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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:	08 December 2020
Centre ID:	OSV-0000539
Fieldwork ID:	MON-0030643

## 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. Cecilias 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:	53
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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
Tuesday 8 December 2020	09:00hrs to 16:00hrs	Manuela Cristea	Lead

## What residents told us and what inspectors observed

Overall, the inspection found that residents living in this centre were well cared for and enjoyed a good quality of life. However, the inspector acknowledged that at the time of inspection, residents' opportunities were significantly curtailed by an outbreak of COVID-19 in the designated centre.

The inspector observed good interactions between staff and residents, particularly in the dementia unit which had remained COVID-19 free. There was a positive and relaxed environment, and staff were observed doing gentle exercises with the residents, singing and dancing, while also adhering to social distance. It was evident they had established relationships of trust and staff knew the residents well and were responsive to their needs. This observation was validated by the many residents who confirmed to the inspector that staff were attentive and courteous, and very committed to ensuring that their needs were promptly responded to.

In the other unit the majority of residents spent time isolating in their room. The inspector spoke with a number of residents, some of whom had recovered from the virus, and the feedback was unanimously positive about the care and support that they had received from staff while they were unwell with the virus. For example some residents who had recovered from COVID-19 told the inspector that they did not even know they were unwell until they got moved into the isolation area as they were asymptomatic. However they were keen to emphasise that they were very well looked after by staff while there and were grateful of the support they received to recover and how they were encouraged to take short walks in the room to maintain their mobility.

Despite the challenging times, the staff morale was good and the residents who spoke with the inspector were optimistic regarding the future, telling the inspector that they were coping well and looking forward to a return to normality. Residents told the inspector that staff had time to listen to them and always ensured that they could maintain contact with their loved ones through video calls or window visits. Residents were accepting of the limitations and were very appreciative of staff's efforts to maintain their safety saying that 'they could not be better'; however some also said that life had changed, that these were 'miserable lonesome times' and that they missed their loved ones.

Many of the staff who spoke with the inspector empathised with the residents and acknowledged that the residents' lives had changed significantly as a result of the outbreak. Staff reported how the centre was much more quiet as there were no group activities, and that they missed the usual 'buzz' that characterised the place. Some staff became visibly emotional when talking with the inspector and mentioned that the loss of some residents due to COVID-19 was still difficult to accept. However, staff were quick to mention that when they came on duty they left those thoughts behind, put on a smiling face and did their best to cheer up the residents

and provide them with reassurance and a listening ear.

In line with the guidance at the time window visiting was still being facilitated for the residents, however the inspector did not get the opportunity to meet with any relatives on the day. The inspector reviewed the records from the annual satisfaction survey which showed very high satisfaction levels with care, staff, environment and cleanliness, activities and food. The number of complaints in the centre was very low and at the time of inspection there were no open complaints.

The inspector observed good signage, suitable hand washing facilities and appropriate infection control precautions in place at various entry points in the centre. Each unit had safe access to an external sheltered area specifically created to allow for safe window visiting.

All residents confirmed that they felt safe in the centre and that they felt they could not get better care.

## Capacity and capability

This was an unannounced risk inspection completed during an outbreak of COVID-19 in the designated centre. During the outbreak more than 15 residents and 15 staff tested positive for the virus. There had also been four residents who had sadly died with the COVID-19 virus. This was the second outbreak of COVID-19 in the designated centre. The first outbreak, which occurred in the months of April-May 2020, had been well-managed and well-contained and only two staff and no residents contracted the virus. The purpose of this inspection was to review the centre's contingency plan and assess the centre's ability to maintain the safety of the residents and staff during the pandemic of COVID-19. The inspector also followed up on the action plan from the previous inspection from 3 January 2020. There had been one instance of unsolicited information received by the Chief Inspector of Social Services, which had been fully addressed by the provider.

The findings of this inspection show that this was a good service, which was going through a difficult period as a result of the COVID-19 outbreak. The centre was supported with extensive involvement of public health and specialists in infection prevention and control. It was evident that all parties were working together to ensure the safety of the residents was maximised.

The registered provider was the Health Service Executive (HSE). The designated centre had a good history of regulatory compliance and was transparent in their dealings with the regulator. While this inspection identified further opportunities for improvement in respect of premises, infection prevention, individual assessment and care planning and the governance and management arrangements, there were no urgent or immediate risks identified.

