



**Health  
Information  
and Quality  
Authority**

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:	Phoenix Park Community Nursing Units
Name of provider:	Health Service Executive
Address of centre:	St Mary's Hospital, Phoenix Park, Dublin 20
Type of inspection:	Short Notice Announced
Date of inspection:	11 June 2020
Centre ID:	OSV-0000476
Fieldwork ID:	MON-0029663

## About the designated centre

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

Phoenix Park Community Nursing Units consists of two purpose-built buildings, Teach Iosa, 100 beds and Teach Cara, 50 beds, providing residential care for up to 150 male and female residents over the age of 18 years, of all levels of dependency. Both buildings have two storeys, and are divided into six units. It is located on the St. Mary's Hospital Campus, Phoenix Park in Dublin.

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

Number of residents on the date of inspection:	118
--	-----

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
Thursday 11 June 2020	09:45hrs to 16:15hrs	Deirdre O'Hara	Lead
Thursday 11 June 2020	09:45hrs to 16:15hrs	Michael Dunne	Support
Thursday 11 June 2020	09:45hrs to 16:15hrs	Sarah Carter	Support
Thursday 11 June 2020	09:45hrs to 16:15hrs	Helen Lindsey	Support

## What residents told us and what inspectors observed

Residents who spoke with inspectors overall reported that they were satisfied with the staff and facilities on offer. Inspectors visited five of the six units and spent time speaking with residents, observing the care and support being delivered, and also staff interactions.

Residents who spoke with inspectors expressed their satisfaction with the care, support and assistance provided by staff. Residents used expressions like 'I'm OK' and 'staff are very kind'. One resident expressed that they were waiting to receive personal care, and they found that frustrating. In general, the feedback from residents was that they were happy overall, and liked their room. There was a theme of people saying it had been difficult to not see relatives, but described how the window visits that had been in place, where families could stand outside resident's windows on the ground floor, or below the balconies on the first floor had helped. A number of residents were aware of why changes had taken place in the centre, others were not cognitively able to understand. A number of those who were aware of the COVID-19 pandemic said it had been hard, and others said they were looking forward to getting back to normal.

In the units where residents required higher levels of care, it was not possible for inspectors to receive direct feedback. However, residents were observed to be in their rooms, with personal belongings around them, and appeared comfortable and well presented. Staff were able to describe their individual needs, and were seen to be engaging in a way that respected the individual, for example knocking on doors before entering rooms, describing care practices to be provided, and providing support with food and drink.

Residents were seen to have access to television and radios. Some residents had books and reading materials if that was of interest to them. Some residents had access to personal mobile phones, and there was a phone in each unit that could be used by other residents. There were also tablet computers to support video calling, which had been popular with residents. Some residents described how they had been able to keep in touch with family and friends using phones and tablets which they appreciated and had been important to them.

At the time of the inspection there were still restrictions in place in relation to moving around the designated centre, and residents were spending much of their time in their bedrooms; and this included taking their meals in their rooms. Staff described the steps being taken to get the dining and communal areas ready for use, in line with guidance on social distancing. Also residents would be encouraged to move around the environment, following social distancing guidance, when it was appropriate to do so.

Contact with the Chief Inspector from families set out how difficult families were finding it not being able to see their family members. Staff spoken with were also

aware of the impact of not seeing families and friends, and were keeping the national guidance relating to visitors under review. Inspectors noted some residents had balloons and cards in their bedrooms, and staff described trying to make birthdays and other events special. For one resident it was explained how staff had facilitated window visits to make links with families as much as possible for a big birthday, while restrictions were in place. Some family members told us that they often found it difficult to make contact with the centre over the phone; however, it was seen on inspection that the provider had identified additional resources to address this issue such as identifying maintaining contact with families as a specific task and allocating this task to redeployed staff.

Inspectors acknowledged that residents and staff living and working in centre have been through a challenging time. Inspectors acknowledge that staff and management always had the best interest of residents at the forefront of the care and support being delivered in the centre. During the inspection, staff expressed their condolences for the residents who had passed away during the COVID-19 outbreak, and noted their sadness at the loss of residents they had been providing care for.

## Capacity and capability

This was a short term announced inspection and the registered provider representative had been informed about the inspection on the afternoon of 9 June 2020 before the inspection was scheduled. This was done in order to ensure that the inspection team were aware of the current infection control procedures that were in place in the designated centre and to ensure that key staff would be available to speak with them. In addition the provider representative was asked to make available a number of documents and care records for review.

