



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

Issued by the Chief Inspector

Name of designated centre:	St Colman's Residential Care Centre
Name of provider:	Health Service Executive
Address of centre:	Ballinderry Road, Rathdrum, Wicklow
Type of inspection:	Unannounced
Date of inspection:	27 April 2022
Centre ID:	OSV-0000492
Fieldwork ID:	MON-0036531

About the designated centre

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

St. Colman's Residential Care Centre is a community facility providing a variety of services to the elderly population of Wicklow. St. Colman's Residential Care Centre provides residential care, respite and palliative care for a total of 92 residents both Male and Female, over the age of 18 years. Accommodation is provided on three units, Primrose Place (26 female), Clover Meadow (30 male), Lavender Vale (30 female, 5 male and 1 rehab). Bedroom accommodation is mostly multi-occupancy three and four bedded rooms. There are 2 twin rooms and four single bedrooms - two of which are allocated to palliative care. There is a designated smoking area for residents on Primrose Place, Clover Meadow and Lavender Vale.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	78
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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 27 April 2022	09:00hrs to 17:00hrs	Noel Sheehan	Lead
Thursday 28 April 2022	09:00hrs to 17:00hrs	Noel Sheehan	Lead
Wednesday 27 April 2022	09:00hrs to 17:00hrs	Bairbre Moynihan	Support
Thursday 28 April 2022	09:00hrs to 17:00hrs	Bairbre Moynihan	Support

What residents told us and what inspectors observed

The unannounced inspection was carried out over two days. It was evident from observations on the day, and from what residents told the inspectors that the residents had a very good quality of life in St Colman's Residential Care Centre.

On arrival to the centre, the Inspectors were met by the person in charge who ensured that all necessary infection prevention and control measures were implemented, prior to accessing the centre. After an opening meeting, the Inspectors were guided on a tour of the centre by the person in charge. It was very evident from the walk around with the person in charge that she was well known to all residents, who greeted her by her first name and were very complimentary about the care provided.

The centre had recently emerged from an outbreak of COVID-19 where a majority of residents and staff were affected. The Inspectors acknowledged that residents and staff living and working in centre has been through a challenging time. HIQA had carried out an inspection during the outbreak on 10 March 2022. Inspectors noted a number of issues identified on that day had since been actioned and plans were in place to action outstanding issues.

There were 78 residents living in the centre on the day of the inspection. The Inspectors spoke at length with 12 residents, and spent time observing residents' daily lives and care practices, in order to gain insight into the experience of those living in St. Colman's. All of the residents who spoke to Inspectors were highly complimentary about the service provided, and described the staff as kind, caring and nice to be around. One resident told an inspector the staff "treat us so well here" and another resident praised the personalised care they received. There was a calm and homely atmosphere in the centre and Inspectors observed respectful and friendly interactions and a warm rapport between staff and residents, throughout the day.

The environment was well maintained and clean. The corridors were sufficiently wide to accommodate walking aids and handrails were installed in all circulating areas. The layout and the signage in the centre helped to orientate residents and facilitate them to move around the building independently. The inspector observed that the corridors were beautifully decorated with pictures depicting views of the countryside around Wicklow and art created by residents and staff, many of which reflected their surroundings. The bedrooms were homely and very personalised. Some residents had brought in their personal furniture and memorabilia. Many residents had pictures of their families framed near their beds.

Total bedroom accommodation consisted of 13 four bedded rooms, 10 three bedded rooms, three twin rooms and four single rooms. There were several large and small sitting rooms, lounges, dining and recreational spaces available to residents. A large chapel was situated near the main entrance and was available for all denominational

celebrations. The residential units consisted of Lavender Vale and Heather Rest which were situated on one side of the building. The administration corridor which contained the chapel, the main dining room and kitchen divided the centre in the middle and Primrose Place and Clover Meadow were situated at the other side of the building.

The majority of residents were accommodated in shared bedrooms of up to four people. Some residents were unable to carry out personal activities in private. Privacy screening consisted of curtains and therefore conversations, noise and smells could not be excluded. Residents told the inspector their sleep was regularly disturbed from noise in shared rooms. In most bedrooms one TV was available and a consensus on what to view had to be reached, individual preferences could not always be accommodated. While a considerable refurbishment had been undertaken since the last inspection, areas of the centre were in disrepair for example, exposed pipes, plaster exposed, peeling paint and a hole in the ceiling in the cleaners room in Primrose Place. The location of bathrooms required further consideration as in some cases residents had to travel long distances from their bedroom to access sanitary facilities.