The inspector reviewed the centre's preparedness and contingency plan for COVID-

19. The plan was comprehensive and provided clear guidance on the management of suspected and confirmed outbreaks. Records reviewed by the inspector showed that there was robust and heightened oversight of service provision. There were weekly outbreak control team meetings led by the department of Public Health in addition to the weekly in-house management meetings. The registered provider representative was supporting the person in charge and was in daily contact either on site or via telephone contact. In addition there were weekly teleconferences with the General Manager and the Head of Social Care and Older Services and any identified risks were promptly and appropriately escalated.

As a quality assurance measure, Public Health infection control specialists had visited the centre to assess the centres' infection prevention and control processes and were satisfied with the arrangements in place. Their recommendations had been followed up by the person in charge and the inspector found that most of the action plans had already been completed, or were due to be completed. The provider also had access to external dedicated infection prevention and control expertise.

As part of contingency plan, a number of staff had been redeployed from the community services to ensure appropriate staffing levels were maintained at all times. On the day of inspection additional staff trained in infection prevention and control had been redeployed for the sole purpose to supervise staff practices, the donning and doffing of personal protective equipment (PPE) and hand hygiene. Rosters showed that throughout the outbreak staffing levels had been maintained and, when required, had been enhanced to ensure that residents' healthcare needs were met and that residents were safe. Similar to the findings from the previous inspection, the centre continued to rely heavily on agency staff. However, the inspector was satisfied that resident's safety and continuity of care was promoted and that appropriate arrangements were in place to ensure the agency staff only worked in the designated centre and participated in the fortnightly staff-testing programme.

Records showed that staff had attended mandatory training and relevant infection prevention and control training. All staff confirmed to the inspector that their temperature was monitored twice daily, however there were no records in place to support this practice. While the inspector saw that such checks had been completed for the day of inspection, the provider did not maintain any historical records in this respect. This practice required review.

While there was effective oversight and good governance systems in place to monitor service provision, further improvements were required to ensure that all audits were robust enough to identify and target areas for improvement.

In line with the national standards the designated centre had an identified lead for infection prevention and control on the senior nursing team. This person had additional infection prevention and control training. However at the time of the outbreak this person was working as a nurse on each shift and did not have any dedicated time to provide oversight and training for staff on the units.

Staff reported that their knowledge and skills were monitored and audited with on spot checks and regular hand hygiene audits, however the documentary evidence to support this was limited. The inspection identified the need for enhanced auditing systems and appropriately maintained records on hand hygiene spot checks, staff temperature checks and daily cleaning records.

The inspector communicated with numerous staff throughout the day, who all demonstrated genuine empathy and concern for the welfare of their residents, and the impact of the pandemic on their health and wellbeing.

Staff demonstrated accountability for their work and were well-trained and confident. Staff told the inspector that they felt supported by the management who ensured they had sufficient resources in terms of staffing, training, available expertise and equipment to provide safe care.

The registered provider had an effective communication strategy in place as part of their contingency arrangements. The residents who spoke with the inspector confirmed that they were very appreciative of how they were kept informed about the ongoing situation in the centre and in the wider community, which helped to ease their anxieties. There were no open complaints in the centre and the overall feedback from residents and staff was positive.

#### Regulation 14: Persons in charge

The person in charge worked full-time in the centre and met the requirements of the regulation. She was a registered nurse and had the required management qualifications and experience of nursing older persons. It was evident that she was well-known to the residents and that she provided good leadership to the staff team.

Throughout the inspection the person in charge demonstrated good knowledge of the regulation and commitment to ensure a quality and safe service was provided to the residents.

Effective contingency arrangements were in place to ensure oversight of service in the event of senior management becoming unwell.

Judgment: Compliant

#### Regulation 15: Staffing

On the day of inspection, there was adequate numbers and skill mix of staff for the size and layout of the centre. Each unit and each zone was independently staffed with nursing, care and housekeeping staff. There was a minimum of one nurse



available in each zone, which ensured that residents were cohorted safely in line with HPSC guidance (Health Protection Surveillance Centre, *Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance*).

All cleaning was provided by an external company, and the cleaning hours had been increased at the time of inspection.

Ensuring continuity of staff remained the biggest challenge throughout the outbreak. However rosters showed that staffing levels had been maintained and where possible had been increased in order to ensure resident's needs were met. While a high use of agency staff remained a feature of staffing resource in the centre, the inspector was assured that this was effectively managed and did not impact the continuity of care for the residents. The inspector was satisfied that appropriate measures had been taken to recruit for vacant posts in the centre in order to reduce the use of agency staff in the longer term. However, at the time of the inspection the recruitment campaign had been paused in line with national initiative.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had completed the mandatory training courses including safeguarding vulnerable adults, fire safety and manual handling. Other relevant courses included dementia training, cardiopulmonary resuscitation (CPR) and flu preparedness.

