



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

Issued by the Chief Inspector

Name of designated centre:	Sullivan Centre
Name of provider:	Health Service Executive
Address of centre:	Cathedral Road, Cavan
Type of inspection:	Unannounced
Date of inspection:	07 October 2022
Centre ID:	OSV-0000494
Fieldwork ID:	MON-0037813

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides residential accommodation for 18 long term-care residents and three residents requiring short-term care/respite. The philosophy of care is to provide a quality residential service to older people who have a diagnosis of dementia and who are mobile. The ethos, culture, practices and procedures of the centre reflects a person-centred approach that promotes independence and functioning to the residents' highest potential. Meaningful expression is facilitated by occupational, recreational, physical and sensory stimulation. Management and staff aspire to these values by being open to new ideas and ways of working, demonstrating a commitment to effective communication, teamwork and developing practice to reflect a shared vision of residents' care. The centre is a single storey building located in an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19
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How we inspect

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
Friday 7 October 2022	09:45hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

Overall, the inspector found that significant improvements had been made since the last inspection in May 2022. Residents were able to access all communal areas of the centre including the outdoor gardens. Residents were also able to access their bedrooms and personal possessions as they wished to throughout the day. There was a warm, unhurried and happy atmosphere in the centre and this was reflected in the residents' relaxed and content dispositions.

Staff were observed to be kind and responsive to residents' needs and took opportunities to engage with residents in conversations about their interests, past lives and their families. Staff were also observed by the inspector, chatting meaningfully and laughing with residents while walking with them along the corridors and outside in the gardens. It was evident that residents were really enjoying these very positive and personal interactions with staff.

The inspector observed that although the refurbishment work was ongoing in the centre including painting of the walls along the corridors, these works were not impacting on residents' safety or well-being.

This was an unannounced inspection and on arrival to the centre, the inspector was guided through the infection prevention and control procedures, including hand hygiene. The person in charge accompanied the inspector on a walk around the centre following an introductory meeting. This gave the inspector opportunity to meet with residents and staff and to observe life in the centre as they prepared for the day. The inspector observed that all residents were going about their day with purpose and that staff mingled among the residents providing gentle assistance and encouragement as necessary.

Some residents were resting in the communal sitting rooms in the company of staff facilitating group activities while, other residents were walking with purpose along the corridors and out into the external gardens. One resident was observed to enjoy being in the company of staff while they went about their work and this was facilitated and well managed by the staff member. Another resident liked to spend time outdoors and was picking up leaves that had fallen overnight from the tree in one garden. This resident readily conversed with the inspector about the finished soft surface on the footpaths, the raised flower/shrub beds, the lawns and the paintings on the surrounding walls of people engaged in various activities. These mural paintings were based on the residents' past interests including farming chores, music and dancing.

Two other residents who spoke with the inspector said that the centre was 'very nice' and that they 'liked' being there. The inspector observed that the activity coordinators followed a schedule of activities that they had prepared so that there was different social activities taking place in the two communal sitting rooms. This gave residents choice regarding their participation in social activities that interested

them and met their capabilities. The inspector spent periods of time in the communal areas throughout the day and observed that residents were enjoying the positive and therapeutic interactions with staff.

The inspector observed that all doors were accessible including to residents' bedrooms. Although, residents did not choose to spend much time in their bedrooms after they got up in the morning this was a significant improvement in relation to residents ability to choose how they spent their day. Residents were observed using the gardens in the middle and to the side of the centre premises on several occasions during the day either with support and supervision from staff or independently as they wished. Both of the outdoor gardens provided residents with interesting, therapeutic and safe areas for their enjoyment and relaxation. The shrubs, plants and trees were appealing to look at and to touch. Garden ornaments and other memorabilia created points of interest for residents as they walked around the gardens. One resident enjoyed digging up the shrubs and this was appropriately managed without restricting this resident's enjoyment. A glasshouse located in the garden to the side of the centre premises and raised flower/shrub beds in the garden in the middle of the centre premises facilitated residents with an interest in gardening to continue to pursue and enjoy their gardening interests.