Residents were complimentary about the choice and quality of the food served. Residents enjoyed the home cooked meals and were offered a choice every day. Staff were observed bringing residents a selection of snacks and drinks. The Inspectors spoke with staff who were very knowledgeable about each residents likes, dislikes and preferences. The Inspectors observed residents receiving their lunch in their own bedrooms, or seated in the dining spaces. At lunch time tables were nicely set with table cloths and menus on each table. A pleasant, relaxed atmosphere was promoted with gentle music playing in the background, and staff were observed assisting residents in a quiet and respectful manner. Meal times were observed to be a social, unhurried experience and the inspectors saw the food was appetising and well presented.

This inspection took place over two sunny days in April. Residents were encouraged to sit outside in the secure courtyard. This area were nicely laid out with seating, safe pathways, bird feeders and planting. An inspector observed staff bringing residents out to enjoy the sunshine. The centre had goats and hens and residents informed inspectors that they went out to see them with their families during the good weather. Residents were observed mobilising along the centre's long corridors, both independently and supervised. However, on the first day of inspection Inspectors noted that the majority of residents on the Lavender Vale unit were having tea in the day spaces on the unit while the majority of resident's in Clover Meadow were in bed or in close proximity to their beds by 17:30.

There was a varied and interesting activity programme available in the centre, and an activity schedule for seven days was displayed in prominent locations. Four members of staff was dedicated to activities each day. On the day of inspection, residents were observed taking part in an interactive music session and mass. Residents were also observed taking part in bingo, and the activity coordinator adapted the game to meet individual resident's abilities and promote engagement with the game. The activities staff interacted and assisted residents in a friendly and

respectful manner. Other residents were observed to prefer spending time alone, reading the newspaper or listening to the radio in their bedrooms.

Overall, Inspectors found that the centre had a strong focus on resident's welfare. Managers and staff worked hard to ensure that care was person centred and that residents and their families were supported during a difficult time. There was a relaxed, welcoming atmosphere in the centre and it was evident that residents felt safe and comfortable.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was a well-managed centre with effective leadership and management in place which ensured the residents received high quality, person centred care and support, to meet their assessed needs. Overall, the management team were proactive in response to issues as they arose and improvements required from previous inspections were addressed or there were plans in place to address them. Significant progress had been made in addressing issues of non compliance that were found on the fire risk focused inspection of 20 April 2021. However, issues with evacuation times in the largest compartment in the centre persisted. Issues of non compliance found on the previous inspection of the centre that took place on 10 March 2022 during an outbreak of COVID 19, were substantially addressed, however issues regarding infection prevention and control were found on this inspection as detailed under regulation 27 below. Actions to bring the centre into full compliance with the Regulations were also identified under, regulation 21: Records; regulation 23, Governance and management, regulation 34 Complaints, regulation 11, Visits, regulation 17, Premises, regulation 6, Healthcare, regulation 7 Managing Behaviour that is Challenging, and, regulation 9, Residents Rights. These areas are detailed throughout the report.

There was was a clearly defined management structure in place, which provided effective governance, accountable for the delivery of the service. The registered provider representative was the head of older persons services for HSE Community Healthcare Organisation area 6 and supported the centre and additional resources such as physiotherapy were available onsite, and supported evidence based practices. The provider engaged regularly with the management team and was available at the end of this inspection to attend the feedback meeting in person. The minutes of management team meetings were viewed by the Inspectors and evidenced a commitment to enhancing and improving systems, to provide a high level of care for residents. The centre was managed on a daily basis by an appropriately qualified person in charge, responsible for the overall delivery of care.

She was supported in her role by an Assistant Director of Nursing and three Clinical Nurse Managers, a nursing and healthcare team, as well as a team of catering, domestic, activity and maintenance personnel. Inspectors were informed that since the last inspection on 10 March 2022, additional posts had been approved including a Domestic Supervisor and an additional Assistant Director of Nursing.

The provider had sufficient resources to ensure the effective delivery of care within the centre. The management team were collecting key performance indicators and audits were being completed, however, it was not always evident how they informed quality and safety improvements. Regular management meetings took place and good communication and oversight of the service provided was evident. The provider had contingency measures in place to respond to the risks associated with COVID-19, including succession planning if key management personnel were unable to attend work. However, overall, the governance and management of the centre was only found to be substantially compliant as the systems in place to monitor the quality and safety of the service were not robust in some instances and required improvements. This is detailed under Regulation 23 below.

