



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

Issued by the Chief Inspector

Name of designated centre:	St Columban's Retirement Home
Name of provider:	Maynooth Mission to China (Incorporated)
Address of centre:	Dalgan Park, Navan, Meath
Type of inspection:	Unannounced
Date of inspection:	11 January 2021
Centre ID:	OSV-0000166
Fieldwork ID:	MON-0031294

About the designated centre

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

St. Columban's Retirement Home is a ground floor building situated within Dalgan Park and located between Navan and Dunshaughlin. Dalgan Park also includes St Columban's College, home of the Columban Missionaries, which adjoins the centre enabling residents to continue to engage and interact with the Columban Community on-site, as desired. St Columban's Retirement Home provides care for Columban Priests for convalescence and long term care. Residents with a disability, cognitive impairment, dementia, chronic and life limiting illnesses can be provided for following an individual and clinical assessment. The overarching aim is to provide the highest standard of care to promote the health and wellbeing of residents while striving to provide a home with a happy and homely atmosphere in which each resident feels at home, cared for, content, listened to, valued and at ease. The centre comprises of 34 single bedrooms with accessible en-suite facilities that are suitable for low, medium and high dependency residents. A variety of communal rooms, an external courtyard and surrounding gardens are available for residents use.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	21
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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
Monday 11 January 2021	09:00hrs to 14:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

The residents in this centre were smiling. They informed the inspector that they all had received the first dose of their COVID-19 vaccine in recent days and were delighted to have done so. One resident said it was the best thing to happen to him this year. They all portrayed an overwhelming sense of relief and were extremely thankful to the staff who managed to keep the centre COVID-19 free to date.

Residents although restricting their movement were utilising the garden and surrounding grounds around the centre to mobilise and as they said keep fit. They shared their observation and feeling of joy at seeing the first signs of spring flowers sprouting in the garden. One resident explained how great it was to have the walk done early as he came in from his morning walk all wrapped up. He told the inspector how he didn't feel any changes after receiving the vaccine, but was very grateful to have received it.

The residents said the food was great, they received plenty of choice and the service of meals was scheduled around their activities. The dining satisfaction survey completed by residents in August 2020 was read by the inspector and it reflected their high level of satisfaction with the service and choices received. For example, morning refreshments were served in the sun room after the two daily Masses were over. One resident explained how two Masses were now said each morning to enable all residents to attend and to social distance safely in the oratory. The person in charge explained how she and the provider representative met with residents every Friday after Mass and communicated with residents on issues of interest such as planned vaccination dates, visiting restrictions and other matters that impact on them. They also used this time to listen to any questions or concerns residents had.

The inspector was informed that the elderly residents living in the residence adjoining the centre were not permitted and did not mix with the residents in the centre. However, the doors separating the residence from the centre were not secure so anybody could freely wander from one to the other. This posed a potential risk to both the residents in the centre and in the adjoining residence. The person in charge was observed re-directing one gentleman from the adjoining residence who used this door and entered the centre by mistake during the inspection.

Residents said the staff were great, kind and supportive. The inspector saw that there were enough staff on duty to meet the needs of the residents. Staff training records reviewed showed that staff were in receipt of all mandatory training. Practices observed during the inspection such as manual handling and hand-washing reflected best practice techniques.

The inspector observed that the centre was clean, tidy and overall well maintained. It was bright and warm and appeared to be a comfortable, calm and peaceful place to live. Infection control and risk management practices were well managed. The

inspector observed that face protection masks were worn by healthcare workers and staff adherence to 'Bare below Elbow' initiatives, hand hygiene techniques and social distancing was evident in areas inspected. Staff had access to a hand wash sink in a central area and hand sanitisers were wall mounted throughout the centre. Some facility rooms such as the cleaners room, the laundry room and the sluice room required attention due the inappropriate storage of equipment and the mixing of clean and dirty items in the one space.

The inspector was shown one of the 34 single ensuite bedrooms which was in the process of being converted into clinical /medication storage room. Medications were currently stored and dispensed from the nurses office. This had been identified as a risk hence the change in function of a bedroom had commenced. The person in charge was aware that an application to vary the condition 3 of registration was required as they were reducing the bed capacity of the centre from 34 to 33.

