



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

Issued by the Chief Inspector

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:	Unannounced
Date of inspection:	10 May 2023
Centre ID:	OSV-0000166
Fieldwork ID:	MON-0038494

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 32 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:	20
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 10 May 2023	10:25hrs to 17:45hrs	Sheila McKeivitt	Lead
Wednesday 10 May 2023	10:25hrs to 17:45hrs	Lisa Walsh	Support

What residents told us and what inspectors observed

Inspectors spoke with a number of residents living in St Columban's Retirement Home, they said they were happy living there and enjoyed a relaxing life. Residents were observed to spend some of their time in the centre's sun room which had views of the garden and was a pleasant space to sit and relax while reading a newspaper. The residents had access to large external gardens which had a greenhouse, bird feeders and walking paths which residents said they enjoyed using. Residents could also access St Columban's College which was located on the same grounds as the nursing home, this allowed them to engage meaningfully in the community.

Following a short opening meeting, inspectors were accompanied by the person in charge on a tour of the premises. Many of the residents' were in their bedroom with some in the sunroom chatting and waiting to go for lunch. The bedrooms were all single occupancy and all en-suite. Residents had an adequate amount of storage space for personal belongings including a lockable cupboard. Some furniture in residents rooms required upkeep and some mattresses needed to be replaced, however the person in charge provided assurances that replacements had been bought and delivery was imminent. Residents' laundry was completed in St. Columban's College and returned to the nursing home to be ironed and placed back in residents' rooms. Works for outstanding fire issues, as identified in previous inspection reports, were not completed however a plan is in place to address this. Overall, the centre appeared clean and bright on inspection. However, some actions are needed under premises and infection control and will be discussed further under regulation 17 and 27.

The atmosphere of the nursing home was pleasant and peaceful. Residents who spoke with the inspectors said the staff were attentive and caring. Residents said it was a nice place to live and would recommend it. The residents spoke about the nursing care saying it was the best they had ever received and could not fault it at all. Residents said they had no complaints but if they had they could raise issues with staff or in their residents meetings

Visitors were welcomed into the centre. Inspectors spoke with one visitor, who described the care and attention received by residents as outstanding, and said staff were readily available to meet the needs of residents. They confirmed there were no restrictions on visiting and commented on how welcome they felt when coming into the centre.

Residents mostly went to the dining room for their meals. Inspectors observed lunch and tea time, tables were laid with a menu available for residents to choose from, and a choice of drinks. Staff were observed to speak with residents kindly and respectfully. All residents spoken to said they enjoyed the food. Residents also informed inspectors that they could input on the menu options when this was

discussed at their residents' meetings once a month.

Activities provided in the nursing home were in accordance with the residents' preferences who informed inspectors that they enjoyed attending mass, walking on the grounds, reading newspapers and relaxing in the company of other residents. Inspectors observed residents reading the papers, in the peace and calm environment of the living room. Residents said they had access to all the papers they wanted, daily and local, one resident said they even got "the Cork Examiner".

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This centre was well-managed. The governance team was strong with the provider and the person in charge working towards mitigating risks and providing a safe home for the residents to live in.

This was an unannounced risk inspection carried out to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older people) Regulations 2013. Inspectors found that improvements had been made and other compliance plans had been almost completely addressed and the overall level of compliance had improved. Fire remained an issue, however inspectors found that the provider had begun to address the findings of the fire safety risk assessment from January 2022 and had made interim arrangements to manage risks identified within this assessment. This included increasing the number of staff on night duty and decreasing the number of residents living in the centre to ensure all residents could be safely evacuated at night.

The works to be completed in relation to fire were scheduled to begin and due for completion by the end of September 2023. The provider had therefore submitted an application to extend the time frame on restrictive condition number four on their certificate of registration.

There was a good open channel of communication between the provider representative and the person in charge appointed in August 2022. The person in charge had established a systematic approach of overseeing the standard and quality of care being provided. This approach gave the management team a good oversight of all areas of practice and had led to improvements which are reflected in the improved level of compliance identified on this inspection. Records required to be held in the centre were not included in the audit schedule and some records reviewed were not fully compliant with the legislative requirements.

The centre was well-resourced. The staffing levels on the statement of purpose

were reflected on the staff roster and the inspectors saw the needs of residents were being met. The catering, laundry and housekeeping service was outsourced and these areas were also well staffed.

Staff had access to equipment, which was appropriately serviced, this enabled staff to meet the needs of the twenty residents living in the centre.

The training needs of staff were being met. They all had the required mandatory training completed and the records of all staff training records were well-maintained. A clear, concise and up-to-date training matrix was available for review. This assured the inspectors that residents were receiving a good standard of care.

Some issues remained outstanding in relation to the premises and further review of infection control practices was required to ensure the standards for the prevention and control of healthcare-associated infection were maintained.