Staff were knowledgeable regarding residents needs and provided care in a dignified and respectful manner. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was an induction system in place for all newly appointed staff which covered all aspects of the service requirements. The centre had seven hand hygiene trainers onsite. In addition, the centre had two staff members trained in a specific programme on behaviours that challenge and manual handling. Onsite training for the year was outlined on a calendar planner. These included for example fire training, medication management training and cardiopulmonary resuscitation training. However, Inspectors identified a number of gaps in training records made available on the day as detailed under regulation 21 Records below.

All records as requested during the inspection were made readily available to Inspectors. Records were maintained in a neat and orderly manner and stored securely. The management team assured an inspector that all staff had appropriate Garda vetting and this documentation was reviewed by the inspectors. There was a comprehensive record of all accidents and incidents that took place in the centre and appropriate action taken in the review of the resident following a fall. Incidents had been notified to the Chief Inspector as required by the regulations.

Regulation 14: Persons in charge

The person in charge was a registered nurse with the required managerial and nursing experience specified in the regulations. She was actively engaged in the governance and day-to-day operational management, and administration of the service. The person in charge was knowledgeable of the regulations, national standards and of her statutory obligations. She demonstrated a strong commitment

to the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

On the days of inspection, Inspectors observed that the number and skill mix of staff was appropriate having regard to the needs of the residents. The staff rota was reviewed and found to be maintained with all staff that worked in the centre identified. Staff were supervised in their work by the person in charge and clinical nurse managers on duty on each unit, each day. Records evidenced that there were adequate levels of registered nurses on duty in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff demonstrated good knowledge and had access to a range of training opportunities to support them in carrying out their role in the centre however, Inspectors identified a number of gaps in training records made available on the day and reviewed. This is referenced under regulation 21 Records.

Judgment: Compliant

Regulation 21: Records

The Inspectors reviewed a sample of staff personnel records on the day of inspection and found that they did not consistently include all of the required prescribed information set out in Schedule 2 of the regulations. For example, four staff files did not include curriculum vitae.

Gaps in training records were brought to management's attention on the day of inspection. For example:

- 32 staff (includes all grades of staff) had not completed fire training within the last year.
- Over 50+ staff had not completed safeguarding training.
- Only a small number of staff had completed PPE training.

Judgment: Substantially compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality and safety of the service were not robust and required improvements. For example:

- A regular schedule for audits did not always support the quality improvements which were ongoing in the centre. For example, environmental audits were being completed at local level on a monthly basis, however, there was no evidence that a specific, measurable and timebound action plan was devised following actions identified in the audits.
- Documentation reviewed did not always track the outcomes completed from meetings and audits and it was not always obvious how they informed quality and safety improvements.
- Systems in place to monitor the quality and safety of the service required review to ensure that services and residents' experiences were monitored and informed improvements in the centre. Documentation required review to ensure that feedback from residents, management meetings and audits were informing quality and safety improvement in the centre.
- The registered provider had not completed a comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year with an action plan for the year ahead as required by the regulation and any recommendations.
- An outbreak report to identify the learning from an earlier COVID 19 outbreak had not been completed.
- While the centre had a risk register in place, there was no evidence that risks identified by inspectors on a previous inspection were risk assessed and escalated to the risk register if required for example cleaners rooms which did not contain janitorial units. Additionally, a risk identified by an inspector of a large compartment of 26 residents not being evacuated in a suitable time line was not on the risk register.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A comprehensive record of incidents occurring in the centre was maintained. All incidents had been reported to the Chief Inspector as required under the regulations, within the required time period.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome. The inspectors read the complaints records and found that verbal complaints were logged and records included actions taken. However, it was not always documented whether the complainant was satisfied with the outcome.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The Schedule 5 policies and procedures were available for the Inspectors to review. The visiting policy had not been updated in line with Health Protection and Surveillance Centre (HPSC) guidance. This is referenced under regulation 11, visits below.

Judgment: Compliant

Quality and safety

The inspectors found that residents were supported and encouraged to have a good quality of life in St Colman's Residential Care Centre, which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services and opportunities for social engagement. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day which they said they looked forward to.