Capacity and capability

This centre was well managed. There had been no outbreak of COVID-19 infection in the centre to date and residents and staff had received the first of two COVID -19 vaccines, the second vaccine was scheduled prior to the end of January.

The governance team was strong with a good open channel of communication between the provider and the person in charge. They had a systematic approach to managing the centre. This approach assured the inspector that their was good oversight of all areas of practice. The action plans identified on the last inspection had been addressed.

The centre was well resourced. The staffing levels on the statement of purpose were reflected on the staff roster and the inspector saw the needs of residents were being met. The catering, laundry and housekeeping service was outsourced and these areas were also well staffed.

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

Records were well maintained, clear, concise and accessible. Those reviewed reflected practices and were kept up to date. Further review of some infection control practices was required to ensure the standards for the prevention and control of healthcare-associated infection were maintained.

Regulation 15: Staffing

The staffing levels and skill mix was adequate to meet the needs of residents. The staffing numbers reflected that on the statement of purpose although the centre was not at full occupancy. This assured the the inspector that in the event of an outbreak adequate staff numbers were available to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The staff had all had the required training in place to enable them to care for residents safely. There was good supervision of staff. The company contracted in to provide housekeeping and laundry services had a supervisor on site.

Judgment: Compliant

Regulation 21: Records

A review of the storage of files had taken place. On inspection they all appeared to be stored in a safe and secure place. Files requested by the inspector for review were made available including staff files.

Judgment: Compliant

Regulation 23: Governance and management

The overall governance of this centre was good. The person in charge and provider met on a weekly basis and minutes of these meetings were available for review. The agenda and minutes showed that all areas of governing the centre were discussed and where necessary appropriate actions taken to address issues.

The person in charge had an audit schedule for the year and a review of a sample of audits completed in 2020 assured the inspector that continuous auditing practices was leading to improved outcomes for residents. For example, the repeated medication management audits and repeated actions had lead to the need for a dedicated clinical/medication room.

The person in charge was in the process of completing the annual review for 2020.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule five policies were available for review. Those reviewed in detail reflected the practices observed during the inspection. The person in charge had started to review them, however a number of policies had not been reviewed within the required three year period.

Judgment: Substantially compliant

Quality and safety

Residents received a good standard of care that was being continuously monitored. However, a number of infection control practices required improvement.

Facilities had been put in place to enable residents to communicate with their families and those residents spoken said this was working well for them. They were aware of the reasons why visiting had been suspended during the current outbreak.

Overall the premises was clean and tidy, however some non resident areas required attention. Residents' bedrooms were personalised and appeared homely. The corridors were clutter free and hand rails on either side facilitated residents to mobilise independently.

Inspectors found that overall infection control practices in the centre were good. A detailed infection control audit was completed on a monthly basis and appropriate control measures put into place to decrease the level of risk these practices posed. Those identified on this inspection are clearly outlined under Regulation 27. The inspector outlined the key areas during the feedback meeting at the end of the inspection and the PIC agreed to address the findings without delay.

Regulation 17: Premises

The premises met the needs of residents. Each resident had their own ensuite bedroom which provided them with a large amount of private space. In addition, they had access to a communal bathroom, dining room, oratory, and large

sitting/sunroom.

One single ensuite bedroom (room nine) was being changed into a clinical/medication storage. The inspector saw that it had good safe lockable storage cupboards and a clinical wash hand basin for staff.

The premises met the needs of residents.

The PIC had a red zone identified in the event of an outbreak. The zone was behind fire doors and the rooms were currently vacant which meant that if any residents who were suspected of having contracted Covid-19 they could be isolated promptly.

Judgment: Compliant

Regulation 26: Risk management

A risk management policy and risk register was in place and maintained. A process for hazard identification and assessment of identified risks relating to residents and to the centre were recorded and subject to review. Risks identified were outlined and the plan in place to control these risks was clear. The Health and Safety Authority had completed an inspection in the centre in November 2020. They had made some recommendations including that the PIC complete a COVID-19 risk assessment which was available for review. It was a comprehensive risk assessment.

There was a Health and Safety representative and committee who met every two weeks.

Judgment: Compliant

Regulation 27: Infection control

The person in charge had good oversight to ensure the sustainable delivery of safe and effective infection prevention and control practices. She had overall responsibility for managing key areas of infection control. However the inspector found that some auxiliary service areas were not in line with the standards for the prevention and control of healthcare-associated infection and needed review.

