



**Health  
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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:	Sullivan Centre
Name of provider:	Health Service Executive
Address of centre:	Cathedral Road, Cavan
Type of inspection:	Short Notice Announced
Date of inspection:	16 February 2021
Centre ID:	OSV-0000494
Fieldwork ID:	MON-0031201

## About the designated centre

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

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

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

Number of residents on the date of inspection:	17
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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
Tuesday 16 February 2021	09:00hrs to 17:30hrs	Manuela Cristea	Lead

## What residents told us and what inspectors observed

Overall, the findings of this inspection are that residents accommodated in the centre were well-cared for and well looked after by a committed and dedicated team, who worked very hard to keep the residents safe and healthy. Although the provider had made great efforts to create a safe and dementia-friendly environment further improvements were required in respect of governance and management oversight, staff supervision, premises, infection prevention and control and fire safety, which were all important to ensure residents' safety. Furthermore, a review of residents' activities was needed to ensure that a focus on safety did not have a negative impact on residents' quality of life and that their experience of living in the designated centre remained positive throughout the restrictions brought on by the pandemic.

The centre had remained COVID-19 free throughout the pandemic and the residents and staff had received both vaccinations to offer them protection against the virus. All 17 residents living in the centre were mobile and had a diagnosis of dementia. As a result they were extremely vulnerable to the COVID-19 virus and the risk of transmission was very high. There was a very high uptake of COVID-19 vaccinations among staff and residents, and the centre had been awarded a prize for achieving the 3rd highest uptake of COVID-19 vaccine at national level. Staff described the day when residents received their second vaccinations as 'wonderful', 'joyous day', and that after what seemed like very long ten months, they could finally breathe a sigh of relief.

Staff and management were proud and greatly comforted that they have managed to keep the residents safe throughout the past year, especially as the rates of transmission in the local community were very high. They described the sacrifices they had made in their personal lives limiting their movements and how they took no risks whatsoever, as they feared the devastating impact on the residents. One staff member described how their practice had hanged, and that they were extremely vigilant to any signs and symptoms. While in the past they would have still presented to work with a slight cough or headache and 'work through it', now they no longer took any chances.

Staff described their experience of working over the past year as 'being on the edge all the time', and 'awfully difficult' to keep the residents isolated. Staff demonstrated real empathy when they described some of the challenges they faced: 'it's very hard not to touch the residents because you don't want them to feel isolated', and especially as touching was comforting and such an important communication tool in caring for people with dementia. Cocooning the residents or trying to keep them apart to maintain social distance was also an impossibility, as the residents would become very agitated and could not understand the risk of infection. It was evident that staff felt a huge burden of responsibility and were committed to keeping the residents safe.

Due to their diagnosis of dementia, not all residents were able to communicate their needs. None of the residents who communicated with the inspector appeared to have an insight into the COVID-19 pandemic, and as a result they were unable to verbalise their concerns in this respect. Residents looked well-cared for and staff reported that there had not been an increase in responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) as a result of the pandemic.

The inspector spoke with seven residents in the centre and took time observing how the residents spent their day, how they interacted with staff and each other, the mealtime experience and participation in meaningful activities. The inspector observed that most residents appeared relaxed and comfortable in the centre. However, improvements were required to ensure that each resident had a rich and varied programme of stimulating activities to keep them engaged and occupied and prevent social isolation especially at a time of visiting restrictions due to national lockdown.

To minimise the risk of transmission and cross-infection, the centre had been divided into two units, and staff and residents were separated into two teams. This was a good arrangement in line with the public health 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*). However, the inspector observed that as a result of this, one group of residents did not have access to the same levels of activities and stimulation as the other side. Because these residents had higher dependency levels, the focus on this side was more on supervision, preventing falls, assistance with meals and personal care. Although the communications between staff and residents were noted to be person-centred in that staff knew the residents well and their personal histories, the inspector observed that activities on this side were much more low stimulation such as watching TV and interactions were mainly task-oriented. There was no formal activity programme in place and opportunities to go out for fresh air were dependent on staff availability.

