

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	St Oliver Plunkett Community Unit
Centre ID:	OSV-0000539
Centre address:	Dublin Road, Dundalk, Louth.
Telephone number:	042 933 4488
Email address:	kay.okeeffe@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Maura Ward
Lead inspector:	Siobhan Kennedy
Support inspector(s):	Philip Daughen;
Type of inspection	Announced
Number of residents on the date of inspection:	63
Number of vacancies on the date of inspection:	7

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.

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 Quality 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:	To:
29 April 2015 09:00	29 April 2015 19:30
30 April 2015 09:00	30 April 2015 18:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The centre was registered on the 8 June 2012 to accommodate 83 residents who require nursing care. The philosophy of care is a move towards a social model of care, accommodating residents in twin and single bedrooms and including in the name of the designated centre "community unit". Since the initial registration management have been reducing the number of residents being accommodated at the centre in order to provide more suitable and spacious private accommodation for each resident. Currently the centre is registered to accommodate 63 residents.

This inspection was carried out to inform a registration renewal decision. Prior to the inspection the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). The inspectors reviewed

this documentation, ascertained the views of residents, relatives, and staff members, observed practices and reviewed records as required by the legislation.

The fitness of the provider was determined through ongoing regulatory work, including inspection of the centre and compliance with matters arising from inspections.

The fitness of the person in charge was determined through interview during the initial registration inspection and subsequent inspection of the centre. Inspectors found that staff involved in the management of the centre were knowledgeable of the legislation and standards and staff of various grades were aware of the organisational structure of the centre.

Matters arising from the previous inspection (7 actions) carried out on 19 March 2014 were in progress. Primarily these related to health and safety and risk and safe and suitable.

Since the initial registration of the centre the provider had communicated with the Authority outlining a proposed refurbishment of the designated centre in order to ensure that the premises were in compliance with the legislation prior to renewal of registration (expiry June 2015). Inspectors saw that a major refurbishment is underway which to date has transformed the designated centre. The work is being carried out on a phased basis, and so far 2 parts of a unit have been completely redesigned and are being occupied by the residents. Currently contractors are working in a unit and the residents from this unit are being cared for on a temporary basis in a part of the designated centre which has not yet been refurbished. On completion, residents will return to this unit. It has been agreed that the proposed plans for the final phase of the refurbishment will be forwarded to the Authority by 15 May 2015.

Residents and relatives were positive in their feedback to the Authority and expressed satisfaction about the new facilities and the services and care provided. They were complimentary about all aspects of residents' care and the support provided by staff and management.

The inspectors found from an examination of the staff rosters, communication with staff on duty and residents and relatives that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

There was evidence that staff had access to education and training, appropriate to their role and responsibilities. Residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory.

Residents' assessed needs and arrangements to meet these assessed needs were set out in individual plan.

There were measures in place to protect residents from being harmed or suffering abuse and information received confirmed that residents felt safe in the centre.

Inspectors saw that there were good opportunities for residents to participate in activities, appropriate to their interests and capacities.

While the provisions in place relating to health and safety and risk management are largely satisfactory within the renovated areas of the centre, significant areas of non compliance still exist within the remaining areas of the centre.

The renovated areas of the centre were safe, suitable and designed and laid out to meet the needs of the residents in the main. The areas yet to be renovated were not in compliance with the regulations regarding premises in a number of respects and are detailed in outcome 12 .

With the exception of the provision of suitable premises and associated health and safety issues which it is anticipated will be addressed by the third and final phase of the refurbishment work the centre is largely in compliance with the Health 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.

Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.

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 had been reviewed since the last inspection and it detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations.

The provider was aware of the need to keep the document under review and notify the Chief Inspector in writing before changes could be made which would affect the purpose and function of the centre.

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:

Since the initial registration of the centre the provider had communicated with the Authority outlining a proposed refurbishment of the designated centre in order to ensure

that the premises were in compliance with the legislation prior to renewal of registration (expiry June 2015).