100% of residents and > 50% of staff had received the influenza vaccine and the person in charge encouraged staff to undertake the HSE's flu vaccine eLearning programme. All 21 residents had received the first dose of their COVID-19 vaccine

together with 91% of the staff.

Two staff were trained to provide infection control training in house. All staff had completed mandatory infection prevention and control training outlined in the HSPC "Interim Public Health and Infection Prevention Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities and Similar Units". There was an updated infection prevention and control policy in place which included a section on COVID-19. A detailed contingency plan was available for review this was updated on a frequent basis by the PIC as was the COVID-19 preparedness plan. Infection Control audits were being completed using a comprehensive audit tool issued by the Health Service Executive (HSE), the last audit completed in November 2020 found that the centre was in 96% compliance.

A staff member demonstrated a good knowledge of cleaning processes, color-coded cleaning cloths and mop system and there was appropriate separation of clean and unclean items evident on the cleaning trolley.

The inspector identified that a Legionella risk assessment had been completed and water system preventative and control measures had been implemented in line with legislation. Testing for Legionella was completed on a monthly basis and all positive test results were followed up on.

The cleaners room, sluice room and facilities were viewed. The cleaners room had a janitorial sink and chemical cleaning products were available and stored in a lockable cupboard in this room. It also had a wash hand basin with hand wash and dry facilities above it. Personal protective equipment was located outside the room. The inspector saw an iron and ironing board in this room and was informed that the ironing was done in the cleaners room. This posed a potential risk of cross contamination. In addition the wooden cupboards in this room could not be cleaned properly as some of the internal sections were not varnished.

The laundry room was used for storing the vacuum cleaner and cleaners trolley and due to this the amount of available space was limited. The flow of dirty to clean was required review to ensure the risk of cross contamination was minimised. It had the appropriate stainless steel sink with draining board and wash hand basin in place.

The sluice room was being used to store equipment not in use. The PIC arranged for this to be removed on the day of the inspection

A number of hand wash sinks in use in the centre were not compliant with recommended best practice standards for clinical hand wash sinks.

A number of open bins were placed in the cleaners room and in the sluice room. A review of their use throughout the centre was required to ensure that bins were covered and that they were clearly labelled.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Fire drills were now being practiced on a monthly basis. Night staff also attended these drills. The evacuation procedure from one zone to another was less than three minutes. The records of these fire drills were detailed and included all those who attended and details of any learning or improvements that were identified.

Judgment: Compliant

Regulation 6: Health care

The health care needs of residents were met. A sample of residents files confirmed that residents had been reviewed by their General Practitioner (GP) within the past four months. The GP visited the centre each week and reviewed those residents who needed to be seen. A physiotherapist came into review residents one day each week. A chiropodist came into the centre once every three months to review residents. Those who required access to other allied health care team members were facilitated to access these services without any delay.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld. For example, they were all registered to vote, to practice their religion and to live their life as they deemed fit. For example, residents were given information about the COVID-19 vaccinations and any side effects and were encouraged to make an informed choice whether or not to receive the vaccination.

Residents had access to the daily and local weekly newspapers. They had access to a television and radio in their bedroom. Activities which residents had selected and suggested were facilitated in the centre. This schedule included poetry reading and reminiscence therapy.

The residents or their advocate was managing their pension. The PIC stated they were not acting as pension agent for any resident.

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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0031294

Date of inspection: 11/01/2021

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 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ol style="list-style-type: none"> 1. Dedicated time has been ringfenced and allocated for members of the management team to prioritise, review and update all outstanding policies and procedures in the next two months. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. The iron and ironing board have been removed from the cleaning room area. A separate ironing room has now been set up close to the laundry. 2. The vacuum cleaner and cleaner's trolley have been removed from the laundry and are now stored in the cleaning room. 3. There is a plan in place to install white rock shelving (which is wipeable and allows for deep cleaning) into the wooden cupboards in the cleaning room in the next two months. 4. There is a plan in place to install mixer taps and new plugholes in two hand wash basins in the next two months. 5. Any open bins that were used in clinical areas have been removed and replaced with new labelled pedal bins. 	

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 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	30/04/2021
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	30/04/2021