Several staff who communicated with inspector also felt that residents could benefit from further activities and stimulation, and said that they did not always have the time to do so as the day was very busy. There was no planned activity schedule in place and the inspector was informed that activities were happening each day in an ad-hoc manner, whenever staff had time. Further review and enhanced management oversight and supervision was required to ensure local policies, including cleaning, were fully implemented and that a schedule of activities was in place to give the residents something to look forward to.

In the afternoon, the inspector observed a group of residents and staff engaged in a game of throwing balls into hats. The game generated plenty of laughter and healthy competitive spirit between the residents. Staff were observed to be supportive and encouraging. Some residents who were observing the game were gently encouraged to participate, and if they declined, their wish was respected by

staff.

Residents looked neatly groomed and well-dressed, and with a few exceptions they appeared content and had positive and trusting relations with staff. The ladies in particular benefited from accessing hairdresser services on the unit. One lady was very pleased and proudly showed the inspector her newly set and freshly coloured hair and was very satisfied with the outcome. When one resident became visibly distressed and upset because they thought they were missing an item of clothing, staff responded empathetically and took time reassuring the resident.

A number of residents were very actively walking with purpose and staff were observed implementing redirection and gentle diversion in a kind and person-centred manner. Residents were not obstructed, however the doors to the safe internal garden were locked, which meant that access to the outdoor space was dependent on staff availability to supervise the residents.

Despite the communication impairments, all residents who spoke or engaged with the inspector conveyed a message that they were satisfied with the staff, and how they were being looked after. Residents appeared relaxed in the presence of staff and made positive comments about staff being their 'good friends'. When the inspector asked whether they missed the families, three residents responded that they see them regularly, or that they talk every day on the phone. The person in charge confirmed that window visits had been facilitated throughout the pandemic, however on the day of inspection the inspector did not get the opportunity to meet any relatives. The centre was a ground floor building and the layout of the centre permitted safe window visits without the need to enter the centre.

There had been no residents' meetings or consultation forum since the beginning of the pandemic. Although the level of complaints in the centre was very low, improvements were required to ensure feedback from families was sought in a formal and regular manner and to ensure they could advocate on behalf of their loved ones for improvements in service if required, especially during this time of restricted visiting.

The inspector observed residents' mealtime experience on both units. It was Pancake Tuesday. The atmosphere was calm and relaxed and residents were provided with a varied choice of food and drinks which included pancakes and cappuccinos, as a treat. Staff were available to supervise and assistance was offered in a dignified and unhurried manner. Staff sat down with residents and provided gentle encouragement.

The inspector observed great improvements in the decoration of the premises since the last inspection, and it was evident that the provider was making efforts to create a warm and stimulating environment for the benefit of the residents. Walls had been decorated with colourful wall paper, and along the corridors there were many points of interest to provide residents with sensory stimulation. The building was largely clean and well-maintained. However, a number of areas were worn and in need of refurbishment and as a result did not support good cleaning practices, particularly in staff areas. Further improvements required are detailed under regulations 17 and

27.

The centre had a beautifully landscaped and appropriately furnished internal garden that was accessible from various points in the building. There was a hen pen in the internal garden and residents could enjoy watching the hen roaming around freely. The inspector was informed that the paths in the internal garden required to be cleaned so that residents could access it safely. A second secure garden was available to the side of the building, and the provider had put in place newly laid out paths so that residents could mobilise safely. However, despite being a beautiful sunny day, all the garden doors were closed, and staff reported that residents tended to go out in the garden more in the summer months. This practice required review as residents should be supported to access the outside space on a regular basis.

The provider was making efforts to maintain residents integrated in the local community, however the ongoing visiting restrictions posed great challenges. For example, in association with the local council, the provider had obtained funding and enrolled in a community art project involving the residents, which had to be postponed as a result of the pandemic.

The specific findings of the inspection and the identified areas of improvement are detailed in the report below.

