, ophthalmology and chiropody services was also confirmed and was facilitated for residents on a referral basis.

Staff provided end of life care to residents with the support of their GP and community palliative care services. End of life care plans were completed to include residents' preferences regarding their preferred arrangements.

There were measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety and respond to incidents reported. Residents with dementia and or those with responsive behaviour were being effectively supported by staff. The person in charge and staff team were committed to implementing the national policy 'towards a restraint free environment', and overall the use of restrictive practice in the centre was relatively low.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to communicate and enabled to exercise choice and control over their life and to maximise their independence. The quality of interactions between staff and residents during group or individual activities, in the dining room and day room evidenced a high rate of positive connective care and meaningful engagement.

A choice of meals was offered and available to residents. There was the system of communication between nursing and catering staff to support residents with special dietary requirements. Mealtimes in the dining room were unhurried social occasions and staff sat with residents while providing encouragement and assistance with their meal. Some residents choose to dine in the centre's dining room and other chose elsewhere on-site, which was facilitated with ease.

<b>Regulation 17: Premises</b>
The premise was appropriate to the number and needs of the residents. The centre was well-maintained, spacious, warm and welcoming.
Judgment: Compliant
<b>Regulation 18: Food and nutrition</b>
A choice of wholesome and nutritious meals was offered and available to residents.  Residents said they were able to make decisions about where they spent their day, where they sat and ate meals. Staff supported and facilitated residents preferences and offered discrete assistance, when required. A range of snacks and drinks were available between mealtimes.
Judgment: Compliant
<b>Regulation 20: Information for residents</b>
A user-friendly residents' guide was available that contained relevant information about the services provided and those involved.
Judgment: Compliant
<b>Regulation 26: Risk management</b>
A risk management policy and risk register was in place and maintained.  A process for hazard identification and assessment of identified risks related to residents and to the centre were recorded and subject to review.
Judgment: Compliant
<b>Regulation 27: Infection control</b>

Policies and procedures for the prevention and control of healthcare associated infections were in place, but some improvement was required in relation to the management of clinical waste and arrangements for decontaminating equipment.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Adequate precautions against the risk of fire were in place and emergency response procedures were displayed. Staff training records and those spoken with confirmed attending fire safety training, however, not all staff had participated in a simulated fire evacuation drill.

Inspectors were not assured that staff could effect a prompt, safe and efficient evacuation of each zone/compartment in reasonable time/manner. A record to include the fire scenario simulated, the length of time for evacuation of residents and any problems identified was not known, maintained or available.

Minimum staff include three at night.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

Adequate arrangements were in place to assess residents' needs but some care plans were insufficiently updated and detailed to guide staff and to make considered evaluations of the interventions in use.

Judgment: Substantially compliant

### Regulation 6: Health care

Appropriate medical, mental health and allied healthcare was provided to residents in the centre. Access to attend external healthcare appointments was also facilitated and followed up appropriately.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

Staff had participated in training to update their knowledge and skills appropriate to their role, to respond to and manage behaviours that are responsive. Restraint was used in accordance with the national policy.

Judgment: Compliant

## Regulation 8: Protection

Good emphasis was placed on residents' safety. A number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment following a risk assessment. Support devices, aids and monitoring arrangements were in place to safeguard residents while respecting their rights and promoting their independence and autonomy.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 6: Changes to information supplied for registration purposes	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for St Columban's Retirement Home OSV-0000166

Inspection ID: MON-0023459

Date of inspection: 14/01/2019

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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



## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> <li>1. Training Matrix analysis undertaken 04.02.19.PIC has followed up the Gap identified with one staff member's training during the inspection and this has been rectified.</li> <li>2. Staff Training Added to the new set agenda for monthly management meeting</li> <li>3. Assurance Arrangements for Training of Contracted staff:               <ul style="list-style-type: none"> <li>• PIC Completed Audit of the contracted staff's training Records on 15.01.19</li> <li>• PIC Met with Senior Managers of the Contracted Company on 31.01.19 . It has been agreed that they will maintain Training Matrix with supervisory Authority for PIC .</li> <li>• Staff Training Added to the Set agenda of monthly meeting of the said managers and PIC.</li> <li>• Infection Control Training Scheduled for contracted staff for 19th and 26th of February.</li> <li>• Safeguarding Training Scheduled for 14th March 2019.</li> </ul> </li> </ol>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ol style="list-style-type: none"> <li>1. New Registration Application underway to include the current offices of HR and Finances where the records are stored in the foot print.PIC has access to HR files at all times and can be made available for inspection. Financial records of residents will be available for inspection during normal business hours and will be facilitated by the office of the Head of Finance.</li> </ol>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. Management Meeting to take place on a monthly basis with Registered Provider Representative and PIC and/ or nominee.</li> <li>2. Revised Set Agenda for monthly management meetings developed to include: <ul style="list-style-type: none"> <li>• Previous minutes and action points</li> <li>• HR</li> <li>• Finance</li> <li>• Clinical matters Update</li> <li>• Risk Register</li> <li>• Audits</li> <li>• Staff Training</li> <li>• Other Operational Matters</li> <li>• AOB</li> </ul> </li> </ol>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> <li>1. Infection Control training scheduled for contracted staff and any other staff that are due for retraining on 19th and 26th of February.</li> <li>2. Clinical Waste Management contract updated to collection every 4 months and a 360L lockable outdoor wheelie bin installed, so clinical waste will not be left in the sluiceroom once bag full.</li> </ol>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> <li>1. Regular simulated Fire Drills scheduled and same ongoing. Lessons Learnt published and discussed at staff meetings. Simulation of all fire zones to be completed by 30th April 2019 and repeated at least every 4 months after that.</li> </ol>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ol style="list-style-type: none"><li>1. Assessment and Care Plan Audit completed by PIC 11.02.19 and to be repeated every 4 months</li><li>2. Care Plan study day for Nurses scheduled for 21st Mar 2019</li><li>3. Supervised Assessment and Care Plan review in progress, to be completed by PIC and Key Nurses by 31st March 2019.</li></ol>	

## Section 2:

### Regulations to be complied with

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2019
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/05/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/03/2019
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	31/03/2019

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/04/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/03/2019