Phoenix Park Community Nursing Units are operated by the Health Service Executive (HSE). Prior to the COVID-19 outbreak, the centre had a generally good level of compliance identified during inspections in 2019 and 2018; however some areas such as premises, staff training and fire safety required improvement. Following those inspections the provider submitted plans to the Chief Inspector setting out how they would address the issues identified in those areas, and showed a willingness to make improvements.

This risk inspection had been triggered in response to:

- the number of concerns that had been received by the Chief Inspector relating to the quality of care, the implementation of infection prevention and control protocols and communication with family members.
- notification of an outbreak affecting large numbers of staff and residents
- high number of deaths that had occurred in the designated centre during the recent COVID-19 outbreak.

The designated centre was contacted by the Chief Inspector on 25 March 2020 to discuss preparedness and the contingency plan that the provider had put into place in the event of an outbreak of COVID-19 in the designated centre. The provider gave information to inspectors about the steps being taken to respond to the risk relating to the COVID-19 pandemic, and confirmed they were following national guidance.

The centre had experienced an outbreak of COVID-19 from 28 March 2020 and was still active at the time of inspection, which resulted in 22 deaths among the residents. During the outbreak up to 60% of staff had been affected or were required to self-isolate and the majority of staff had returned to work. The Chief Inspector was informed of the outbreak on 29 March 2020 and received regular updates of the situation in the centre and the contingency plans the provider had in place to manage the outbreak. At the time of this inspection two residents in the centre had tested positive for COVID-19. These residents were being cared for in their bedrooms by dedicated staff. The centre was closed to admissions and also to visitors.

To assess the assurance arrangements in place, the centre's senior management team was requested to provide a number of documents on the morning of inspection. This included for example, the allocation of staff, residents notes, the centres risk register and the complaints log.

Following a review of documentation, and after spending time in the units observing and speaking with residents and staff the provider was found to be using best available evidence to ensure compliance with the regulations and standards. The service being provided was predominantly in line with national guidance relating to infection prevention and control, with a small number of issues noted for improvement. Residents were receiving care from a staff team who knew them well. Restrictions were in place that were in line with national guidance, and there was little opportunity for residents to spend time out of their rooms; however, staff were preparing for expected easing of the restrictions, and preparing communal areas in the centre for use.

This centre is based in the HSE's Community Health Organisation (CHO) 9 area and records showed that there was regular engagement between the management team in the centre and the regional personnel. A review of records showed that there were arrangements in place to oversee the operation of the centre, and to address risks where they were identified. The management team had taken steps to respond to the pandemic and had established a COVID-19 outbreak management team which was taking account of national guidance and adapting practice in the centre. Their preparation commenced ahead of the pandemic being announced in Ireland. There was a lead for infection control in the centre, and they linked in with the management team to provide information, and also with the staff in units to provide advice and training. Overall infection prevention and control measures were seen to be in place. Policies had been updated, training was provided to staff in relation to a range of topics including hand hygiene and wearing of personal protective equipment (PPE). There were systems in place for the identification of residents and staff with signs and symptoms of COVID-19 and responsive testing

arrangements. Some improvements were required to oversight arrangements to ensure policies were fully implemented in practice.

At the time of the inspection there were sufficient staff to meet the needs of residents. Staff were observed in five of the six units, and were seen to be responsive to residents requests and were engaging positively with residents while providing care and support. Staff spoken with confirmed they had been kept up to date with guidance and any changes to procedures and received updated infection control training. During the COVID-19 outbreak in the centre, a large proportion of staff were unavailable for work due to following isolation protocols. The provider took steps to identify additional staff by redeploying staff from other roles, and using agency staff. Redeployed staff supported existing team members in liaising with families members by facilitating video calls and contact via instant messaging. Communication through social media platforms was initially difficult due to the availability of sufficient Wi-Fi access; however, this has been improved through the provision of Wi-Fi boosters in the centre.

There was a clear complaints procedure in place, and information was available in each of the units in the centre to clearly set out the steps to take and the people to contact. Complaints details for the HSE are also available on the HSE website. Records showed that the provider was following the process set out in their guidance on complaints.