## Capacity and capability

This was a short-announced risk inspection for the purpose of registration renewal and to assess centre's compliance with the regulations and preparedness for COVID-19. There had been one unsolicited information received in respect of the centre since the last inspection, which had been followed up by the provider. The inspector reviewed the action plan from the last inspection and found that it had been completed, however additional opportunities for improvement were identified on this inspection, specifically in respect of staff supervision and oversight, policies and procedure and governance and management.

The registered provider was the Health Service Executive (HSE). There was a clear management structure in place, and staff were familiar with the reporting lines of authority and accountability. The person in charge, who was the assistant director of nursing, was supported in her operational role by a clinical nurse manager and the wider nursing, care and catering team. There was good evidence that the director of nursing and the registered provider representative were actively involved in the centre and visited the centre regularly. They were both present on the day and at the feedback meeting.

While there were some good governance and managements arrangements in the centre, further improvements were required to ensure there was appropriate oversight and supervision of staff practices, and that the management systems in

the centre were sufficiently robust. For example, that the auditing systems in place was followed with comprehensive and robust action plans for any identified areas of improvement.

The provider and person in charge had been proactive in relation to the challenges posed by a COVID-19 outbreak. The clinical nurse manager was appointed the dedicated COVID-19 lead for the centre, and they had access to additional infection prevention and control expertise if required. A comprehensive contingency plan had been put in place to minimise the risk of residents or staff contracting a COVID-19 infection. The plan also set out actions and to ensure the safety, care and welfare of residents in the event of a COVID-19 outbreak. The centre was divided into two zones, with separate staffing in each zone. Necessary guidance documents and emergency supplies had been sourced by the provider. The provider had made contact with support groups, including Public Health and had access to HSE/Health Protection and Surveillance Centre (HPSC) guidelines.

Adequate numbers of staff had been employed and contingency staffing arrangements were in place to ensure that residents' needs would be met in the event of an outbreak. The staff turnover levels were low, which ensured that residents enjoyed good continuity of care. There was one staffing vacancy at the time of inspection, and the provider relied on regular agency staff to fill in any gaps in the roster. These staff were familiar with the centre and residents' needs and arrangements were in place to ensure they did not work anywhere else.

The number and skill mix of staff working in the centre on a daily basis was appropriate to meet the assessed needs of the residents. However, as a result of dividing the centre into two sides, not all residents had access to the same level of activities and social engagement and without an activities plan in place, the inspector was not assured that activities took place on a regular basis. This is being addressed under Regulation 8 Rights.

Staff had completed the necessary training specific to their role, however enhanced supervision was required to ensure any new processes introduced were appropriately overseen and implemented, as further detailed under Regulation 16. Nevertheless, there was good oversight of hand hygiene practices, and random spot checks were carried out daily using a glow-box to check and reinforce the importance of hand hygiene among staff.

A suite of local policies were in place to guide staff in the provision of care, however some of these required to be further developed.

## Regulation 15: Staffing

The provider and the person in charge had taken appropriate steps to ensure adequate staffing levels were available to meet the current needs of residents and to provide safe care in the event of a COVID-19 outbreak. Records were available to evidence that staff confirmed that they were symptom free and their temperatures

were monitored twice during each shift.

There was a minimum of one registered nurse on duty at all times. In addition to the clinical nurse manager, there were two staff nurses and a minimum of five healthcare assistants providing direct care to the 17 residents on a daily basis. In addition, two cleaning staff were rostered each day working on each side. On occasions a third cleaning staff was scheduled to support with the deep cleaning. One staff was dedicated to laundry duties on a Monday to Friday basis.

Records showed that staff had been vetted by An Garda Siochana prior to commencing the service.

Judgment: Compliant

### Regulation 16: Training and staff development

There was documentary evidence that all staff attended mandatory training within the past 24 months. In addition staff had completed relevant training in dementia care and responsive behaviours. As a result of the pandemic, relevant online training had been made available to staff in addition to the practical courses, to ensure they had the appropriate skills and knowledge in infection prevention and control.

A system of induction was in place for new staff joining the service. The inspector observed the daily safety pause break, where staff from all departments were provided with updates in respect of residents, infection control protocols, safety checks or any new updates in guidance.