The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control, including hand hygiene and the donning and doffing of PPE. There was evidence of ongoing refresher courses and updates provided by the infection prevention and control nurse. In discussion with inspectors staff demonstrated good knowledge and confidence in their skills to maintain resident's safety.

The registered provider had effective systems in place for staff development and supervision, which included induction, probation and regular appraisals. Staff had access to professional psychological support if required.

Judgment: Compliant

### Regulation 23: Governance and management

At the time of inspection, the centre was adequately resourced to ensure that care and services were delivered in accordance with the statement of purpose. Resources were managed efficiently to ensure that residents received a good quality, effective

and safe service.

There was clearly defined management structure in place and the team worked cohesively to ensure that resident's needs were met in line with their preferences for care and support. There were defined lines of responsibility and accountability and good deputising arrangements in place which ensured effective oversight and continuity of care and services for the residents.

The person in charge collected weekly key performance indicators which provided good oversight on the quality of care provided. This included, for example, monitoring the numbers of infections and antibiotic usage, wounds and pressure sores, bedrails in use, falls, psychotropic medication, weight loss and complaints. In addition, a suite of audits were completed in all relevant areas of the service. However some audits required further review to ensure they were sufficiently robust to track progress, drive improvements and effectively inform the quality agenda of the service. For example, a comprehensive audit based on the National Standards was carried out. However, there was little evidence to demonstrate how the results were being followed up, what was the required action, who was the person responsible for implementing the action plans and by what time frame. Nevertheless, records showed that the audits results were appropriately communicated to the managers and staff at the regular staff meetings.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an improvement plan for the year ahead. The annual review and quality improvement plan included feedback from the residents.

Judgment: Substantially compliant

## Quality and safety

While the findings of this inspection show that residents had good access to a high standard of healthcare, further improvements were required in respect of premises, infection prevention and control and care planning arrangements to ensure that resident's quality of life and safety were maximised.

The leadership and management team ensured that care and services were person-centred in line with the centre's stated objectives. As a result, the ethos of person centred-care was evident in staff practices and attitudes. Residents who spoke with inspectors said they felt safe and happy in the centre and that their right to choice and privacy were respected. The inspector observed that there was a relaxed and comfortable atmosphere in the centre and that staff knew the residents well. All interactions between staff and residents observed by the inspector were kind, unhurried and person-centred.

Residents were actively involved and consulted in the running of the service and

records showed good attendance at the monthly residents' meetings. Minutes from these meetings confirmed that residents were kept updated in respect of visiting restrictions, infection prevention and control measures in order to keep themselves safe (hand hygiene, cough etiquette, social distancing), plans for activities and entertainment and food.

The environment was bright, clean, well-ventilated and well-maintained and there were good arrangements in place to ensure that the required standards for infection prevention and control were maintained..

However the inspector found that improvements were required in respect of the premises to ensure that the residents accommodated in the dementia unit had access to a sufficient number of communal shower facilities. This is addressed under Regulation 17.

Each resident had a set of care plans which provided clear guidance on how to most effectively support them with their assessed needs. The designated centre had transitioned to a system of electronic care records in the previous year. The inspector reviewed a sample of care records for current and past residents and found overall good practices. However some improvements were required to ensure each resident's care plans and risk assessments were updated at a minimum of a four-monthly basis. There was evidence that residents or their families, where appropriate, were consulted in the development of their care plans.

The daily progress notes were comprehensive and care plan reviews contained input from the resident's general practitioner (GP) and other health professionals such as, for example, the physiotherapist, the dietitian or podiatrist as required. During the outbreak, residents had enhanced access to the GP who visited the centre on a daily basis, and reviewed the residents as required. Residents' weights were closely monitored and appropriate interventions were in place to support their recovery. There was a robust programme in place for falls prevention and management and wounds were managed well, with additional input from tissue viability nurse and dietitian, as required.

The inspector was satisfied that residents who were receiving end-of-life support had a personal and dignified plan of care, which took account of their cultural and religious preferences. The inspector reviewed the documentation for a number of residents who had recently died in the centre and found good evidence of planning and consultation with residents and their families. Residents' expressed wishes were identified and documented, anticipatory prescribing was in place, medical reviews and timely interventions had been carried out, resuscitation status and advanced directives were available to ensure that the residents' expressed wishes for end of life care were known to those caring for them.

