



**Health  
Information  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	St Oliver Plunkett Community Unit
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	29 June 2022
Centre ID:	OSV-0000539
Fieldwork ID:	MON-0033319

## About the designated centre

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

St. Oliver Plunkett Community Unit is a ground floor building comprising of a day hospital and a nursing home. It is located onsite and to the rear of Louth County Hospital on the outskirts of the town of Dundalk. The centre has undergone extensive refurbishment in recent years that has resulted in a variety of private and communal facilities for residents and a number of secure outdoor areas. Central facilities include a church, lounge, reception area, main kitchen where prepared food is delivered to, offices and storage rooms. Residents also have use of the day services and activities provided in the adjoining day hospital.

A total of 63 residents can be accommodated in the residential centre that has two distinct units, St. Cecelias that accommodates up to 44 residents and St. Gerard's (dementia specific unit) that accommodates up to 19 residents. Residents' bedroom accommodation consists of a mixture of single and twin bedrooms. Some have en-suite facilities and others share communal facilities.

The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions. It encourages individual choice and active participation with the involvement of family and friends in a homely atmosphere where people are valued.

A vision of being open to new ideas and ways of working to ensure effective communication and teamwork to develop and provide safe person centred care is outlined.

Services provided include respite, day care, dementia care, extended care and interim funding initiative beds.

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

Number of residents on the date of inspection:	47
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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 29 June 2022	09:30hrs to 16:00hrs	Sheila McKeivitt	Lead

## What residents told us and what inspectors observed

The inspector observed residents living in a relaxed and happy environment. Residents spoken with told the inspector they were happy with the care they received and felt supported to lead a good life. One resident said she would recommend it as a place to live.

Residents were positive about the way they were looked after and the efforts that staff made to ensure that they had everything they needed. The inspector observed that residents were well-groomed with special attention taken to their personal preferences. For example, one female resident was wearing her preferred jewellery which she said she had chosen to wear.

Residents were observed to be content in the company of staff. Staff were observed sitting and engaging with residents on a one to one basis. This unrushed and calm approach to providing care was reflected throughout the nursing home.

The inspector saw that residents had access to a range of individual and group activities held each day. The activities person facilitated the delivery of activities with the assistance of care staff. However, there was no weekly schedule of activities on display this would further enhance residents ability to plan their week and its relevance was discussed with the activities person on the walk about of the centre. Outings had resumed in the local community, which the residents were extremely pleased about.

Residents were happy with visiting arrangements and the inspector saw that measures were in place for visitors to sign in at the front door. The inspector saw residents accepting visitors throughout the course of the inspection.

Appropriate infection control practices were in place to reflect the current outbreak of COVID-19 in the centre. A walk around the centre assured the inspector that the centre was cleaned effectively and good infection control practices were being continuously implemented and monitored. The premises were well maintained inside and outside. The residents enjoyed independent access to the secure gardens.

The next two sections of this report will summarise the findings of the inspection and discuss the levels of compliance found under each regulation.

## Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older

people) Regulations 2013. The inspector found that the provider had addressed all of the issues identified during the last inspection. This was a responsive provider that had good governance and management arrangements in place to oversee the service and care provided, as demonstrated by continued good overall levels of regulatory compliance.

The provider was the Health Service Executive. The area manager for older person services, person in charge and an assistant director of nursing worked closely together to manage the centre.

The centre was adequately resourced. The provider was continually addressing staff vacancies, with just a small number of staff nurses posts waiting to be filled. These unfilled vacant shifts were being covered by regular agency staff and therefore did not negatively impact residents.

Processes were in place to oversee the quality of care being delivered to residents and these were leading to improvements in practices, with all identified issues being addressed promptly.

Staff had been provided with mandatory training however some had not received up-dated training in a timely manner as further detailed under Regulation 16; Training and development.

Most of the documents reviewed met the legislative requirements these included the statement of purpose, residents records, staff files and the annual review. However, a directory of residents was not established or maintained in the centre.

### Regulation 15: Staffing

The number and skill-mix of staff on duty was adequate to meet the needs of the 47 residents living in the centre. There was at least one nurse on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training. However, some gaps in training were identified with a number of staff not having up-to-date manual handling and/or safe guarding training in place.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

A directory of residents had not been established and was not maintained within the centre.

Judgment: Not compliant

### Regulation 22: Insurance

The nursing home had insurance in place which met the regulatory requirements.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. The provider and person in charge demonstrated a clear understanding of their roles and responsibilities. The provider and person in charge worked well together, supporting each other through a well-established and maintained system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents. The issues found at the last inspection had been addressed by the provider.

An annual review had been completed for 2021 and it included feedback from the residents and their families and a quality improvement plan for 2022.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose had been reviewed in January 2022. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre.