The supervision and oversight of staff practices in the centre however required to be strengthened to ensure the daily and weekly cleaning was carried out in line with local policy. For example, the weekly cleaning schedules had not been appropriately completed and carried out; in one instance the inspector observed that a toilet had not been appropriately cleaned, despite being signed off as completed.

Staff had access to relevant regulations and standards and the current guidance by the Health Protection Surveillance Centre (HPSC) or HSE in relation to COVID-19. Staff had appropriate qualifications for their role, and all nurses had active registration with the Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Substantially compliant

### Regulation 23: Governance and management

The provider and the person in charge had been proactive in relation to the challenges posed by the pandemic. While no outbreak of COVID-19 had been

declared in the centre, the registered provider had failed to notify the Chief Inspector of two occasions where staff had tested positive for the COVID-19 virus at the serial testing of all staff. The inspector was satisfied that this oversight had been a notification failure and that the situation had been appropriately managed by the provider in collaboration with the local department for public health.

The centre was appropriately resourced to meet the needs of the residents and there were established reporting lines in place. The deployment of resources was informed by an ongoing assessment of residents' dependency levels and identified needs. Staffing vacancies were well-managed.

The clinical nurse manager completed clinical audits of various aspects of nursing care on a monthly basis, and the results were communicated to staff. The nursing metrics records showed ongoing improvement in areas identified. However not all audits were consistently followed up with SMART (specific, measurable, achievable, realistic and time-bound) action plans to mitigate the findings. This was necessary in order to drive improvements and demonstrate appropriate oversight of service. For example, recent environmental audits had identified a need for enhanced cleaning. A new system of cleaning records had been put in place, however it had not been accompanied by appropriate training and supervision to ensure it was implemented in practice. In addition, there had been no follow up audit to measure and identify whether the newly introduced system was effective.

The self-assessment questionnaire in respect of infection prevention and control had not identified any areas for improvement. This did not correspond with the findings of this inspection and the centres' own environmental audit.

An annual review for 2020 was in place.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The complaints procedure was clearly displayed and contained all information as required by the Regulations including the name of the complaints officer, the nominated overseer, the right to appeal and contact information for the Office of the Ombudsman. The complaints policy required to be strengthened to ensure it was sufficiently detailed to inform the process, as discussed under Regulation 4.

Overall, the inspector was satisfied that complaints were managed in line with the centre's complaints procedure. The number of complaints in the centre was low and there were no open complaints at the time of inspection.

The inspector reviewed the complaints log and found that four out of the five complaints received in 2020 had been appropriately managed. The records in respect of one complaint were incomplete and the provider submitted the completed record after the inspection. The inspector was satisfied that each complaint had

been appropriately investigated and responded to and included complainants' satisfaction or not with the outcome.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Policies and procedures were in place as set out in Schedule 5. All policies were centre specific and had been reviewed in the last three years, in line with regulatory requirements. Relevant policies had been updated to reflect up-to-date guidance by the Health Surveillance Centre (HPSC) in relation to COVID-19.

However, the inspector found that not all policies were sufficiently detailed and robust to effectively guide staff practice when supporting the residents and ensure safe operation of services. For example the Complaints Policy and the Risk Management Policy required review.

Judgment: Substantially compliant

#### Quality and safety

Overall, the health and nursing needs of the residents were consistently met to a very good standard in the centre as demonstrated by the inspectors' observations on the day. The provider had made significant improvements since the last inspection in their efforts to create a warm and stimulating environment for the residents and further works were planned to install an additional shower room by September 2021. Nevertheless, this inspection identified the need for further improvements in respect of residents' rights, storage, fire safety and infection prevention and control.

Resident observations were recorded daily, as part of the clinical oversight arrangements in the centre to ensure that any potential symptoms of COVID-19 were detected at the earliest opportunity. Nursing documentation reviewed indicated that residents needs had been assessed using validated tools and that up-to-date care plans were in place reflecting residents needs. The sample of care plans reviewed by the inspector provided good assurances that a high standard of nursing care was provided to the residents.