The Inspectors viewed a number of residents' records and found that care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Care plans were developed based on residents' assessed needs and regularly reviewed and updated. The Inspectors noted residents involvement in their care plans. There was evidence that the next of kin of residents were kept informed of their health status where appropriate, and if the resident wished. Overall, care plans were found to very comprehensive and person centred. Discussions with staff reflected a holistic picture of the person to enable better outcomes for their care.

Overall, residents' rights were seen to be respected in the centre. Although privacy

was limited in bedrooms, the design of the premises enabled residents to spend time in various communal areas, both in their own unit and in other communal areas of the centre. There was open access to a secure garden with patio furniture. Residents were being supported to make choices about how they spent their time, with a range of activities being offered in different places around the centre. Staff were observed checking with residents through the day about what they wanted to do, where they wanted to sit, what drinks or snacks they might like, and what activities they would like to take part in, including physical options, arts and crafts, sensory activities, quizzes and religious services. Mass was held at 3:00 pm on Wednesdays. There was a good activities programme running in the centre which was evidenced by multiple activities occurring throughout the centre over the two days of the unannounced inspection. Residents had a choice of small group and one-to-one activities and all staff played a role in providing social stimulation and company for residents. However, inspectors identified that the majority of residents on Clover Meadow unit were in bed or in close proximity to their beds by 17:30pm on the first day of inspection.

Visiting was observed to be taking place during inspection with visitors in resident's bedrooms or in a sitting room. However, restrictions remained on visiting with a requirement to pre-book visits in advance which is not in line with current guidance.

A number of improvements were noted since the last inspection on 10 March 2022:

- The centre had a deep clean following the inspection and the centre was noted to be clean with few exceptions.
- A storage unit for broken equipment was being installed.
- Storage areas had been decluttered with baths removed from two equipment storage room.
- The church had been decluttered and no PPE was noted to be stored there.
- The flow of water in hand hygiene sinks had been reviewed, of the sinks reviewed water was noted to be flowing effectively with no blockages identified.
- Partially used toiletries had been removed from bathrooms, shower rooms and toilets.
- Inspectors were informed that the "N11" corridor had been painted since the last inspection.
- Plans were in place to install janitorial units in the cleaners room.
- Cleaning spray bottles were labelled and dated.

Further action is required to ensure compliance with regulation 27.

Risk assessments were completed for bed rails however, safety checks were in place and carried out correctly and in line with the national guidance. Practices required review in order to reduce the use of restrictions and promote a restraint free environment.

The provider had made good progress on fire safety precautions and procedures within the centre. Fire drills were completed that included night time simulated drills to reflect night time conditions. Records documented the scenarios created and how

staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff. Appropriate documentation was maintained for daily, weekly, monthly and yearly checks and servicing of fire equipment. The fire alarm system met the L1 standard which is in line with current guidance for existing designated centres. Notwithstanding the progress made, inspectors found that further action was required to bring the centre into full compliance with the regulations. The detail is outlined under Regulation 28: Fire precautions.

Regulation 11: Visits

Visits were observed to be facilitated on the day of inspection. However, visitors were required to book in advance. While Inspectors recognised that the COVID-19 outbreak was formally closed on 11 April 2022, this practice is overly restrictive. The visiting policy was also not in line with current guidance and required review. Furthermore, a risk assessment viewed referenced 2020 HPSC guidance. This needs to be reviewed and updated and any decision to not adhere to current guidance should be underpinned by an up-to-date risk assessment including a rationale for the decision taken.

Judgment: Substantially compliant

Regulation 17: Premises

Ongoing issues had been identified with the premises and the provider had put in place plans for a new build. The Inspectors were told by the registered provider representative that the date for commencement of the new building would be in quarter one of 2023. Staff were observed providing person-centred and compassionate care in an environment that challenged the privacy and dignity of the resident. While a considerable refurbishment had been undertaken since the last inspection, areas of the centre were in disrepair for example, exposed pipes, plaster exposed, peeling paint and a hole in the ceiling in the cleaners room in Primrose Place. The location of bathrooms required further consideration as in some cases residents had to travel long distances from their bedroom to access sanitary facilities.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents were provided with a varied, wholesome and nutritious diet. Residents' special dietary requirements and their personal preferences were complied with. Fresh drinking water, snacks and other refreshments were available at all times. Residents received suitable assistance and support from staff, when it was required.