Records were accessible, with the exception of staff files which were held off site. Some of those reviewed, such as the directory of residents and staff files were not fully compliant with the legislative requirements and required further review.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

The provider had submitted an application to vary restrictive condition 4 on the certificate of registration. Inspectors saw that there was a plan in place to complete the planned works prior to the proposed extended date to be applied to this condition.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was a registered nurse working full-time in the centre who met the requirements of the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was sufficient staff on duty to meet the needs of the residents taking into account the needs of the resident, size and layout of the designated centre.

There was at least one registered nurse on duty at all times.

There were appropriate levels of staff allocated to ensure the centre was cleaned adequately.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and were supervised. All staff had mandatory fire safety, manual handling and safeguarding training in place. In addition, some staff had completed additional training in cardio-pulmonary resuscitation. Some staff were due for training updates, however, this training was planned for June 2023.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents did not include all of the information that is required under schedule 3 of the regulations. For example:

- The address for next of kin was not included in all records reviewed.
- In two records, the general practitioner's address was not included.

Correction fluid was used in the hard copy of the directory of residents.

Judgment: Substantially compliant

Regulation 21: Records

Records outlined in schedule 2, were not available in each staff members file. For example;

- One staff file had no photographic identification.
- One staff file did not contain a full employment history.

Staff files were not accessible to inspectors, they were not held in the centre. Although they were brought to the centre on request, the risk associated with these files not being accessible was discussed with the person in charge.

Judgment: Substantially compliant

Regulation 23: Governance and management

The oversight of records required strengthening and could benefit from being included in the audit schedule for 2023

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service and facilities provided in the centre. It had been updated within the last year. A copy was submitted to the Chief Inspector with the application to vary condition 4.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of accidents and incidents recorded assured inspectors that all notifiable events had been submitted to the Chief Inspector of Social Services as per the regularity requirements.

Judgment: Compliant

Regulation 32: Notification of absence

The provider was aware of the requirement to give notice in writing of the proposed absence of the person in charge from the designated centre for a period of more than 28 days.

Judgment: Compliant

Regulation 4: Written policies and procedures

The food and nutrition policy had been updated within the past year and it was now reflected in practice.

Judgment: Compliant

Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There had been no notice of the absence of the person in charge from the designated centre since the last inspection. However, the provider was aware of the regulatory requirement inform to the Chief Inspector of Social Services of details of the procedures and arrangements put in place for the management of the designated centre during the absence of the person in charge.

Within the statement of purpose it stated and the management team confirmed that a named senior nurse would take over in the absence of the person in charge.

Judgment: Compliant

Quality and safety

Inspectors were assured that residents received good, quality, safe care. Residents told inspectors that they are happy living there. A new electronic system was in place for residents' records. Inspectors found that care plans had improved from the last inspection and were personalised and detailed, however, action was need in relation to comprehensive assessments and risk assessments.

Residents had good access to medical care services and a general practitioner of their choice and had prompt access to members of the inter-disciplinary team members when required.

Staff received safeguarding training in relation to the detection and prevention of and responses to abuse. Residents told inspectors they felt safe living in the centre and if they had any concerns they would speak with staff.

There was no visiting restrictions in the nursing home and on the day of inspection visitors were observed meeting with residents. Residents and visitors had access to a private visitors' sitting room. Residents had adequate lockable storage in their bedrooms for their personal belongings. Laundry was no longer done within the nursing home, it is now completed in the adjoining college and returned to residents.

Residents' spiritual and religious needs are respected. Residents who were approaching end of life received all the appropriate care. A detailed end-of-life care

plan was in place for each resident who were involved in the care plan and supported by family or their appointed next of kin. Suitable facilities were available to residents' families when residents were receiving end of life care

Some improvements to the premises had been made, for example, the ceiling in room three had been repaired, and there was a plan to address all the fire risks identified in the fire risk assessment completed in January 2022 and those identified on inspection in September 2023. Overall, the premises was found to be clean, spacious and bright, however, some wear and tear was seen on some furniture in residents' bedrooms and several mattresses needed to be replaced. The residents could access the large maintained gardens outside. There was a private courtyard accessible to residents', however, it required maintenance. There was an open sun room with plenty of seating areas, residents' told inspectors they enjoyed sitting here and enjoying the views of the gardens.

Infection prevention and control practices were good. However, some small issues identified under regulation 27 would enhance the quality of practices in this area of care.

Regulation 11: Visits

There were no restrictions for visitors in the centre. There was suitable communal facilities for residents to receive a visitor and a private visitor's room if residents wished to use it.

Judgment: Compliant

Regulation 12: Personal possessions

Residents' clothes were laundered in St Columban's College and returned to them. There was adequate space for residents to store clothes and personal possessions.