At the feedback meeting with inspectors, the registered provider gave assurances that all matters raised would be dealt with in a timely manner.

## Regulation 15: Staffing

There were sufficient staff to meet residents' needs. A range of staff were seen to be available in the centre including the management team, a clinical nurse manager (CNM), registered nurses, healthcare assistants, cleaning and catering staff. There were also portering staff in reception of both buildings of the designated centre. Rosters showed there were always nurses on duty. There were clear on-call arrangements in place and a review of minutes showed that these were updated depending on staff availability.

Records showed that during the last three months a high number of staff had been required to follow guidance on isolation and had been unavailable for work. The management meeting minutes described the systems in place to ensure rosters were covered to ensure residents needs were met and when additional staff were required. Staff cover included the redeployment of staff and agency staff. Staff who spoke with inspectors confirmed this was the case and units had been supported by staff from other roles in the centre and agency staff. At the time of the inspection the majority of staff had returned to work following self-isolation protocols.

Staff were allocated to work in specific units, and any movement between them was limited. Staff who spoke with inspectors described how there was more consistency



for the residents as the staff teams were returning to work.

Staff were seen to be engaging positively with residents, and those residents who spoke with inspectors were overall complimentary about the quality of care they received.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of accountability in the designated centre, and a range of policies and procedures in place to ensure the centre was being operated in line with the statement of purpose and a safe service was provided for residents.

Inspectors identified a range of management systems in place to ensure the centre was being run effectively. There was a well established management team in the centre, with arrangements in place to ensure key roles in the centre were covered in the event that staff became unavailable, through ill health for example. The centre was located on a campus along with other services, and some of the management team had broader responsibilities beyond the designated centre, for example the hospital manager. Other roles such as the person in charge were specific to the designated centre.

There had been a significant COVID-19 outbreak in the centre, but records showed that the provider had worked hard to be prepared ahead of an outbreak, and to manage the outbreak when it occurred. There were arrangements in place to ensure sufficient resources were available to operate the designated centre in line with the statement of purpose. A review of minutes of management meetings showed there were forums to discuss a range of issues. A COVID-19 meeting was taking place at least weekly, and more frequently when required, and covered issues such as infection prevention control arrangements, staffing levels, residents well being, resident and staff testing, personal protective equipment (PPE) stock levels and ordering arrangements, and collecting information in the centre to monitor the outbreak. Communication with residents and their families was also kept under regular review. A range of meeting minutes showed that the providers approach to the management of the centre was kept under review, and was amended to reflect any updates in national guidance.

There were clear systems in place for identification of risk, and escalation routes for identified risks. Staff spoken with were clear of their roles and responsibilities. Records reviewed showed that the policy in relation to escalating risks had been followed, and steps were taken to manage those risks. For example where access to PPE had been escalated as an issue, records showed actions had been taken to make it available. An area that had been identified as a risk in the service was the need for psychological support for staff during the COVID-19 pandemic. A post recovery staff handbook had been put together by allied health

professionals, and included information on managing symptoms, psychological support and exercise examples. This was made available to the staff team.

Other regular meetings were being held to review the operation of the centre. This included a clinical priorities meeting and regular briefings with nursing staff. There was also a regular meeting with the Head of Social Care in the area the centre is located. This meeting included monitoring of information provided by the centre, sharing of effective practice in the centres, and escalation of issues such as the availability of PPE. There were systems in place to monitor the day-to-day care being provided in the units. Reporting systems included regular meetings with the nursing management who were able to escalate any issues.

While there were systems in place to oversee the infection prevention and control arrangement's in the centre, the centre was operating in line with the Health Protection Surveillance Centre (HPSC) 'Interim Public Health, Infection Prevention & Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care and Similar Units', and lead staff were identified to ensure best practice was being followed. There was some gaps noted in procedures that had not been identified through the oversight arrangements in the centre. These are detailed under regulation 27, and include for example gaps in monitoring of staff temperatures.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a complaints policy in place which met the requirements of the regulations. The provider maintained a complaints register which was kept in good order with records readily accessible for review. Those records indicated there were 13 complaints registered in 2019 with all complaints resolved at an early stage or stage one of the centre's complaints policy.

Inspectors reviewed the complaints registered for 2020 and those reviewed showed that two complaints were resolved at an early stage of the complaints process. There was evidence seen which showed that the provider had facilitated meetings and actively engaged with families to ease their concerns particularly where there were concerns regarding the delivery of care.