Judgment: Compliant

Regulation 26: Risk management

There was a risk management policy in place to inform the management of risks in the centre. The policy contained reference to the five specified risks as outlined under Regulation 26. The centre had an electronic risk register in place with controls and actions identified. Incidents were reported on a paper based system and logged on the national incident management system.

Judgment: Compliant

Regulation 27: Infection control

Overall, inspectors saw an improvement in infection control practices since the last inspection on 10 March 2022. However, a number of improvements were still required:

- Staff were noted not to be consistently wearing respirator masks while carrying out resident care activity in line with HPSC guidance. Records showed that only a small number of staff had completed PPE training. Inspectors were informed that the records had not been updated to reflect staff that had completed face-to-face hand hygiene training.
- Equipment store rooms also contained resident's clothes which provided a potential risk for cross contamination.
- One sluice room did not have appropriate racking to dry or store shared equipment.
- Tubs of 70% alcohol wipes were inappropriately used throughout the centre for cleaning small items of equipment. Alcohol wipes are only effective when used to disinfect already "clean" non-porous hard surfaces.
- Cleaning staff had not completed training in the principles and practices of cleaning.
- A chlorine based bleach was routinely used to clean frequently touched areas. Disinfectants are only required where residents are being cared for with transmission based precautions. Neutral detergent is recommended for routine environmental hygiene.
- Similar findings to the inspection on 10 March 2022 included:
 - A bedpan washer and macerator were not working on the day of

- inspection. Inspectors were informed that a new bedpan washer had been ordered and they were awaiting repair of the macerator.
- Inappropriate storage of boxes in a shower room and cleaning equipment in sluice rooms.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspectors released a multiple fire compartment doors and observed that in a small number of instances the doors did not always meet. In some instances inspectors were able to see through the gap between the fire doors. This meant that in the event of a fire the smoke would not be contained in the compartment.

Inspectors were not assured that residents could be evacuated in a timely manner in the event of a fire in the Lavender vale unit. This is the centre's largest fire compartment. Simulated fire drills had been practiced based on minimum staffing levels, however, in two recent fire drills, 14 minutes were required to evacuate 26 residents. Inspectors were not assured that the residents in Lavender Vale could be evacuated in a safe time frame.

While staff were found to be knowledgeable of fire procedures, Inspectors identified a number of gaps in training records made available on the day and reviewed. 32 staff (includes all grades of staff) had not completed fire training within the last year.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Comprehensive systems were seen to be in place for medicine management in the centre. Medication administration was observed by Inspectors to be in line with best practice guidelines. All staff signed when medicines had been administered and medicines which had been discontinued were signed as such by the general practitioner (GP). The centre had a pharmacist onsite twice weekly whose role was to dispense medications and complete medication reviews. All resident medications were stored in a locked press within the resident area. As required (PRN) sedatives and controlled drugs were stored in line with guidance and checked once and twice daily respectively. Medication management training was available onsite at regular intervals. A small number of residents were self-medicating prescribed medications. Potential residents for self-medicating prescribed medications were assessed and an assessment form completed and was supported by a care plan.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care plans. Overall, the standard of care planning was good and described individualised and evidence based interventions to meet the assessed needs of the residents. Validated assessment tools were used to assess residents clinical, social and psychological needs. Inspectors found that care plans and assessments were regularly reviewed and updated with any changes to a resident's condition.

Judgment: Compliant

Regulation 6: Health care

While residents had good access to the general practitioner (GP) (four times per week), consultant physician in geriatric medicine (fortnightly), physiotherapist (onsite) and occupational therapy if required, Inspectors were informed that a dietitian had not been onsite or a resident reviewed since the onset of the COVID-19 pandemic. In addition, Inspectors were informed that there was a three to four month waiting time for review by a speech and language therapist. A record reviewed identified that a resident was referred for speech and language therapy in November and was still awaiting review.