A major refurbishment is underway being carried out on a phased basis. Phase one has been completed, phase two is in progress and It has been agreed that the proposed plans for the final phase will be forwarded to the Authority by 15 May 2015.

The inspectors found that there was a clearly defined management structure that identifies the lines of authority and accountability, specified roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose, and staff were familiar with their duty to report to line management.

Management had systems in place to capture statistical information in order to compile an annual review of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, complaints, medication management and skin care. A quality of care report was made available to the inspectors.

Interviews of residents and relatives during the inspection and questionnaires completed and returned to the Authority from residents and relatives were positive in respect of the provision of the facilities and services and care provided with the exception of, a respondent who considered that there was not enough staff, however, the inspectors did not find evidence to concur with this viewpoint.

There was evidence of consultation with residents and their representatives, particularly in relation to the refurbishment of the designated centre and the installation of a doorbell requested by a resident.

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):

No actions were required from the previous inspection.

Findings:

A guide in respect of the centre was made available to residents and a copy provided for the Authority.

Inspectors examined randomly a selection of residents' contracts. These had been

agreed with the residents and or their family and included details of the services provided and the fees charged.

Judgment:

Compliant

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 being managed by a suitably qualified and experienced nurse who has authority and is accountable and responsible for the provision of the service.

She is a registered general nurse and has experience of working with older persons. She works full time. During the inspection she demonstrated that she had knowledge of the regulations and Standards pertaining to the care and welfare of residents in the centre. She is supported in her role by nursing, care, administration, maintenance, kitchen and housekeeping staff, who report directly to her and she in turn to the registered provider.

The person in charge and the staff team had facilitated the inspection process by providing documents and had good knowledge of residents' care and conditions. Staff confirmed that good communications exist within the staff team.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspectors found that the following records listed in the legislation were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval for example: –</p> <ul style="list-style-type: none"> • Documents to be held in respect of members of staff. • Individual assessments and care plans for residents. • The centre's insurance was up to date and provided adequate cover against accidents or injury to residents, staff and visitors. • There were records of the food provided and visitors to the centre. • The directory of residents included all the information specified in Schedule 3 • The registered provider confirmed in the application that all the written operational policies as required by schedule 5 of the legislation were available. Inspectors verified this on a random basis.
<p>Judgment: Compliant</p>

***Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.***

<p>Theme: Governance, Leadership and Management</p>
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<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The provider and person in charge were aware of their responsibility to notify the Chief Inspector of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his absence. The deputising person in charge is a nurse with a minimum of 3 years experience in the area of geriatric nursing with in the previous 6 years and has extensive experience of providing care to older people and deputising when the person in charge was not available</p>
<p>Judgment: Compliant</p>

***Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place***

and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidences.

The training records identified that staff had opportunities to participate in training in the protection of residents from abuse. Staff were fully knowledgeable regarding reporting the procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents' safety in particular during this time of refurbishment. There were key pad door locks on certain doors and hand rails in corridors.

Residents during interviews and in response to questionnaires confirmed that they felt safe.

Judgment:

Compliant

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):

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

Findings:

From review of risk management documentation in the centre, inspectors found that the centre had all relevant policies in place relating to risk management. Inspectors found

that there was also a comprehensive risk register although it was found that there were a number of risks present in the centre that were not addressed within the risk register.

Infection control precautions within the centre were satisfactory in the main although some instances of unsuitable storage were identified including an instance of dirty laundry and pads stored in a room with clean commodes. There is also an on going issue with legionella at the centre although the staff were observed to be observing good practice in the control of same and management were implementing regular testing also. Hand hygiene facilities were provided throughout and inspectors observed staff demonstrating good infection control practice in the main.