There were robust arrangements in place to ensure that residents maintained contact with their families and friends and that visits could be conducted in a safe manner. The provider had creatively and strategically used multiple internal and external spaces to create safe pods and provide opportunities for safe window visiting, in line with current guidance. Special arrangements were in place for

residents who were at the end of their life to receive visitors in a respectful and private manner and in line with infection control precautions. At the time of inspection, there were no residents actively receiving end-of-life care.

The inspector found that the risk management policy was fully implemented and that the registered provider had good systems in place to manage risks and ensure that the health and safety of all people using the service were promoted. Infection prevention and control was included in the agenda and discussed at every risk management and quality meeting.

Staff members who communicated with the inspector had a clear awareness of the early signs and symptoms of COVID-19 and knew the importance of diligent observation of the residents they cared for and the need to report any changes promptly to nursing staff. Overall, the infection prevention and control practices were of a good standard, although some further opportunities for improvement were identified as detailed under Regulation 27.

### Regulation 11: Visits

Measures were taken in line with the latest Health Protection and Surveillance Centre (HPSC) *COVID-19 Guidance on Visitations to Long Term Residential Care Facilities*, to protect residents and staff during the outbreak in the centre. While visiting by families had been suspended, virtual visiting by telephone or video-link, window visits and essential visiting on compassionate grounds was facilitated.

Appropriate designated spaces has been created to allow for window visiting while also respecting visitors' and residents' privacy. In addition the registered provider communicated with all families on a weekly basis to provide them with updates regarding the current outbreak.

Judgment: Compliant

### Regulation 13: End of life

A sample of current and past residents' end-of-life care plans were reviewed. They contained person-centred information on residents' individual wishes and preferences. This information was accessible for staff and was used to direct staff caring for residents at the end of their life. The care plans were holistic and outlined the physical, psychological and spiritual needs of the resident. All residents' care plans were up to date regarding end of life care decisions relating to COVID-19 infection including whether to be transferred to the acute care setting and resuscitation interventions. They had been discussed with the residents, and where relevant, their next of kin as well as the GP.

As part of COVID-19 contingency planning, effective arrangements were put in place to enable relatives to visit on compassionate grounds.

Judgment: Compliant

### Regulation 17: Premises

The location, design and layout of the centre was suitable for its stated purpose. Overall the premises met residents' individual and collective needs, however there were not enough communal bath/shower facilities available on St Gerard's Unit. The centre was clean, well-maintained and welcoming throughout. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety.

The centre is divided in two units (St Gerard's and St Cecillia) and a day centre facility which was closed at the time of the inspection. The area was used by staff for changing facilities and socially distanced breaks.

St Gerard's unit was the dementia specific unit which could accommodate up to 19 residents. The unit was clean and appropriately decorated to support residents living with dementia to enjoy a purposeful life. The unit had access to safe internal gardens and was appropriately designed to support way-finding, with good signage in place and appropriate use of colours. Appropriate communal areas and safe visiting areas were in place. Residents were accommodated in five single rooms and seven twin rooms, which had access to shared toilet facilities. However, there were only two communal shower/ bathroom facilities available for the 19 beds in the unit, which did not meet the required standards. The inspector accepted that there were only 16 residents accommodated in the unit at the time of the inspection however the number of communal bath/showers available would not meet the regulatory requirements if the unit was fully occupied with 19 residents.

St Cecillia Unit provided accommodation to 44 residents in spacious single and twin rooms, some with en-suite facilities. At the time of the inspection the unit was divided into three distinct zones so that residents and staff could stay in one zone which reduced the risk of infection and cross contamination. Each zone comprised of six twin rooms and three single rooms, with one single room designated for the provision of palliative care. There was a dedicated zone for the purpose of cohorting all residents with a positive COVID-19 diagnosis. Each zone had its own sluice facility and dedicated staff and equipment. Each zone had a separate entrance.

Residents bedrooms were clean, bright and spacious and each resident had access to personal lockable storage. Residents had access to television sets in all the communal areas and some of the bedrooms. However, the inspector observed numerous bedrooms that were not equipped with a television set. In view of the current pandemic and the requirement to isolate for new residents and those residents with suspected signs and symptoms of COVID-19, this arrangement

needed to be reviewed to ensure that all residents had access to a television in line with the regulations.