Due to the location of the centre along a busy road into the town centre, there was high noise levels from passing traffic in the garden to the side of the centre. The inspector was told that hedge planting around the perimeter of this garden to buffer noise from traffic and to enhance residents' privacy was scheduled to commence in the weeks following the inspection.

Sullivan Care Centre is a single-storey building with residents' accommodation on ground floor level throughout. Residents' bedroom accommodation comprised of 20 single rooms, two of which had en-suite toilet and wash basin facilities. The inspector observed that the walls along the corridors were prepared for painting and painting was in progress on one corridor on the day of the inspection. However, the surfaces on some areas of the walls in residents' bedrooms had missing/damaged paint, areas of some radiators were rusted, paint on the walls in utility rooms and wear and tear to floor coverings were not addressed.

The inspector observed that three rooms, previously used as bedrooms were not refurbished for their current purpose as storerooms and were in a poor state of repair. In addition these rooms were not laid out to accommodate storage appropriately which created a cluttered environment in which boxes and other items were stored on the floor and equipment was not easily accessible. The privacy screen rails and reading lights were still in place in these rooms. The inspector also observed that the surfaces in these rooms were dusty. A toilet and hand washbasin off one of these storerooms was not in regular use and was in need of maintenance.

The inspector observed that a vanity-type storage unit had been fitted over a sink in one resident's bedroom and was told by the provider representative that these units would be fitted with an upgrade of each resident's bedroom. However, shelf and surface space for residents to display their photographs and other items had not

been provided at the time of this inspection.

Residents meals were provided in two dining rooms. Mealtimes were unhurried were well organised to ensure sufficient staff were available to support and assist residents as necessary.

The corridors were wide and there were sufficient handrails in place along all the corridors to support residents with their safe mobility. Grabrails were in place on both sides of the toilets and handrails were available in communal showers. The inspector observed that there were adequate communal showers and toilets provided within close proximity to residents' bedrooms and communal rooms to meet their needs.

The inspectors observed that residents' call bells were answered promptly by staff and that residents were supervised at all times including in the communal rooms.

The next two sections will present an overview of the governance and management capability of the centre and the quality and safety of the service and present the findings under each of the individual regulations assessed.

Capacity and capability

This inspection found that actions taken and implemented in all areas of the service by the provider put residents central to service provision and promoted a person-centred culture in the centre. Improved management and oversight of the service and quality assurance processes ensured that the service was safe, appropriate and met residents needs.

A number of restrictive practices on residents' daily routines that were negatively impacting on their lives at the time of the last inspection in May 2022 had been removed. This helped to ensure that residents' rights were respected and that their quality of life and well-being were optimised.

The inspector followed up on progress by the provider with completion of the compliance plan from the last inspection and found that actions were satisfactorily completed to bring four of the eleven regulations identified into compliance and appropriate actions were being progressed to bring the remaining seven regulations into compliance. Notwithstanding, the improvement actions implemented by the provider, the inspector found repeated non-compliances on this inspection regarding Regulation 27, Infection control and the findings are discussed further under this regulation in the report.

Although, maintenance of the internal environment and upgrade of storage rooms was in progress these works were still at an early stage and would not be completed by the time line of 31 October 2022 given to the Chief inspector following the May 2022 inspection. This finding highlighted the extent of the refurbishment works that

had been required to ensure the centre was maintained to a satisfactory standard and the need for the provider to ensure a proactive maintenance system was put into place going forward.

The registered provider of this designated centre is the Health Service Executive (HSE), and the service manager assigned to represent the provider had changed since the last inspection. As a national provider involved in operating residential services for older people, Sullivan Centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance. The person in charge commenced in the role in July 2021 and the person in charge had senior clinical support from a service manager with a regional remit and a clinical nurse manager locally. The clinical nurse manager assisted the person in charge with auditing, staff supervision and staff training and deputises during leave by the person in charge.