Any incidents such as falls, wounds, weight loss and responsive behaviours were appropriately monitored and managed with the support from relevant healthcare professionals such as the general practitioner (GP), physiotherapists, dietitian, occupational therapists, speech and language therapist, psychiatry of old age and palliative services, as required. There were no bedrails in use at the time of

inspection, no pressure sores and none of the residents was actively losing weight. Where a resident sustained a fall, a post-fall review and assessment was completed to identify any other risk factors and to put in place enhanced controls to prevent further falls.

The provider demonstrated a proactive approach to managing risk in the centre with measures in place to ensure residents health and safety needs were met.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. Medication management practices were reviewed and found to be safe.

The provider had taken appropriate steps to ensure that residents were separated into pods or unit groups and the centre had been divided into a male and female side. This was done to minimise the risk of widespread transmission in the event of a COVID-19 outbreak. However the measures taken to safeguard all the residents from COVID-19 had impacted on the quality of life for one group of residents. The inspector found that the diversional activity support was mainly concentrated on the female side, which accommodated 11 residents. This meant that the male residents did not have the same access and opportunity to meaningful activities during these times. Furthermore, there was no pre-planned programme of activities for the week or month ahead for the residents. Activity care plans were developed for residents upon admission to the centre, and were reviewed at regular intervals. Records were maintained in relation to residents' participation in activities, however a number of records reviewed referenced to a lot of passive activities such as listening to radio, watching television, listening to music. This was particularly evident for the male side, which was the unit with higher dependency levels.

The inspector observed that staff worked at a pace which created a relaxed atmosphere and interactions between staff and residents were friendly and person-centred. Staff knew the residents well. Residents were offered choice in relation to aspects of their daily life and they had a variety of rooms available to them, to facilitate them to move around and sit in a place of their choice with company of their choosing.

Infection prevention and control practices in the centre were good, although some improvements were required as detailed under Regulation 27. Inspector observed staff wearing facemasks at all times, cleaning their hands regularly and adhering to 'bare below elbow' guidelines. Safety champions had been appointed and a dedicated role was assigned each day to oversee staff practices in respect of mask wearing. There were bi-monthly meetings of Infection prevention and control committee and the health and safety group met regularly.

The designated centre was largely clean, however the environmental hygiene could be improved as some areas appeared dusty. There was enhanced cleaning of frequently touched surfaces to prevent the spread of any potential infection. A flat-

mop system was in place and staff used disposable cloths to clean each room. Increased supervision of cleaning practices was required, to ensure deep cleaning took place in accordance with the weekly schedules. Furthermore, improvements were required in the management of equipment hygiene needs; for example the inspector observed an unclean wheelchair in a communal area.

The inspector observed many good practices in relation to fire precautions in the centre and all escape routes and exits were noted to be free from obstruction. There was evidence of regular review of residents' personal emergency evacuation plans, and the fire equipment had been serviced on a regular basis. However some improvements were required as detailed under regulation 28, specifically in respect of the evacuation procedure and the fire evacuation drills.

## Regulation 17: Premises

Accommodation was provided in 21 single bedrooms, two of which had toilet en-suite facility. There were three communal assisted showers in the centre. However, given the design and layout of the centre the location of those showers did not ensure that a minimum of one shower to eight residents was available, located in the immediate vicinity of residents' bedroom. The inspector was satisfied that the provider had a concrete plan in place and works had already commenced to convert one existing bedroom into an additional shower facility.

The decor throughout the centre was appropriate to meet the needs of residents with dementia, and a sample of residents' bedrooms seen by the inspector were personalised with photographs, pictures and ornaments to create a comfortable and homely environment.