Each sluice facility inspected was clean, easily accessible and equipped with a bedpan washer and washing facilities, which were regularly serviced. However, all sluicing facilities required further review to ensure they also were equipped with racking and lockable cupboards in line with *National Standards for Residential Care Settings for Older People in Ireland, 2016*.

Judgment: Not compliant

### Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and a live risk register for the identification, rating, escalation and control of risks was maintained, reviewed and escalated as required. There were no immediate risks identified by the inspector on the day of inspection.

A comprehensive COVID-19 risk assessment had been completed and there were robust contingency controls in place which included workforce planning, resources, infection control and environmental hygiene, catering and visiting arrangements to name a few.

Accidents and incidents were timely reviewed and escalated via the national incident management systems. Arrangements for the investigation and learning from serious incidents or adverse events involving the residents formed part of the risk management processes.

The outbreak control management team (OCT) had been set up when the outbreak was notified in line with the HPSC guidance. The OCT included representatives from senior management team and all the relevant departments including public health and infection prevention and control. Minutes showed they met on a regular basis and reviewed the outbreak containment measures in place. Following these meetings senior staff in the centre ensured that all the agreed measures were appropriately communicated to all staff and that they were implemented.

Maintenance records were reviewed which showed that all equipment was regularly serviced.

Judgment: Compliant

### Regulation 27: Infection control

There was good evidence that staff were knowledgeable of the standards and updated guidance for the prevention and control of health care associated infections, including COVID-19 management. Hand hygiene notices were displayed and staff and residents had been training in hand washing technique. All staff had access to personal protective equipment and there was up to date guidance on the use of these available. Staff were observed to be wearing surgical face masks as per the relevant guidance, and adhering to social distancing and 'bare below elbow' initiatives. Alcohol gel and disinfecting wipes were in plentiful supply and available throughout the centre.

There were clear protocols in place to detect signs and symptoms of potential COVID-19 infection early. For example staff reported that their temperature was monitored twice daily in line with the current guidance. There was a staff uniform policy and appropriate staff changing facilities were available. There were systems in place to ensure staff minimised their movements around the centre and that they only worked in their assigned zones.

There were appropriate infection prevention and control signs on display around the centre to alert staff and visitors of high risk areas. Signs were in place on bedroom doors, to ensure that in the event of a resident being a confirmed or suspected case of COVID-19, all staff were immediately aware of the infection prevention and control precautions needed when caring for that resident.

The premises was very clean throughout and staff were observed engaged in daily cleaning and regularly decontaminating the frequently touched points. Equipment was clean and appropriately decontaminated between residents where single use equipment was not available. Each zone had its own dedicated equipment, and where commodes were in use they were appropriately labelled and dedicated to individual residents' use only. The vast majority of residents' chairs and furniture had suitable fabric coverings to allow appropriate cleaning.

There were external arrangements for laundry and catering services, and the inspector observed appropriate and safe practices in this respect. Segregation of healthcare risk and non-risk waste was evident and appropriate collection and transfer processes were in place to the waste disposal units, located on the grounds of the main hospital.

Overall the general environment and residents' bedrooms, communal areas, toilets, bathrooms, and sluice facilities inspected appeared very clean. Cleaning services were provided by an external company and the daily hours for the housekeeping staff had been recently increased. The housekeeping staff had completed the required training appropriate to their role and had access to the fortnightly serial testing. Cleaning staff who spoke with the inspector were aware of their roles and responsibilities, the cleaning processes needed for terminal cleaning and the use of colour-coded cleaning cloths. A flat mop system was in place with disposable wipes. Although the inspector found that the centre was cleaned to a good standard the recording of cleaning tasks and the records of cleaning checks required further review. Daily cleaning records were completed at the end of the day by the cleaning supervisor. This was not best practice and did not ensure that staff were recording

that their own work had been completed. In addition it was not clear that the cleaning standards were being checked and recorded by supervisory staff.

There was a comprehensive infection prevention and control policy which was evidence-based and included detailed procedures to guide staff in their practice. It also included guidance on antimicrobial stewardship, however it had not been updated with COVID-19. A separate guidance on the management of COVID-19 was in place and provided up-to date information to staff. The provider had good access to specialist infection prevention and control expertise. There were clear protocols in place, including regular water testing and flushing of all taps, and a formalised Legionella risk assessment to prevent waterborne infections.