In relation to fire precautions, the areas of the centre which had been renovated were provided throughout with fire detection, emergency lighting and fire extinguishers as appropriate. They were provided throughout with fire resistant construction and fire doors other than one isolated instance where a smoke seal to a fire door was damaged. There were some instances observed of curtains in place across final exit doors also. Inspectors also observed unnecessary door fastenings to some final exit doors in that some were provided with both push bars and electromagnetic locks. All escape routes were wide enough to facilitate timely evacuation of these areas of the centre.

The areas of the centre yet to be renovated were also provided with fire detection, emergency lighting and fire fighting equipment throughout. However, these areas were not adequately subdivided with fire resistant construction. Many of the doors provided were not fire doors as required. There were also instances of unsuitable and duplicate door fastenings on escape route doors. The evacuation method for residents in these areas at night was by evacuation sheet in the main due to the narrow nature of the bedroom doors. This coupled with the size of the fire compartments due to the lack of subcompartmentation would in the view of inspectors put undue demand on staff and represents unnecessary delay in the event of an evacuation.

Judgment:
Non Compliant - Major

Outcome 09: Medication Management
Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:
Safe care and support

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

Findings:
The inspectors were informed by a staff nurse administering medicines to residents that the medication policy and procedures were useful guides in the management of residents' medication. They included information on the prescribing, administering,

recording, safekeeping and disposal of unused or out of date medicines.

Prescription and administration sheets were available. Prior to administering medicines to residents the inspectors observed the staff nurse consulting with residents. There was evidence of GPs reviewing residents' medicines on a regular basis. The inspectors were informed that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the end of each shift in a register in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1982. The inspectors examined medicines available and this corresponded to the register.

Judgment:
Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector. The inspectors found that incidents occurring in the centre had been recorded and management systems were in place to alert staff to notify the Authority of notifiable incidents within three days. Quarterly reports were provided, where relevant, for example accidents and incidents involving evacuation.

Judgment:
Compliant

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.

<p>Theme: Effective care and support</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre provides care primarily for residents with long-term nursing needs. Respondents who completed questionnaires confirmed that staff informed them of their relatives' health care needs and any changes in the conditions. From an examination of a sample of residents' care plans, discussions with residents, relatives and staff inspectors were satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition, continence and the risk of pressure sores. The care plans were up-to-date and had been audited.</p> <p>There was evidence of appropriate medical and allied health care for example, referrals to the dietician, occupational and physio therapists and specialists in wound care.</p> <p>There were systems and practices operating regarding restraint and where restraint was used as an enabler for example, the use of bedrails and personal alarms to keep residents safe. The documentation showed consultation with the resident or the resident's relative, the general practitioner and the nurse in charge. Reviews of restraint measures were evident.</p>
<p>Judgment: Compliant</p>

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.

<p>Theme: Effective care and support</p>

<p>Outstanding requirement(s) from previous inspection(s): Some action(s) required from the previous inspection were not satisfactorily implemented.</p> <p>Findings:</p>

Inspectors found that the areas of the centre that had been renovated were suitable for the needs of the residents. The layout and facilities were all of a good standard and these areas were decorated in a pleasant fashion and were warm and homely. They were provided with secure external areas for the use of residents although the floor coverings in some of these areas may represent a trip hazard for the residents if not adequately maintained. Both the bedrooms and communal areas were of a good standard. The dining area was a pleasant space and the bedrooms were spacious and were provided with individual heating controls although residents were not provided with sufficient personal storage in the twin rooms in all cases.

The areas of the centre yet to be renovated were clean and warm and provided with adequate communal space. However, there were areas requiring attention relating to maintenance. There was evidence of lack of maintenance, probably in view of the projected renovation. Inspectors noted areas of the floor covering repaired with tape as well as broken door fastenings and missing toilet roll holders in toilets. Many of the bedrooms were small in size, many of the single rooms appeared to be less than eight square metre usable floor area. There was storage of communal supplies within the bedroom of residents and the provision of adequate storage appeared to be an issue generally. While there were two main communal spaces and one smaller one provided that were quite spacious, the layout of the sleeping accommodation did not meet the needs of the residents.