Monitoring and oversight systems had improved since the last inspection in the centre and there was evidence that areas identified in audits as needing improvement were addressed without delay. While, a number of the inspector's findings had already been identified through the centre's own quality and safety monitoring systems and improvement actions were in progress, some actions to address the maintenance issues in the internal premises, including residents' accommodation were not progressed and required more focus by the provider to ensure these actions were completed without further delay.

Adequate numbers of staff with appropriate skills were provided to meet residents' needs. Two staff with responsibility for ensuring residents social activity needs were met had been appointed. These staff had been facilitated to attend training in an activity methodology suitable for residents with dementia since the last inspection and were working on the day of this inspection.

Staff were appropriately allocated to ensure residents were supervised in all parts of the centre at all times and to respond promptly to residents' needs for assistance and support. Staff allocation had also been reviewed and monitoring procedures were in place to ensure residents' needs were met at all times. Oversight of staff allocation was assured with procedures in place where staff met with the person in charge a number of times each day to review residents' needs and to ensure that staff allocation was effective.

Since the last inspection a review of the staff training programme had been completed to ensure all staff had appropriate skills and knowledge to meet the needs of residents with dementia. Additional training programmes were facilitated for key staff with arrangements in place for sharing of learning to other members of the team. However, the inspector found that not all staff had access to appropriate training and supports to develop their skills and competencies with managing residents' responsive behaviours.

Staff practices in some areas on the day of the inspection were not consistent with the required standards and this had not been identified by senior staff through the centre's staff supervision processes. For example, the supervision of housekeeping

staff did not ensure that the recommended standards of cleaning were maintained. In addition the supervision of nursing staff did not ensure that medicines management practices were in line with professional standards. The inspector's findings are discussed under Regulations 27 and 29 in this report.

Assurances regarding submission of notification of incidents to the Chief Inspection within the time frames specified was found to be necessary on this inspection. This was also a finding from the last inspection in May 2022.

Regulation 15: Staffing

There were sufficient numbers of staff with appropriate skills to meet the needs of residents on this inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Some staff did not have access to appropriate training in line with their roles and responsibilities. This was evidenced by:

- Training for all staff in dementia care was not completed at the time of this inspection.
- Training for staff to ensure they had appropriate knowledge and skills to manage residents' responsive behaviours had not been facilitated.

Supervision of staff was not adequate to ensure standards were maintained in the following areas;

- Cleaning procedures and completion of cleaning schedules.
- The administration of medicines in accordance with professional standards at all times.

Judgment: Not compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

Although, the management and oversight systems in place to ensure compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 were improved since the previous inspection, more focus and effort was now required to ensure the following;

- The actions identified in the compliance plan from the last inspection is progressed to completion in a timely manner.
- A system of ongoing maintenance is implemented to ensure all areas of the premises are kept in a good state of repair and that the centre is in compliance with the regulations.

Management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored did not ensure that the cleaning procedures in the centre were completed to recommended standards to protect residents from risk of infection.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Although, information referencing an allegation of verbal abuse towards a resident was recorded in the record of complaints received in the centre, an NF06 notification was not submitted within three working days to the Chief Inspector regarding this incident. The inspector reviewed the records in relation to the incident and was satisfied that this allegation was fully investigated and was not substantiated.

The required notification was submitted to the Chief Inspector in the days following this inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Procedures were in place to ensure all expressions of dissatisfaction with the service were recorded, investigated without delay and the outcome was communicated to complainants. The records referenced four complaints received in 2022 and all were investigated and closed following communication of the outcome to complainants.

The inspector found that the complaints records evidenced that agreed actions to address the issues raised were implemented. A centre-specific complaints policy was in place. The complaints policy identified the person responsible for dealing with complaints and included an appeals process, as required by the legislation. A summary of the complaints procedure was displayed and included in the centre's statement of purpose.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents' nursing and social care needs were being met to a good standard on this inspection. Care was person-centred and resident focused. Residents rights were respected and they were supported to make decisions regarding their daily life in the centre. Residents' quality of life was optimised with unrestricted access to all areas of the centre and the outdoors in addition to access to a social activities that enabled them to continue to pursue their past interests, enjoy new interests and engage in positive risk taking and live their best lives in line with their capacities. Residents social activity programme also supported them to safely integrate with the wider community.