Where complaints required additional investigation by the provider, actions were put in place. It was agreed that the results of any investigations would be shared with inspectors post-inspection for review.

Staff were able to confirm with inspectors the role they would play in supporting residents to make a complaint should they need to do so and were conversant with the processes involved in using the centres complaints policy.

Judgment: Compliant

## Quality and safety

On the day of inspection residents were being provided with good quality care and support, with a focus on meeting residents care needs. Arrangements were in place to meet residents' medical needs, and appropriate advice had been sought when residents' needs changed. Systems were in place to ensure policies and procedures were being implemented in the centre, but some improvements were required in relation to infection control.

Residents' lives had been significantly impacted by the restrictions put in place in response to the COVID-19 outbreak, and many of these were still in place at the time of the inspection. Residents who were able to communicate with inspectors explained that they understood why the restrictions were in place, but missed the normal routines in the centre, such as engaging in group activities and meeting with their families and friends. It was observed that the impact of the restrictions meant many residents were spending much of their time in their rooms, with little opportunity for social engagement other than with staff. Plans were in place to bring communal spaces back into use with social distancing arrangements in place, for example the positioning of dining tables and seating in lounge areas. Activities taking place focused on one-to-one support in individual bedrooms. Staff reported the arrangements in place to maintain contact with families, and residents confirmed they had been able to make and receive phone calls, and use video calling.

The significant outbreak of COVID-19 in the centre had subsided considerably. Staff were clear on the signs and symptoms of COVID-19 and records showed residents were being monitored. There were clear lines for reporting any changes, and referrals for testing were made in line with the centres policy. There was a swabbing programme in place in the centre which was overseen by a consultant on the campus, which ensured timely results were received. Infection control procedures were being implemented in line with national guidance. The premises offered a high level of single bedrooms with en-suite bathrooms. Double rooms were being used for single occupancy during the inspection. While cleaning processes were in place, some improvement was required in sign off to ensure the policies were fully implemented. A number of issues required improvement relating to maintenance of facilities, for example decoration to ensure surfaces were easily cleaned. There were also some inconsistencies in implementing in the policy of checking staff temperatures.

Staff had received training in correct infection control management procedures, including the donning and doffing (putting on and taking off) of personal protective equipment, and hand hygiene.

Residents' records showed that residents' care and support needs were being kept under review, and where changes were noted appropriate referrals were made. For

example, where residents had lost weight, referrals had been made to the dietitian, and advice had been implemented. Daily observations were being carried out, and any changes were referred to nursing management. Palliative care had been provided to residents, and records showed individuals and their families had provided information about their personal wishes for end-of-life care. Medical support had been provided by staff employed in the designated centre, and was available on a 24-hour basis.

There was a risk management policy and an emergency plan in place to guide staff. Risks were being assessed at an individual level using recognised nursing tools, such as monitoring people's risk of depression, weight loss, and developing pressure areas. Steps had been taken in each unit to implement policies for managing risk, for example limiting the number of people who could enter units, and monitoring staff health. There were also organisational risk identified with plans in place to address how they were to be managed.

### Regulation 13: End of life

Residents had an end-of-life care plan in place which had been reviewed in the past four months in line with regulatory requirements. The sample of end-of-life care plans reviewed outlined the physical, psychological and spiritual needs of the resident and contained person-centred information in relation to their specific wishes. One resident did not have a completed end-of-life care plan document; however, there was a reference to their wishes in another section of the case notes.

There was evidence of family involvement with resident's consent, and a person-centred approach to end-of-life care. Where decisions had been made in relation to advanced care, such decisions were recorded, respected and subject to further review. Anticipatory prescribing was in place to ensure effective pain and symptom management.

Evidence showed that, in some cases, visiting at the end of life on compassionate grounds was facilitated in line with guidance.

From communication with the nursing staff and a review of available documentation, the inspectors were assured that residents who died in the centre received appropriate and dignified end-of-life care in very difficult circumstances. Staff described compassionate approaches to the care that was provided until the end, as well as the traumatic experiences of losing many residents in a short space of time.

The provider carried out a detailed reflection and review of the centres approach to supporting families and relatives during end-of-life care in order to enhance and improve their service.