The inspector found the centre was largely clean and, with few exceptions, maintained in a good state of repair internally and externally. There was an ongoing programme of maintenance in the centre, however improvements were required in the following areas:

- The storage facilities available in the centre required review as one unit did not have a dedicated storage area, resulting in inappropriate practices (exposed trolleys on corridor or storage in the assisted bathroom)
- The floor covering in some areas was damaged and it did not support effective cleaning. For example in the staffing quarters or the treatment room.
- The sluice facility did not have a drying rack.
- The paths in the internal garden required to be regularly cleaned and appropriately maintained so that the residents could safely access the outdoor space at any time.
- There was dampness and water damage on the walls in one area of the centre- the inspector was satisfied that a planned refurbishment of that area was in place and investigative maintenance works had been completed to

identify and address the issue.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was good management and oversight of risk in the centre and the risk register included environmental, clinical and COVID-19 related risks and the control measures to mitigate the risks identified.

The health and safety of residents, staff and visitors was promoted and protected. An up to date safety statement was available. The residential service had policies, procedures and arrangements in place to manage risk and protect residents from the risk of harm. The centre maintained a risk register setting out hazards identified in the centre and the control measures in place to minimise associated risk. Health and safety issues and risks were escalated to the registered provider representative when they occurred and discussed at management and the health and safety committee meetings.

Judgment: Compliant

### Regulation 27: Infection control

The infection prevention and control policy was informed by the latest public health guidance and included COVID-19 precautions (*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*). There were enhanced arrangements regarding infection control as set out in the contingency plans developed by the provider.

The management team demonstrated a good awareness of the statutory guidance specific to COVID-19 and demonstrated knowledge of key messages in this guidance. Specific risks had been appropriately mitigated. For example, each staff carried alcohol hand rub on themselves, and were observed to use it appropriately. This practice was implemented in an effort to reduce the risks of residents' inappropriately accessing wall-mounted alcohol gel. All staff wore facemasks at all times and practices were heavily scrutinised.

Staff had access to HSE-Land training and they had practical training in hand hygiene and donning and doffing of personal protective equipment (PPE). The provider had a system in place to ensure adequate supplies of masks, PPE, disinfectant, hand hygiene products, tissues and cleaning products were in place.

While the inspector observed numerous examples of good practice throughout the

centre, the following areas required improvement:

- Cleaning and decontamination of residents' equipment required to be improved upon; for example, inspector observed a dirty wheelchair in one of the dining rooms and a stained toilet seat in a bathroom signed off as clean.
- Enhanced environmental cleaning was required as some areas were noted to be dusty or cluttered.
- Enhanced oversight of cleaning practices and relevant documentation was needed to ensure the staff implemented the local cleaning policy (for example the daily and weekly cleaning schedules).
- The storage areas in the centre required full review to ensure appropriate segregation processes were in place; the use of exposed linen trolleys on the corridors or bathrooms posed a risk of cross-infection as residents were mobile.
- A review of the drying processes was needed and enhanced signage was required in the laundry and linen facility to support a one-way system.
- Not all surfaces and finishings supported effective cleaning practices
- A review of the cleaning solutions was required as several sinks were noted to be stained as a result of their use

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Fire safety management checking procedures were in place and no gaps were observed in these records. All residents' bedroom doors were fitted with self-closing devices. Servicing of the fire panel, alarm, emergency lighting, directional signage and smoke/heat sensor equipment had been completed. Documentation reviewed confirmed they were in working order.

While the fire safety arrangements in the centre were of a good standards and staff had attended the mandatory fire training further improvements were required as follows:

- The map illustrating the centre's evacuation routes was not prominently displayed in the centre to assist orientation in the event of fire.
- There had been only one fire evacuation drill completed in 2020 with night time staffing levels. The record showed a satisfactory evacuation time, however it did not contain sufficient detail to meaningfully identify opportunities for learning. Further and more frequent fire evacuation drills were required to ensure staff had the necessary competencies and skills to fully evacuate all residents within one compartment in the event of fire.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector followed up on issues identified on the previous inspection and found that robust systems had been put in place to oversee medication prescribing, administration, dispensing and storage practices in the centre and ensure regulatory compliance. The inspector reviewed a small sample of medication charts and observed administration practices on the day. Crushed medication was appropriately documented and when PRN (as required) medications were prescribed, the maximum dosage was stated.