Resident's observations and weights were carried out monthly or more frequently if required and this was noted to be completed. However, resident's weight loss was not always identified and or escalated.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The use of restrictive practices had reduced since the previous inspection, however, it remained high with 39% of residents using bed rails. Risk assessments were completed for bed rails however, less restrictive alternatives were not always trialled in line with the national guidance, and in some cases less restrictive options like half bed rails were not available. Safety checks were in place and carried out correctly and in line with the national guidance. Practices required review in order to reduce the use of restrictions and promote a restraint free environment. While staff knowledge of safeguarding was found to be satisfactory, however, according to

records reviewed, over 50 staff had not completed safeguarding training.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The majority of residents could not undertake personal activities in private. The privacy and dignity of residents in shared bedrooms was impacted on by noise, smells and disruptions from others living in this shared space. Multi-occupancy bedrooms were not conducive to privacy and dignity as all residents and staff could overhear conversations when care was being provided. Residents told the inspector about disrupted sleep from noise in multi-occupancy rooms. In addition, a resident told an inspector that they had stopped watching television since being admitted to the centre as they did not want to upset other residents. As identified in the previous inspection on 10 March 2022, resident's wardrobes were not always at the resident's bed space.

On the first day of inspection Inspectors did a walk around the centre at approximately 17:00pm. Inspectors noted that the majority of residents on Lavender Vale unit were having tea in the day spaces on the unit. However, Inspector's identified that the majority of resident's in Clover Meadow were in bed or in close proximity to their beds by 17:30. This was a task orientated practice and dictated by routine and was not informed by each resident's individual needs or wishes. This practice did not offer any real choice of bedtimes to these residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Colman's Residential Care Centre OSV-0000492

Inspection ID: MON-0036531

Date of inspection: 28/04/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The Registered Provider has commissioned a full review of staff records held to ensure compliance with Schedule 2 requirements. This review will ensure all staff records will be updated with the support of additional administration staff provided. Training records will be updated to reflect actual training status as a large proportion of those reviewed on the date of inspection, had completed PPE and Fire Trainings that were not reflected in their personnel records.</p> <p>All updating of records will be completed by 31st August 2022</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Inspectors noted a lack of measurable and timebound action plans in respect of environmental audits being completed and a lack of tracked outcomes from meetings to inform quality improvement. This will be addressed to ensure renewed emphasis on PDA cycles for audit outputs which are in turn communicated and actioned via Local Management / MDT Meetings and onward to CHO wide Management and Q&S Meetings.</p> <p>Renewed efforts to stand back up residents meetings and the sharing of feedback from resident surveys to inform documentation of quality improvement initiatives.</p> <p>Local Q&S Meetings do take place. The PIC and Unit Administrator do also participate in</p>	

CHO wider Q&S Meetings and reviews. The Registered Provider/Head of Service does produce a CHO wide annual review of the quality and safety across all regulated and non regulated older persons services.

For year end 2022 the General Manager will work with Quality Safety and Service Improvement Division of the CHO to support the PICs production of a unit specific Q&S Report year end report.

Covid Outbreak Report to identify learnings was discussed at length with Inspectors. Copy can be provided if required.

Inspectors noted risks identified on a previous inspection were risk assessed and not escalated to the risk register. An overall review of escalation practices and risk management will be conducted completed by the General Manager and the PIC with the support of CHO Q&S Advisors.

In response to risk identified by the Inspector in relation to the time to evacuate a large compartment (26 residents) that was not listed on the Risk Register of the facility, further evacuations witnessed by HSE Fire Officer have been conducted in Lavender Vale. The evacuation total time was 6.5mins and extended to residents and staff in the hair salon. The PIC will continue to ensure fire evacuations announced and unannounced are scheduled regularly for day and night shifts.

Regulation 34: Complaints procedure	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
A review of the closing out of complaints will be completed by the PIC. Renewed emphasis on the sharing of learning from complaints will be applied and included in Mgt / MDT meetings.

Regulation 11: Visits	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 11: Visits:
Scheduling of visits in St Colman's had continued at the discretion of the PIC in consultation with the Registered Provider / General Manager and Public Health. Rationale was to maintain safe numbers of visitor ratios while community transmission of Covid in the local area remained higher than national averages. Families were kept informed and were in agreement with the approach.
No compassionate visit or request for extended visits were declined through the Covid outbreak or during any time of scheduled access only. As community transmission has

since lowered and subsequent to the inspection, the PIC has reverted to the HPSC guidance of open access visits.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Maintenance and remediation of areas identified as in poor condition continues. Work to repair Primrose Place cleaning storeroom will be completed by 30 July 2022. The Register Provider has an ongoing maintenance/minor capital program for the Centre annually, this was shared with the Lead Inspector on the date of Inspection. Works completed to date post Covid have focused on resident and general circulation areas and these will be extended to support areas such as that reflected in Inspection report

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Appropriate Use of respirator masks has been reinforced across all staff grades. Spot checks will continue while HPSC guidance prevails.