Sullivan Centre is a dementia specific designated centre and residents who experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment.) were very well supported by staff. There was a positive approach taken with managing any behaviors experienced by residents which optimised residents' health, well-being and their quality of life. This was clearly demonstrated in the significant reduction in adverse behaviours experienced by residents and in the reduced frequency with which psychotropic medicines were used to manage residents' responsive behaviours.

Residents were provided with good standards of nursing care and they had access to timely health care from their general practitioner (GP) who attended the centre three days each week. There was also good access for residents to a range of allied health professionals and psychiatric services including a regionally based advanced nurse practitioner in Dementia care who supported residents and staff with care procedures and practices in the centre.

Residents' care documentation had been recently transferred to a computerised system and was password protected. Each residents' needs were comprehensively assessed and a variety of accredited tools were used to identify individual care needs. While, this care plan documentation had significantly improved since the last inspection, further improvements were needed to ensure the care plans provided information about residents' usual routines, preferences and wishes. In addition the procedures in place for recording care recommendations made by allied health

professionals in residents' care plans did not ensure that this information would be clearly communicated to nursing and care staff. Improvements were also required in the recording of residents' food intake to ensure that any problems or potential problems were identified promptly. The inspector also found that care plan information that had been discontinued due to improvements in residents' health and wellbeing had not been updated to reflect this change. Therefore, there was a risk that these changes were not clearly communicated to staff.

The inspector found that residents received their correct medicines, however some residents' prescriptions did not support safe medication practices. This had been identified by the clinical team in the centre as an area needing improvement and the inspector was assured that actions were being taken to address the risk. In addition the inspector found that the pharmacist who dispensed residents' medicine was not facilitated to meet their professional obligations. These findings are discussed under Regulations 6 and 29 in this report.

The provider had commenced a programme of refurbishment and improved maintenance since the last inspection. The works were ongoing and painting was taking place on the day of this inspection. A new bedpan disinfection unit and waste water disposal outlet was fitted in the sluice and cleaner's rooms since the last inspection. Notwithstanding the improvements made, the inspector found that maintenance of the premises did not ensure all areas were in a good state of repair and were adequately maintained for the comfort and safety of the residents. A number of the findings from the last inspection were repeated on this inspection. Although, plans were in place, the poor maintenance of some areas of the building continued to be of particular concern for those residents accommodated in the specialist dementia unit. The provider had failed to develop the environment to become a dementia friendly space that was familiar and therapeutic for residents.

In addition and in line with the findings on the last two inspections, storage in the centre was poorly organised and storage areas needed to be improved in order to facilitate effective cleaning in these rooms and ensure that supplies and equipment were managed effectively.

As found on the last inspection, surface cleaning and cleaning equipment procedures in the centre were not completed to recommended standards and posed a risk of infection to residents.

Measures were in place to ensure residents were safeguarded from abuse, the systems in place were found to be effective and robust monitoring processes were in place to ensure there was no further risk to residents of institutional abuse.

Residents' social activity needs were being assessed and residents were being supported and encouraged to participate in the meaningful and appropriate one-to-one and group activities in line with their interests and capacities. Residents had enjoyed several outings to the local town, the nearby park, refreshments in a 'forget-me-not cafe and a visit to the cathedral next door to the centre. A dog therapy programme was also made available to residents. These were significant improvements since the last inspection.

Regulation 11: Visits

Visits by residents' families were encouraged and supported. Practical precautions were in place to manage any associated risks and to ensure residents were protected from risk of infection. Residents access to their visitors was not restricted and facilities were available outside of residents' bedrooms for residents to meet their visitors in private if they wished.