Medication error incidents were appropriately reported and reviewed to prevent further occurrences. Storage and disposal of medication was found to be safe.

Judgment: Compliant

## Regulation 5: Individual assessment and care plan

The centre had a computerised care planning system. Residents had a comprehensive nursing assessment on admission and care plans were developed within 48 hours, which were informed by these assessments. Care plans were reviewed at least four monthly or sooner if residents' condition changed. A one page 'care at a glance' care plan had also been implemented to support any new staff to know residents' needs, especially for those who were unable to express these needs.

The inspector reviewed a sample of five residents' care plans. Clinical risks such as malnutrition, falls and pressure sores were assessed and appropriate care plans put in place to mitigate the risks. There were no residents with pressure sores and residents at risk were provided with pressure relieving mattresses and cushions. The inspector followed up on a resident who had a wound which was healing and found that the wound assessments and management plan were in line with evidence-based practice, and the regular turns were completed and signed by staff in line with the care plan. Residents had access to specialist tissue viability advice which was reflected in the care plan. The resident was also taking prescribed oral nutritional supplements to aid healing.

There was evidence that the residents or their relatives were involved in formulating their care plans. Any changes in residents' condition was immediately communicated to their families and record showed evidence of consultation in respect of the plan of care.

Judgment: Compliant

## Regulation 6: Health care

Residents had very good access to medical and allied health care services. Residents' general practitioners (GPs) made regular visits three times a week and physically reviewed the residents as needed. Although not actively involved with supporting any residents in the centre at the time of this inspection, links with the community palliative care team were established and their expertise was sought for residents as appropriate.

Staff were aware of atypical symptoms of COVID-19, and residents were monitored for symptoms on an ongoing basis, with records showing twice daily temperature checks in place.

Judgment: Compliant

## Regulation 8: Protection

The provider was implementing the national policy on Safeguarding Vulnerable Persons at Risk of Abuse and was taking all reasonable precautions to protect the residents. The inspector reviewed a small number of incidents between the residents which had been notified to the inspectorate and other relevant authorities, and found that they had been appropriately followed up by the provider.

In their discussion with the inspector, staff demonstrated good understanding and knowledge of what to do in the event of suspecting abuse. They had all completed training in safeguarding vulnerable adults and were familiar with the policy and procedures to report.

The provider acted as a pension-agent for seven residents living in the centre and a separate account was in place to safeguard residents' finances.

The inspector reviewed a sample of staff files and noted that safeguarding measures such as An Garda Síochána vetting were in place, prior to commencing employment.

Judgment: Compliant

## Regulation 9: Residents' rights

Residents had access to information and news, radio, television and Wi-Fi were available. Residents were supported to use telephones and video calls to keep in contact with friends and family particularly when the visiting restrictions were in place. While attendance to religious services could not take place due to national

restrictions, residents could access Mass on television, and were observed watching the 11 o'clock service.

Staff knew the residents well and were observed to interact with them in a person-centred manner.

There was one activity coordinator working full-time in the centre, however their role was split between the provision of personal care and activities. Since the centre had been divided into two units, the inspector was informed that the activity coordinator was mainly dedicated to one side. There was no pre-planned schedule of activities in place, and as a result the inspector was not assured that each resident had access to and opportunities for daily activities. Specifically, on the side where residents had higher dependency needs there were reduced opportunities for stimulation, with main focus on supervision and assistance with activities of daily living. This was also confirmed by staff. Regular access to fresh air needed to be considered in residents' activities of daily living and residents should be supported to access outside space on a regular basis.

Residents' privacy and dignity needs were largely respected. During the walkaround in the centre, the inspector found that a residents' en-suite bathroom was also accessible from a communal area and observed another resident using it. This arrangement required review to ensure residents' privacy needs were not adversely impacted, and that effective controls were in place from an infection prevention perspective.