Deficiency in the updating of staff records was highlighted. The PIC confirms all staff have received and continue to have PPE training despite training records not being updated. This will be rectified in the overall review and updating to be completed prior to 31st August 2022.

Equipment storerooms have been decluttered and additional storage added to ensure appropriate management of residents belongings and avoidance of cross contamination.

Sluice room racking to be updated.

All household staff have been reminded of appropriate use of alcohol wipes and cleaning products.

A Household Manager Role has been approved and is at recruitment stage, the introduction of this role is intended to improve overall management of cleaning and the general environment.

Repair and replacement bedpan washer and macerator are booked.

Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: In response to risk identified by the Inspector in relation to the time to evacuate a large compartment (26 residents) that was not listed on the Risk Register of the facility, further evacuations witnessed by HSE Fire Officer have been conducted in Lavender Vale. The evacuation total time was 6.5mins and extended to residents and staff in the hair salon. The PIC will continue to ensure fire evacuations announced and unannounced are scheduled regularly for day and night shifts. (A formal report on the latest fire evaluation in LV is attached for the Inspectors attention)</p> <p>The Provider carried out extensive fire safety improvements throughout the Centre during 2021 & 2022. The final phase of the program addressed deficiencies identified during Inspection in April 2021 with particular focus on Lavender Vale and Heather Rest Ward areas. The Provider has attached the technical certification of said works by a competent person. On foot of this latest Inspection with reference to potential deficiencies as outlined by the Inspector(s), the HSE's Fire Officer carried out a detailed review on the Ward Area in focus. No technical concerns were evident save one door (entrance to physiotherapy) where the gap at threshold (bottom) was slightly in excess of that permitted by the Regulations. No significant risk has been identified in this regard but the Provider Representative has directed that this matter be addressed immediately.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: CHO6 like many areas have had significant challenges throughout the pandemic with the redeployment and attrition to previously well supported primary care support teams. Recruitment campaigns have continued for approximately 18 months to replace SLTs and Dieticians to support St Colman's and multiple other community services.</p> <p>Since the inspection, our Dietician has returned from extended leave and has resumed regular weekly visits to St Colman's. She has commenced a programme of review of all residents to ensure any specific dietary requirements are achieved.</p> <p>We will continue to secure SLT support through recruitment and agency in our effort to provide holistic care to our residents.</p> <p>Nursing Staff have been reminded of the need to escalate any fluctuations in weight of residents to the Medical Officer.</p>	

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: With the support of our Medical Officer, Physio and OTs a review of the use of bed rails and associated equipment is now underway.</p> <p>This will include risk assessments to identify where potential harm warrants restraint. We will ensure that the extent of restraint is proportionate to the risk of harm or injury and Only used if deemed a medical or therapeutic necessity.</p> <p>Updating of staff records to reflect up to the minute SafeGuarding Training is underway.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Inspectors noted Residents in Clover Meadow beside or in bed by 17.30pm.</p> <p>The PIC confirms that audits are in place to monitor Residents' own wishes and preferences for tea times, snacks and settling down in the evening. Families are also consulted in this regard. Audits are available to view.</p>	

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 11(2)(a)(i)	The person in charge shall ensure that in so far as is reasonably practicable, visits to a resident are not restricted, unless such a visit would, in the opinion of the person in charge, pose a risk to the resident concerned or to another resident.	Substantially Compliant	Yellow	07/06/2022
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	30/07/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a	Substantially Compliant	Yellow	31/08/2022

	designated centre and are available for inspection by the Chief Inspector.			
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	31/08/2022
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	31/01/2023
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	31/01/2023
Regulation 23(f)	The registered provider shall ensure that a copy	Substantially Compliant	Yellow	31/01/2023

	of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector.			
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	31/07/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Not Compliant	Orange	30/06/2022
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire	Not Compliant	Orange	31/07/2022

	control techniques and the procedures to be followed should the clothes of a resident catch fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	07/06/2022
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/08/2022
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health	Substantially Compliant	Yellow	31/08/2022

	care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/08/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	07/06/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	07/06/2022
Regulation 9(3)(b)	A registered provider shall, in	Substantially Compliant	Yellow	30/06/2026

	so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
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