Inspectors also noted the presence of legionella within the water supply as a cause of concern although the centre appeared to be implementing a programme of testing and remedial action. Inspectors also noted that adequate thermostatic controls were not in place in all areas of the centre, particularly in areas yet to be renovated.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a written operational policy and procedure relating to the making, handling and investigation of complaints. The procedure identified the nominated person to investigate a complaint and the appeals process. This was displayed in a prominent position and some residents and relatives were aware of the process and identified the person whom they would communicate with if they had an area of dissatisfaction. The

inspectors examined the complaints record and this showed that of the complaints investigated there were details and an outcome for the complainant.

Judgment:

Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

End of life care was person centred and respected the values and preferences of individual residents.

In communication with the inspectors staff described the policy and protocols in place for the end of life care.

The inspectors found that residents due to primarily to their condition did not communicate regarding this aspect of their care, however, there was good evidence of relatives' involvement in a resident's care plan who was assessed as nearing end of life. The information identified in this care was detailed and informative.

Care planning assessments related to the resident's physical , emotional, psychological and spiritual needs. Risk assessments in relation to eating and drinking, MUST screening and pain management were available.

There was documentary evidence of interventions and treatments to support the resident at end of life in the centre, for example availability of general practitioner ,out of hours service, palliative care team and the use of subcutaneous infusions and oral antibiotics

Judgment:

Compliant

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 discrete and sensitive manner.

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 at times and in quantities adequate for their needs. The food was properly served. Menus showed a variety of choices and meals. There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes and food provided.

The new dining room is spacious bright and provides a great space for residents.

The training record showed that staff had been trained in good nutrition in the elderly. This included weight loss and gain, what to do when changes occur, dysphagia and the completion of food and fluid records. Staff members confirmed that there was good communication between catering and care staff so as to ensure appropriate meals which met residents' needs were served.

Documentation in the residents' care plans examined by the inspectors showed that residents were weighed on a monthly basis and appropriate action taken as necessary. There was a policy on food, nutrition and hydration management.

Care plans contained risk assessments regarding nutrition and detailed residents' requirements and preferences. This information was shared with the catering staff. Referrals to Allied health professionals such as general practitioner, speech and language and occupational therapists, dietician and dentists were evident in the documentation.

Snacks and beverage were offered to residents at intervals between main meals and visitors to the centre were offered refreshments and/or a meal. Water dispensers and fresh fruit were available.

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):

No actions were required from the previous inspection.

Findings:

A formal consultation process had been set up for residents and an advocacy service was available to residents.

The inspectors saw that residents' privacy and dignity was respected as residents could receive visitors in private and personal care could be provided in the residents' bedrooms.

Many residents were able to make choices about how they lived their lives in a way that reflected their individual preferences for example, times of getting up in the morning and going to bed in the evening.

Social care planning was undertaken by the staff team and inspectors were informed that an activity coordinator will be recruited to complement the staff team. The inspectors saw that there were opportunities for residents to participate in activities, appropriate to their interests and preferences. Relatives who communicated with the inspectors highlighted the events which residents were involved in such as spiritual activities which were meaningful to their lives, arts and crafts, outings with their family members, entertaining visitors and other low-key activities such as watching television. Inspectors saw the majority of residents participating in an exercise programme and a singsong session.

Relatives informed the inspector of the importance of the centre in the community and when visitors came to see their relatives, they also visited other residents whom they knew from the local community.

Judgment:

Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

In general inspectors saw that in the majority of the new bedrooms there was inadequate space for residents' personal possessions. Primarily this was due to having locker style wardrobes which had limited hanging space for residents' belongings. See outcome 12 for action plan.

A record was kept of residents' personal property. There were arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents, however, the majority of relatives took residents' personal laundry home to be laundered.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

From an examination of the staff duty rota, communication with residents and staff the inspectors found that the levels and skill mix of staff at the time of inspection were sufficient to meet the needs of residents.