Judgment: Compliant

Regulation 13: End of life

End-of-life care plans were in place and were detailed and personalised. Residents and, where appropriate, their relatives or representative were involved in the decision making process with regard to end of life wishes while also in consultation with the residents general practitioner.

Appropriate care and comfort was given to residents to meet the physical, emotional, social, psychological and spiritual needs. Family and friends were facilitated during residents' end of life care.

Judgment: Compliant

Regulation 17: Premises

Some internal areas showed signs of wear and tear;

- Some areas in the centre were dated and in need of painting and refurbishment. For example, the external surface of the built in storage units in each bedroom required re-coating to ensure they could be cleaned effectively
- An outdoor courtyard remained overgrown and needed some attention

Judgment: Substantially compliant

Regulation 27: Infection control

There was evidence of good infection prevention and control practice in the centre however, the following areas for improvement which are fundamental to good infection control practice were identified:

- The clinical wash hand sink in the clinical room did not meet the required specifications.
- Oversight of safe cleaning of shower chairs needed to be strengthened to ensure that they were adequately cleaned to minimise the risk of transmitting a healthcare-associated infection. For example the underside a shower chair were unclean.
- There was damage to surfaces of paintwork and shelving in some bedrooms. This did not support effective cleaning and infection prevention and control measures.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Improvements were required in the standard of nursing assessments completed on admission and those reviewed every four months;

- Comprehensive assessments were not completed within 48 hours of the resident being admitted to the centre.
- Comprehensive assessments were not always comprehensively completed, the sample reviewed contained a lot of blank spaces.
- Other risk assessments although completed, did not always include enough detail.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors found that residents were receiving a good standard of healthcare. They had access to their general practitioner (GP) and to inter-disciplinary team members that came into the nursing home and others which they went out too for review.

Judgment: Compliant

Regulation 8: Protection

All staff had completed revised safeguarding training and all those spoken with demonstrated a good knowledge of the safeguarding policy.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0038494

Date of inspection: 10/05/2023

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The matters identified during the Inspection were addressed on the day of the inspection. The information gaps identified, relating to Next of Kin and GP addresses have been dealt with.</p> <p>A meeting of Staff Nurses took place and the importance of maintaining a fully up to date and complete Directory of Residents was emphasized.</p> <p>It was also confirmed that as Residents are admitted or discharged from the Retirement Home, it is the responsibility of the staff nurse on duty to made sure the Directory is fully completed or updated, as per Regulation 19.</p> <p>The Directory of Residents will be audited /checked each month by either Person in Charge or Senior Nurse.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>The risk associated with not having immediate access to staff files is understood. The Person in Charge now has immediate access to the HR office and can access all Nursing Home staff files.</p> <p>One staff file with no photographic identification and one file with an incomplete employment history. The required outstanding documentation were requested and provided in the relevant staff files.</p>	

Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Person in Charge has produced a full Nursing Home Audit Schedule. This is now on display in the PIC's Office.</p> <p>Other matters related Governance and Management, such as the Directory of Residents and the need for the PIC to have immediate access to staff files have been addressed, as set out above.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Nursing Home is currently planning substantial improvement works, including the installation of a new Fire Door and Compartmentation throughout Nursing Home. Once the most extensive elements of this work are complete, then the Nursing Home will be repainted, and any damage and signs of wear and tear identified during this inspection will be addressed.</p> <p>The outdoor courtyard was inspected and was deemed to be overgrown. All bushes and shrubbery have been landscaped and the concrete has been cleaned up to a high standard, so the area is now fully refreshed and available for use. This area will now be included in an overall maintenance plan for all external areas and the courtyard will be regularly inspected to ensure that it remains clean and tidy.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The location of the clinical room is being moved, as part of the current schedule of planned improvement works for the Nursing Home. As a result, a new sink will be provided in the newly designed clinical room.</p> <p>All bedrooms ensuites are assign with own shower chairs to reduce the risk of transmitting a healthcare- associated infection. A cleaning schedule for shower chairs have now been allocated on a weekly basis. A cleaning sticker will be used with the date included to indicate when the equipment was last cleaned.</p> <p>As previously indicated, wear and tear and general damage to surfaces, paintwork and</p>	

shelving in some bedrooms, will be addressed once major works have been completed.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Following inspection, the PIC and senior nurse audited all Individual Assessments and Care Plans. A staff nurse meeting took place to discuss the need to ensure that a comprehensive initial assessment and risk assessment was completed for each new resident, within 48 hours of admission. In addition, during staff nurse training the need to provide more details in each risk assessment, was emphasised.

The VCare Nursing System company have been contacted and a modification has been made to the system to allow for yes, no or n/a answers can be provided. This will avoid leaving blank spaces, where the relevant response is 'not applicable'.

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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2023
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	08/06/2023
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	08/06/2023
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to	Substantially Compliant	Yellow	08/06/2023

	be safe and accessible.			
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	08/06/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2023
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	30/09/2023