Judgment: Compliant

Regulation 12: Personal possessions

Although, a programme to install new built in storage units in the residents' bedrooms had commenced this was not completed at the time of this inspection. The inspector was informed that there was a plan to provide suitable shelf surfaces in each resident's bedroom to facilitate residents to display their photographs and other personal items as they wished. However this work had not commenced at the time of this inspection.

Judgment: Substantially compliant

Regulation 17: Premises

While, painting works were being progressed on the corridors and on wooden seating along the corridors, painting in residents' bedrooms and the communal areas in addition to necessary refurbishment works to the storage and utility rooms required completion to bring the centre into compliance as follows;

- Maintenance to address wear and tear and missing paint on walls and wooden surfaces in several residents' bedrooms and communal rooms doors, door frames, skirting and wooden seating along the circulating corridors
- Storage was not segregated and residents' equipment, utilities such as continence wear, clean laundry and personal protective equipment (PPE) were not stored in separate areas. This practice posed a cross contamination risk to clean and clinical supplies.
- Although storerooms numbered 40, 41 and 42 on the designated centre's floor plans were previously used as bedroom accommodation and had not been reconfigured as storage areas. As a result, boxes of supplies were stored directly on floors in absence of appropriate shelving. A toilet off room 41, hand wash basins, wardrobes and bed screen frames were still in place in

these storage areas. This finding also meant that these areas could not be effectively cleaned.

- Some parts of the wall surfaces in the storerooms, sluice and cleaner's room were stained and in need of repainting. Some parts of the floor surfaces were damaged due to wear and tear and in need of attention. This meant that these areas could not be effectively cleaned.
- The surface of radiators in several areas including residents' bedrooms and the utility rooms were rusted and therefore could not be effectively cleaned.

Judgment: Not compliant

Regulation 27: Infection control

The registered provider had not ensured effective governance and oversight arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control. This was evidenced by;

- There were several gaps in the daily and weekly cleaning schedules records to confirm completion of required cleaning.

The environment and equipment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by;

- There was a limited number of clinical hand wash sinks for staff use within the centre. The inspector confirmed that the sinks in the residents' rooms used by residents were also used by staff for their hand washing at point of care. This practice increased the risk of cross infection.
- The inspector observed that there was grit and dust on the surfaces of a cleaning trolley that was being transported to various areas in the centre during cleaning procedures. This posed a risk of cross infection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Assurances were not available that the pharmacists who dispensed residents' medicines were facilitated to meet their obligations to residents.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Notwithstanding the significant improvements made since the last inspection in May 2022, the inspector found that further improvement was necessary to bring the centre into compliance with Regulation 5, Individual assessment and Care plans.

For example;

- Although improved, some care interventions in residents' care plans was generic and was not person-centred to reflect the individual resident's preferences, wishes and usual routines.
- Some interventions recorded in care plans were no longer applicable and the care plan had not been updated to reflect when the intervention was stopped or changed. This posed a risk that staff did not have access to up-to-date information about the resident's care needs and interventions.
- Recommendations made by the dietician following their consultation for two residents with evidence of unintentional weight loss were not fully detailed in these residents' care plan. This meant that staff referring to the care plans did not have complete information regarding the interventions they must complete.
- Food intake records were not completed on a consistent basis to inform effective monitoring of residents with unintentional weight loss or at risk of malnutrition. Action was also necessary to ensure the electronic system used to record residents' food intake facilitated sufficient detail.
- Sufficient information was not available to give assurances that residents' care plans were reviewed and updated in consultation with them or their families on their behalf.

Judgment: Substantially compliant

Regulation 6: Health care

Although, the inspector was assured that residents received the correct medicines, medication administration in the centre did not reflect a high standard of medicine administration practices in accordance with professional guidelines issued by An Bord Altranais agus Cnaimhseachais. The inspector found that nursing staff were administering medicines in the absence of the following prescription information;

- maximum dosage permissible over a 24 hour period for medicines administered on an 'as required' (PRN) basis and the indication for administration of these medicines was not consistently documented in some residents' prescription records for reference.
- medicines administered as a crushed preparation were not individually prescribed to instruct administration in that format. These finding had been identified as needing action in the centre's medication audit.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

A number of staff working in the centre had not attended training, to ensure they had up-to-date knowledge and skills, appropriate to their roles, to respond to and manage residents' responsive behaviours.