Judgment: Compliant

## Regulation 26: Risk management

There was a clear policy in place that addressed how risks were to be identified and managed. It covered all of the elements required by the regulations.

At an operational level, there was a risk register in place. This was overseen by the HSE Area team. Within the centre risks were reviewed on a regular basis and records showed they were updated when risks changed. Additional risks had been added to the register relating to the risk of residents and staff contracting COVID-19 and the measures in place to mitigate that risk. Each identified risk was clearly described, the level of risk was set, actions required to reduce the risk were described, and a named person was identified to complete the required actions.

There were also individual risk assessments in place for individuals. Inspectors reviewed a selection of residents' records and identified the consistent use of a range of tools to monitor individual's needs. There was consistent review of residents at risk of malnutrition, pressure areas, change of cognition, for example.

A COVID-19 preparedness assessment had been completed, and was updated in April 2020. It covered a range of areas, and assessed the providers arrangements in place, for example staffing arrangements, management cover, zoning of units and equipment and infection control precautions. Where actions were required named people were identified to address these.

The provider also assessed themselves against the regulations and standards, and created an action plan for improvement if they identified improvements were required.

Judgment: Compliant

## Regulation 27: Infection control

There were formalised arrangements in place to manage the COVID-19 outbreak in the centre. There was an outbreak control team in place. Regular communication was seen in documentation between the centre and public health departments. The HPSC 'Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities' guidance was available in the centre.

The person in charge had ensured that all staff working in the centre had attended the required training in infection prevention and control. Training records showed that a number of staff had attended training in the management of a COVID-19 outbreak.

There were good systems in place to ensure appropriate PPE was available and implemented as required in line with current guidance. Staff were observed donning and doffing PPE and could describe to the inspector the correct sequence for this. Hand hygiene practice and correct use of PPE was good on the day of inspection.

Overall, the centre was clean. There are cleaning processes in place, which was documented in cleaning sign off sheets. Cleaning and cleaning documentation were overseen by a cleaning supervisor. There was no documentary evidence seen by the inspector showing that terminal room cleaning had taken place, once a resident had vacated their room and would not return. Cleaning and nursing staff, who spoke with the inspector were aware of their roles and responsibilities and the cleaning processes needed for terminal cleaning. There were safe laundry and waste management arrangements in place.

Improvements were required with some aspects of infection prevention and control. In one clinical room, the seal behind a hand hygiene sink was not intact to allow for effective cleaning. An intravenous tray had a selection of un-used needles and swabs stored on it, which could lead to cross infection if not cleaned between uses. Sharps boxes did not have the temporary closure mechanism engaged, when they were not in use.

There were inconsistencies in the monitoring of staff temperatures between the units. For example, not all staff on duty had their temperature checked twice daily in line with current guidance. Staff were aware of the local policy to report to their line manager if they became ill. Staff who spoke with the inspectors were aware of atypical presentations of COVID-19 and the need to report promptly to the nurse in charge any changes in residents' baseline measurements. There was a pilot study in place at the reception of the centre, which allows for contactless temperature monitoring for persons entering the centre. This was monitored by the porter before people could enter.

There was appropriate infection prevention and control signs on display around the centre. 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, staff are aware of the infection prevention and control precautions needed when caring for residents. Health and social care professionals supported communication between residents and their loved ones. Social distancing measures were observed in staff rest rooms which were used on a rotation basis.

Management was awaiting a confirmation start date for weekly staff swabbing as directed nationally. This is to take place weekly for four weeks. Swabbing of both residents and staff was in place to align with national guidelines. A number of staff were involved in taking swabs in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning documentation was available for each resident. There were different care plans in place across units. For example, in one unit the inspector observed that only residents with a diagnosis of COVID-19 had care plans relating to the virus. This care plan was standardised and available from a central HSE source. In another unit, personalised non-standardised care plans had been completed and placed into residents' charts

Residents were assessed on admission and regularly afterwards using a good range of evidence-based assessments. Care plans were maintained under regular review, prior to the outbreak. Some care plans had been due for review while the infection was at its peak, and their review had been delayed. All care plans seen were in date and had been reviewed in recent weeks.