In discussions with staff, they confirmed that they were supported to carry out their work by the provider and person in charge. The inspectors found them to be confident, well informed and knowledgeable of their roles, responsibilities and the standards regarding residential care.

Inspectors found evidence of staff participating in induction and ongoing training. Staff had opportunities to access education and training to meet the needs of residents.

Judgment:

Compliant

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:

Siobhan Kennedy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Oliver Plunkett Community Unit
Centre ID:	OSV-0000539
Date of inspection:	29/04/2015
Date of response:	03/06/2015

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 08: Health and Safety and Risk Management

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The risk register did not document all risks present in the centre.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

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

The Risk Register has been updated to address the infection control risks associated with Legionella and lack of storage space in St Gerard's ward.

Proposed Timescale: 28/05/2015**Theme:**

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Storage of laundry was observed not in compliance with good infection control practice.

Action Required:

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.

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

Admissions have been curtailed and a single room in St Gerard's ward has been converted to a store room to facilitate the storage of skips containing soiled laundry and continence wear. The Statement of Purpose has been updated to reflect same

Proposed Timescale: 28/05/2015**Theme:**

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some areas of the designated centre are not subdivided with fire resistant construction as appropriate. Furthermore, there are areas of the centre not provided with fire doors as appropriate to contain fire within the building.

Action Required:

Under Regulation 28(2)(i) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

The final stage of the ongoing refurbishment programme which is due for completion in Jan2016 will address this issue. In the interim all Staff have been advised of the associated risks and are aware of existing control measures

Proposed Timescale: 30/01/2015**Theme:**

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There are final exit doors provided with unsuitable door fastenings and there are curtains across final exits in some areas in a manner that could possibly obscure same when the curtain is drawn.

Action Required:

Under Regulation 28(1)(b) you are required to: Provide adequate means of escape, including emergency lighting.

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

Following consultation with the Project Manager he advised that the electromagnetic lock will drop out when the fire alarm is activated and the door will open in the event of a fire. The push bar is manually activated so both are fire regulation compliant.

The reason for fitting both fastenings is that electromagnetic locks are easily forced open because the pivot point is at the top of the door. The inclusion of a push bar gives a second locking point at the centre of the door and accordingly gives greater security.

Breakglass and keys are provided beside fire exit doors in areas of the centre yet to be renovated.

The Contracts Manager has agreed to adjust the blinds in parallel with phase 3 of the building project and attach them directly to the exit doors in question. In the interim all staff have been advised to ensure that the blinds and curtains only extend to cover the fixed window.

Proposed Timescale: 30/07/2015

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The lack of subcompartmentation in one area of the centre represents an unnecessary delay in the evacuation of residents and would put undue demand on staff in the event of a night time evacuation.

Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

There is a robust fire policy in place and clear guidelines and action cards were established in 2014 to guide staff in the event of an evacuation at night. In addition to this nighttime fire drills are undertaken every three months.

A fire risk assessment of the premises was undertaken in 2012 by a fire safety consultant. Risks were identified according to seriousness and impact. The high Risk issues were addressed immediately and it was agreed in consultation with the HSE Fire Officer that medium and low risks identified in the report would be addressed as part of the major refurbishment programme due for completion in Jan 2016. The medium and low fire risks are addressed in the Risk Register and all staff are aware of existing control measures.

Proposed Timescale: 30/01/2016

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:

The sleeping accommodation is not laid out to meet the needs of the residents in all cases.

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 ongoing refurbishment programme will address the size and layout of all rooms in order to ensure compliance with the regulatory requirements. In the interim admissions have been curtailed.

Proposed Timescale: 30/01/2016

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Inspectors identified areas of the centre not kept in a good state of repair.

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 major refurbishment programme commenced in March 2013 will ensure compliance with the regulatory requirement regarding this issue

Proposed Timescale: 30/01/2016

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Inspectors identified that a sufficient supply of hot and cold piped water was not available in some areas of the centre.

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:

This issue was addressed immediately on the day of inspection

Proposed Timescale: 29/04/2015