The inspector was informed that the training was planned but had not happened at the time of the inspection.

Judgment: Substantially compliant

Regulation 8: Protection

Actions taken by senior management ensured residents were protected from abuse, including institutional abuse. These measures included staff training on respecting human rights, support from staff with expertise in care of residents with dementia and increased supervision by senior managers. Staff spoken with were knowledgeable regarding the various types of abuse and the reporting structure in the centre. Staff clearly articulated knowledge of their responsibility to report any incidents, allegations or suspicions of abuse. Arrangements were in place to ensure all incidents, allegations and suspicions of abuse were addressed and managed appropriately.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights to choice, privacy, dignity and self determination were respected in the centre.

Resident's social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities that met their interests and capacities. Residents were supported by staff to go on outings into the local community.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents as they wished. Residents had access to televisions, telephones and newspapers and were able to avail of advocacy services.

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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Sullivan Centre OSV-0000494

Inspection ID: MON-0037813

Date of inspection: 07/10/2022

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 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • 14 Staff have attended Dementia training on 24.10.2022 which was facilitated by ANP in Dementia and Post graduate Education Co-Coordinator from CNME, with specific focus on knowledge and skills to manage resident's responsive behaviours. • Another training date has be arranged for Staff on 19th December 2022 and we will continue to roll out this Training until all staff working in the Centre have received same. • Cleaning procedures and cleaning schedules have been checked by CNM2 and signed off daily.PIC does this in CNM2's absence. Evidence is available at request. • All Cleaning Staff will be attending a training in Health Related Cleaning Skills in Cavan Institute which will be an 8 days course, starting in January 2023. Four Places are booked. • 2 IPC Link practitioners in the unit to support CNM2 in ensuring all daily cleaning practices and monitored and meet current standards and guidelines. • There is a new medication spot checks audits in operation in the unit which is completed weekly by CNM2 and was implemented in the unit from 07.11.2022 to make sure medicines are administered as per professional standards at all times. • All Staff Nurses will have completed their medication management training on HSE land by 15.11.2022. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

- Cleaning procedures and cleaning schedules are being checked by CNM2 and signed off daily. PIC does this in CNM2's absence. Evidence is available at request.
- All Cleaning Staff will be attending a training in Health Related Cleaning Skills in Cavan Institute which will be an 8 days course, starting in January 2023. Four Places are booked.
- 2 IPC Link practitioners in the unit to support CNM2 to ensure that the cleaning procedures in the unit are completed to recommended standards to protect residents from risk of infection.
- A Maintenance Schedule for the Centre for 2023 is in place. This Schedule will be reviewed annually and more frequently if required to ensure that the Centre does not fall into disrepair.

Regulation 31: Notification of incidents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

- The required notification was submitted to HIQA on 10.10.2022 following the inspection.
- Going forward all notifications will be submitted within the prescribed timeframe.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- Installation of new cabinets in each residents' room has now been completed.
- The provision of suitable shelving in each resident's bedroom to display their photographs and other personal items will be completed by 31st December 2022.
- Each resident will be provided with a 3 drawer cabinet (includes one lockable drawer) in their bedroom to keep their personal clothing, valuables, documents or hygienic items etc by 31st December 2022.