Judgment: Compliant

## Quality and safety

Overall the inspector was assured that residents received a good standard of service. Resident told the inspector that they felt safe living in the home. Some minor improvements were required in relation to medication management.

The inspector reviewed a sample of resident's records and saw that residents were appropriately assessed using a variety of validated tools. This was completed within 48 hours of admission. Care plans were in place addressing the individual needs of the residents, and were updated within four months or more often where required. Where bed-rails were in use the residents care plans reflected that often they were in place at the request of the individual resident.

There was no restrictions on visiting and the inspector saw residents accepting visitor's in both their own bedroom and in communal areas. Most residents had chosen to send their washing out with a relative to be laundered. Residents had an adequate amount of private storage space for their personal belongings including a lockable storage area.

The inspector saw evidence of end of life assessments for a sample of residents. These had been completed on admission and included details of residents' wishes and preferences at the time of their death. These were regularly reviewed and there was evidence of family involvement especially where the residents did not have capacity to make a decision themselves.

Medications were administered to residents in line with the centre's policy. Some medication prescriptions required review to ensure the frequency of administration, the maximum dose for as required medications and all the required resident's data was included in the medication chart. Medications were stored in a locked clinical room.

The premises was well maintained and was found to be spotlessly clean. There was a schedule for daily cleaning activities and a weekly deep cleaning schedule for all areas of the nursing home. The cleaners' rooms were clean and tidy and contained all the required equipment. An assessment of preparedness and contingency planning for a COVID-19 outbreak had been implemented by the provider. The inspector saw that the implemented contingency plan was effective in isolating the one identified COVID-19 positive resident on the day of inspection. Key resources, such as additional staff and appropriate infection control practice had been put in place to prevent further transmission of infection in the centre. These measures included all staff wearing FFP2 facial masks.

## Regulation 11: Visits



There were no restrictions for visitors in the centre. There was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished to do so.

Judgment: Compliant

### Regulation 12: Personal possessions

There was adequate storage in the resident's rooms for their clothing and personal belongings including lockable unit for safekeeping.

Judgment: Compliant

### Regulation 17: Premises

The premises was well maintained in side and out there was a continuous improvement programme included in the annual review for 2022.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents had access to a good choice of food and they confirmed they had can access to a variety of food, snacks and drinks whenever they wanted. The quantity and quality of served to them met their needs.

Judgment: Compliant

### Regulation 20: Information for residents

A residents guide was available and included a summary of services available, terms and conditions, the complaints procedure and visiting arrangements.

Judgment: Compliant

## Regulation 27: Infection control

Infection control practices were good. The issues identified on the last inspection report had been addressed.

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The following issues were identified with the residents' prescription charts:

- Prescribed medications had the allocated times documented but the frequency of administration was not identified on the prescription chart.
- For some "as required" medications prescribed there was no maximum dose identified.
- The residents' weight and the name of their general practitioner was not identified on the prescription chart.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

A sample of residents' assessments and care plans were reviewed. Each had a thorough assessments completed reflecting the residents met during the course of inspection. There was evidence of referrals being made to members of the allied health care team and records reviewed assured the inspector that residents had been seen as requested. There was also evidence of the resident and, where requested by the resident, their families input into their care plan.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents rights were upheld. Residents' had several opportunities to participate in activities in accordance with their interests and capabilities. Their right to privacy was respected with appropriate screening in place in all shared bedrooms.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Infection control	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for St Oliver Plunkett Community Unit OSV-0000539

Inspection ID: MON-0033319

Date of inspection: 29/06/2022

## 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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The provision of a safeguarding training update for staff who were outstanding was completed 15.07.2022</p> <p>Moving and Handling training for staff who were overdue same has been arranged and will be completed by 31.07.2022</p>	
Regulation 19: Directory of residents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>A new Directory of residents containing all the required information in order to achieve compliance with Regulation 19 was devised and populated on 30.06.2022. The directory contains all the information specified in paragraph (3) of Schedule 3.</p> <p>The directory shall be available to the chief inspector on request.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

- The frequency of administration and maximum dosage omissions are being reviewed by medical officers in conjunction with the nurse in charge. Reviews to be completed by 31.07.2022
- The residents weight and name of Medical practitioner has been added to all prescription charts date for completion 22.07.2022

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/07/2022
Regulation 19(1)	The registered provider shall establish and maintain a Directory of Residents in a designated centre.	Not Compliant	Orange	30/06/2022
Regulation 19(2)	The directory established under paragraph (1) shall be available, when requested, to the Chief Inspector.	Not Compliant	Orange	30/06/2022
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Not Compliant	Orange	30/06/2022
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of	Substantially Compliant	Yellow	31/07/2022



	the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.			
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