Residents had access to advocacy services, however there had been no formal residents' forum meetings since the beginning of the pandemic. The last meeting, which was also attended by residents' advocate, took place on 14 February 2020. There was evidence of consultation and seeking residents' and families feedback in the past with surveys and questionnaires used to appraise residents' experience. However, this had been put on hold since the beginning of the COVID-19 restrictions and needed to be resumed, especially at times of increased limitations and restrictions.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Sullivan Centre OSV-0000494

Inspection ID: MON-0031201

Date of inspection: 16/02/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The supervision and oversight of staff practices in relation to the daily and weekly cleaning schedules is now being monitored closely by the Clinical Nurse Manager<sup>2</sup>, using the MEG Hygiene Audit Tool. Action Plans are drawn up using the data from the MEG Audit and time frames for achieving targets are agreed in advance. Records of same are maintained in the Clinical Nurse Managers Office and are available for the Inspector on request.</p>	
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>All audits are now followed up with specific, measurable, achievable, realistic and time-bound action plans to mitigate the findings of these Audits. The Clinical Nurse Manager has oversight for these action plans and maintains records of actions required and completion dates. The new cleaning records for the Centre have now been explained in detail to all cleaning staff working in the Centre and adherence to same is monitored by the Clinical Nurse Manager. The weekly MEG Audit carried out in the Centre measures the quality improvement and effectiveness of the new schedule. The self-assessment questionnaire in respect of infection prevention and control has been reviewed by the Person in Charge and it now identifies the areas for improvement and Actions Plans have been drawn up using SMART to ensure compliance with the Self-Assessment.</p>	

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> <p>The Complaints Policy and the Risk Management Policy have been reviewed by the Person in Charge and the Director of Nursing / Person Participating in Management to ensure effective guidance for staff practice to ensure the safe operation of services in the Centre.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A store press is now available on the Male Unit to store Clean Linen and incontinence wear for residents.</p> <p>A closed-in trolley is currently being sourced for use in the Centre.</p> <p>New floor covering is being fitted in the staff canteen and restroom and also in the Clinical Room week commencing 12th April 2021.</p> <p>An appropriate dry rack for urinals has been ordered for the Centre.</p> <p>The pathway and walls in the internal garden have been power-washed and will be maintained as part of the ongoing maintenance plan for the Centre.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A Cleaning Schedule of all resident equipment is now in place in the Centre and this is signed by staff. Records of same are available for Inspector on request.</p> <p>The supervision and oversight of staff practices in relation to the daily and weekly</p>	

cleaning schedules is now being monitored closely by the Clinical Nurse Manager<sup>2</sup>, using the MEG Hygiene Audit Tool. Action Plans are drawn up using the data from the MEG Audit and time frames for achieving targets are agreed in advance. Records of same are maintained in the Clinical Nurse Managers Office and are available for the Inspector on request.

A store press is now available on the Male Unit to store Clean Linen and incontinence wear for residents.

A closed-in trolley is currently being sourced for use in the Centre.

New floor covering is being fitted in the staff canteen and restroom and also in the Clinical Room week commencing 12th April 2021.

A sample of the cleaning solution for the sinks was taken by the Engineer and HSE Estates and is currently being reviewed. Maintenance Manager has suggested that this may be as a result of the silver and copper plates which have been installed to prevent Legionella, however, further investigations are underway.

Resident's woolens / delicate clothing not suitable for tumble drying is now going out to local Laundrette.

Signage is now in place for the Laundry and Sluice Facilities.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: An updated, clearly legible Fire Evacuation Map has been posted in the Centre and has been brought to the attention of all staff working in the Centre.

The Clinical Nurse Manager now carries out Local Fire Drills reflecting night time staffing levels on a monthly basis. Records of same are maintained in the Clinical Nurse Managers Office and clearly identify all learning.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights: There is now a pre-planned schedule of activities in place in the Centre which ensures that each resident has access to and opportunities for daily activities.

## 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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/04/2021
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.	Substantially Compliant	Yellow	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	30/04/2021
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	30/04/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/04/2021
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	31/03/2021
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	Substantially Compliant	Yellow	30/04/2021

	not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	16/04/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	16/04/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	16/04/2021