Regulation 17: Premises	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A Maintenance Programme has commenced in the Centre to address wear and tear and missing paint on walls and wooden surfaces in residents bedrooms, communal room doors, domestic room, door frames, radiators, skirting and wooden seating. This work is being carried out by an external contractor. Work commenced 5th September 2022 and will be completed by 31st January 2023. • Tender is gone out from Estates to carry out refurbishment works in rooms 40, 41 and 42 to segregate resident's equipment from clean laundry and PPE. Tenders are due back with HSE Estates by 8th December 2022. They will be reviewed immediately and contract offered to successful contractor. Works will commence 31st January 2023 and will be completed 31st July 2023. • Sluice room and laundry room are included in the above plan for refurbishment. • The Provider Representative, the Person in Charge and a representative from HSE Estates Department have reviewed the schedule of works and time frames for same. Rooms 40, 42 and 43 will be reconfigured to provide adequate storage, segregation of resident's equipment, utilities, clean laundry and personal protective equipment. This work will be completed by 31st March 2023. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Cleaning procedures and cleaning schedules are checked by CNM2 and signed off daily. PIC does this in CNM2's absence. Evidence is available at request. • All Cleaning Staff will be attending a training in Health Related Cleaning Skills in Cavan Institute which will be an 8 days course, starting in January 2023. Four Places are booked. • 2 IPC Link practitioners in the unit to support CNM2 to ensure that the cleaning procedures in the unit are completed to recommended standards to protect residents from risk of infection. • 2 additional Clinical hand wash sinks will be installed in the unit, one in the clinical room and second one in sluice room by 31st of December 2022. • There is a new cleaning schedule for cleaning trollies which is completed by cleaning Staff daily before they finish their shift and signed off by CNM2 everyday and available at request. • Two additional Clinical Hand Wash Sinks will be supplied and fitted in the Centre, close to where residents are being cared for. The clinical sinks will be sourced, purchased and fitted by 31st March 2023. 	

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • The Service Manager for Older Persons Services Cavan Monaghan is meeting with the Chief pharmacist, Cavan General Hospital on 15th November 2022 to discuss the Pharmacists' obligations to residents and to provide regular auditing services in the unit and Staff Education. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • All Staff Nurses have been instructed to update changes in resident's care plans to reflect the individual wishes, preferences and routines and current status of the resident. This will be completed by 30th of November. • Recommendations made by dietician is clearly recorded in the relevant resident's care plan to include full details. This will ensure that Staff referring to the care plan have complete information regarding the interventions required. This will be completed by 30th of November 2022. • Food records are completed on a consistent basis to monitor residents with unintentional weight loss. This was implemented with immediate effect following HIQA Inspection on 7th October 2022. Hard copies are available on request. • Evidence of review of resident's care plan in consultation with them and their families are documented on our Epicare System. • Person centered care plan audits are conducted by CNM2 monthly which monitors all interventions mentioned above. Copies of these audits are available on request 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • All resident's prescription records now include maximum PRN dose over a 24 hour period with indications for same. Completed 4th November 2022. • All crushed medications are individually prescribed on the resident's prescription record to instruct administration in that format. Completed 4th November 2022. • There is a new medication spot checks audits in operation in the unit which is 	

completed weekly by CNM2 and was implemented in the unit from 07.11.2022 to make sure medicines are administered as per professional standards at all times.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

- 14 Staff attended Dementia training on 24.10.2022 which was facilitated by ANP in Dementia and Post graduate Education Co-Coordinator from CNME, with specific focus on knowledge and skills to manage resident's responsive behaviours.
- Another training date has been arranged for 19th December 2022 and we will continue to roll out this Training until all staff working in the Centre have received same.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/12/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	19/12/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	15/02/2023
Regulation 17(2)	The registered provider shall, having regard to	Not Compliant	Orange	31/03/2023

	the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	15/02/2023
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	15/02/2023
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	31/03/2023
Regulation 29(2)	The person in charge shall	Substantially Compliant	Yellow	15/11/2022

	facilitate the pharmacist concerned in meeting his or her obligations to a resident under any relevant legislation or guidance issued by the Pharmaceutical Society of Ireland.			
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.	Substantially Compliant	Yellow	10/10/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/11/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident	Substantially Compliant	Yellow	30/11/2022

	concerned and where appropriate that resident's family.			
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health 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.	Substantially Compliant	Yellow	04/11/2022
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	19/12/2022