Nevertheless, while the inspector saw many examples of good practice in infection prevention and control, further improvements were identified as follows:

- A review of storage facilities to ensure appropriate storage and segregation of clean and dirty items were in place; for example boxes and supplies were observed stored on the ground and unclean equipment such as a brush and pan was stored in the room with clean supplies.
- A revised protocol on the cleaning and reprocessing of the spray bottles was required.
- Wear and tear was visible on some surfaces and the quality of some furnishings and fixtures did not always support effective cleaning. For example some plastic trolleys had deep scratch marks, and some wooden surfaces on armchairs were damaged.
- Access to the handwash sink in one of the sluice rooms inspected was blocked by commodes.
- Clinical wastebins were not appropriately labeled, correctly used and did not conform with the infection prevention and control standards. The inspector was satisfied however, that a number of clinical wastebins had been ordered and were awaiting to be delivered to support the centre throughout the outbreak.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

A pre-admission assessment was completed prior to admission to the centre to ensure the centre could meet residents' needs. There was a protocol in place and new admissions were accommodated in an isolation area for 14 days with dedicated staff.

All care plans reviewed were personalised and provided clear guidance to staff on the specific care needs and interventions required to support the residents. A range of comprehensive assessments were completed as required and at regular intervals and largely informed the care plans. While the majority of care plans were reviewed



and updated at four monthly intervals, the inspector identified a number of inconsistencies in care plan reviews in the sample of care records reviewed.

There was evidence of ongoing discussion and consultation with the families.

In their daily interactions staff were observed to be person-centred and knew residents' current health needs and their preferences as expressed in their care plans.

Judgment: Substantially compliant

## Regulation 6: Health care

Residents had very good access to their general practitioner who used to visit the centre three times a week. However, at the time of inspection the GP was visiting the centre on a daily basis because of the residents' increased needs for medical care during the outbreak. Out of hours medical cover was also available for residents. Residents also had access to appropriate specialist expertise in line with their assessed needs. This included a specialist consultant in gerontology, psychiatry of later life and palliative services as required.

Other relevant allied health professionals visited the centre or reviewed the residents remotely, and their input was incorporated into clinical risk assessments and care planning. A physiotherapist was based in the centre and provided daily support to the residents. In addition, occupational therapists, speech and language therapists, dentists, dietetics and tissue viability nurse were also available on a referral basis.

Active monitoring and surveillance for signs and symptoms of COVID-19 infection was carried out several times a day and residents' vital signs and baseline measurements were recorded on a minimum of twice a day.

Judgment: Compliant

## Regulation 8: Protection

Residents who spoke with the inspector reported they felt safe and at home in the centre and that staff were very kind. The inspector observed that staff interaction with residents were positive and person-centred.

Records of staff training evidenced that all staff had received training in the prevention, detection and response to abuse. Staff were knowledgeable regarding different types of abuse and clearly articulated to the inspector their responsibility to report any concerns to management.

The registered provider did not act as as a pension-agent for any resident at the time of inspection.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

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

Inspection ID: MON-0030643

Date of inspection: 08/12/2020

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A new and updated audit action plan template has been devised and is in the process of implementation. The template can be used for the majority of audits conducted and will improve follow up and facilitate communication with staff</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Two areas have been identified where the installation of shower facilities in St Gerard's Unit can occur without too much upheaval for residents.</p> <p>Quotations have been requested with plans for work to commence as soon as possible.</p> <p>Televisions have been ordered for all bedrooms identified as requiring same.</p> <p>Locked cupboards and storage racking on order for sluice room facilities.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The requirement for excess stock during the Covid 19 outbreak put pressure on what</p>	

had been adequate storage facilities. Since the inspection areas outlined have been reorganized with appropriate shelving installed as required.

Supply of specified spray bottles have been ordered with cleaning schedule set out for same.

Trolleys identified have been replaced with a stainless steel easy clean variety.

Damaged furnishings have been removed with quotations in progress for touch up of paintwork.

Commodes have been removed from sluice room and stored in specified area once cleaned.

Clinical waste bins were delivered and used during the outbreak as per infection prevention and control guidelines.

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> <p>A buddy system has been developed to support staff less familiar with the advanced workings of the Epiccare documentation system.</p> <p>Test Your Care nursing metrics has recommenced to identify care plans requiring update and staff requiring support.</p> <p>Practice development facilitator to provide further updates on the Epiccare system as need identified.</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 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.	Not Compliant	Orange	30/04/2021
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	31/01/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	28/02/2021

	associated infections published by the Authority are implemented by staff.			
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 concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/01/2021