As residents had been encouraged to 'cocoon', there was evidence that the centre's own policy of life enrichment – the provision of social and recreational opportunities had been curtailed in line with the guidance. Evidence showed that these activities and opportunities had commenced again and steps were being taken by assigned activity team members to re-introduce activity groups with social distancing in mind. Some tablet computers had been procured and were available on each unit. These were being well used to provide opportunities for stimulation or using the technology to call family and friends.

In their daily interactions, staff were observed to be person centred and to know residents' current health needs and their preferences as expressed in their care plans. Residents' vitals signs and baseline measurements were being monitored several times a day.

Residents' weights were monitored on a regular basis and appropriate monitoring and interventions were in place to ensure residents' nutrition and hydration needs were met. In cases where the resident had lost weight following their illness and prolonged isolation, a proactive approach was now in place to ensure this was appropriately managed by the provider. Residents had been reviewed by the dietetic services and prescribed interventions were seen to be appropriately implemented by staff.

Judgment: Compliant

## Regulation 6: Health care

The inspectors found that residents had access to appropriate medical and allied healthcare support to meet their needs. During the period of time, when the COVID-19 outbreak was at its peak, allied health and social care professionals were re-deployed into roles to provide support at unit level. They had returned to their roles in the week prior to the inspection.

As a contingency arrangement to prevent the spread of infection, there was a



reduction in staff movement throughout the centre. The centre's own medical staff continued to access all units and provide medical care and expertise when required, on a 24/7 basis.

It was generally found that residents who were COVID-19 positive had lost some body weight during their period of isolation; however, all those residents have subsequently had a medical review and were now prescribed dietary supplements. Records showed that residents continued to have access to appropriate treatment and expertise in line with their assessed needs, which included access to consultant in gerontology, psychiatry of later life and palliative services as required.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents reported that they felt safe in the centre and that their rights, choices and wishes were respected. Residents spoken with said they understood the reasons for recent restrictions and why some of their favourite group activities had been suspended. They also reported that they understood why their visitors could not access the units. Some said they had been able to chat with their visitors from their bedroom's balcony or terrace area.

There were facilities in place for recreational activities across each unit. There was access to a courtyard garden from the ground floor of Teach Iosa. Activities on offer to residents were on a one-to-one basis and mostly taking place in their bedrooms.

All residents who spoke with inspectors confirmed that their privacy and dignity was respected by staff, who went to great lengths to ensure they were well looked after. Throughout the inspection, interactions between staff and residents were noted to be positive and kind. Residents commented on the kindness of staff and said that they were very happy living in the centre.

Communication with loved ones had been improved by the procurement of tablet computers on each unit. Residents spoken with said this had been a great benefit to them in recent weeks.

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 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: End of life	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Phoenix Park Community Nursing Units OSV-0000476

Inspection ID: MON-0029663

Date of inspection: 11/06/2020

## 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>Management have standardised the procedures and practices across the PPCNU in relation to staff monitoring:</p> <ul style="list-style-type: none"> <li>• Thermoscan thermometers are situated in the foyer of each building and staff check their temperatures at start and end of each shift. Staff maintain their own records and report to their line manager that they are symptom free. This declaration is reported on Day and Night report for nursing administration.</li> <li>• Staff who have symptoms are advised not to come to work but instead stay at home, contact their GP and organise to be swabbed for Covid 19, as per National Guidelines. Staff do not resume duty until they have a negative swab result and are asymptomatic.</li> <li>• This procedure is reinforced at the IPC meetings and weekly C19 Planning and Recovery meetings.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> <li>• The sink with the broken seal has been identified and a repair docket sent to maintenance department for repair. All other treatment room sinks were checked and seals deemed to be intact.</li> <li>• IPC assistant has visited all wards to check the status of the sharps bins and injection trays. He has re-enforced the message that all sharps bins should have the temporary</li> </ul>	

closure mechanism engaged when not in use and also that injection trays should be emptied after each use to ensure they are properly cleaned. He will carry out an audit for 14 days on both to ensure compliance.

This issue will be discussed at IPC meetings and be a standing item on the CNM meeting's agenda.

- The Contract Cleaning company ( DC) have devised a new checklist, Terminal Deep Clean Checklist, which must be completed when a room is vacated or a resident passes away.
- Staff swabbing continues every fortnight at present as per National Guidelines, these swabs are taken by trained staff. Residents are swabbed as soon as they are identified as suspect cases.

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	28/09/2020
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	19/10/2020