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:	Sullivan Centre
Name of provider:	Health Service Executive
Address of centre:	Cathedral Road, Cavan
Type of inspection:	Unannounced
Date of inspection:	19 May 2022
Centre ID:	OSV-0000494
Fieldwork ID:	MON-0035524

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:	20

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 May 2022	10:15hrs to 17:00hrs	Catherine Rose Connolly Gargan	Lead
Thursday 19 May 2022	10:15hrs to 17:00hrs	Kathryn Hanly	Support

What residents told us and what inspectors observed

Inspectors found that residents living in this designated centre did not enjoy a good quality of life and were not facilitated to live the best life that they could. Overall, inspectors observed an unacceptable institutional approach to care. Residents' quality of life and their rights were impacted by the unnecessary segregation of male and female residents, unacceptable restrictions on the movement of residents, limited opportunities for residents to engage in meaningful social activities and a physical premises that had limited comfort and personalisation. Inspectors observed that interactions by staff with residents were predominantly focused on providing care interventions and there was limited evidence of person-centred interactions and conversations with residents. A small number of residents who spoke with the inspectors expressed their satisfaction with the service they received. However a greater number of residents did not engage either with the inspectors or with each other and their engagement with staff was largely around care interventions and medications.

The inspectors observed that staff did not identify that some residents were experiencing responsive behaviours (How residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff appeared to accept that the behaviours residents were exhibiting were 'usual behaviours' for these residents. As a result, these residents were not adequately supported by staff and their distress escalated. For example, the inspectors observed one resident repeatedly trying to open a locked corridor door with a trolley and another resident repeatedly struggling to open the locked door to the secure garden at the side of the premises. Although the inspectors alerted staff to one of these incidents, no staff intervention was observed to take place to support this resident and the resident's anxieties and distress increased. The two residents told inspectors that they were 'locked in' and couldn't 'get outside'.

A schedule of daily activities was not available for the inspectors to review what was on offer for the residents each day and there was no member of staff with overall responsibility for coordinating residents' social activities. On the day of the inspection, apart from one session of chair exercises no other one-to-one or group activities took place. Outside of mealtimes and visits by relatives, most of the residents were observed to spend their day in the sitting rooms with the television on. The inspectors were told that residents were facilitated to attend a remote church service which was streamed on one of the televisions. The person in charge told inspectors that she was organising a Mass for the residents on-site in the coming weeks. Some residents liked to read the local newspaper published each week and were happy to discuss local items and news with staff and inspectors.

One resident, who liked to remain active, was facilitated to keep busy with a safe lawnmower and a replica cleaning trolley. This resident was busy with helping a member of the household staff with placing signage to advise that cleaning was in

progress. It was clear that the resident was enjoying being busy with what they were doing.

Residents' accommodation in the designated centre was arranged on ground floor level around a central garden. The centre was sub-divided into two separate units by means of key code locked doors with male and female residents separated into segregated single sex units. The extent of the segregation was such that there was little or no interactions between the male and female residents. In addition, such segregation significantly reduced the opportunities for socialisation between residents.

Inspectors observed other unacceptable restrictive practices in place which significantly impacted on residents freedom, choice and which were not indicative of person centered care. For example,

- Residents had little choice of where to sit during the day with only a communal sitting room in each unit.
- Dining rooms available on each unit were kept locked outside of mealtimes.
- The inspectors observed that the dining room on the male side was also locked when residents were in this room eating their meals. Staff informed the inspectors that this practice was in place to motivate residents to remain in the dining room and to encourage them with focusing on eating their meals. This level of restrictive practice was not appropriate and did not reflect the needs of the current residents.
- The majority of residents' bedrooms were kept locked throughout the day from when residents left them in the morning. This meant that residents could not return to their bedroom, if they wished to do so during the day without a member of staff to open their bedroom door for them. This was an overly restrictive practice for which, staff were unable to provide a clear rationale.
- Communal toilets/showers on each unit were locked and inaccessible to residents without a member of staff to open the key code locks on them. Again this practice was overly restrictive and staff were unable to give a clear reason why the toilets were kept locked.
- A conservatory sitting room on the male unit was locked throughout the day of the inspection and no residents were able to independently access this room. During the day of the inspection, no residents were observed using this room. This was a particular issue because the only other quiet seating area for residents in this unit was wooden seating located along one of the circulating corridors on the female unit.

Inspectors also found that there were missed opportunities for the provider to create a comfortable home for residents and that the following issues contributed to an institutional feel to the centre.

- The circulating corridors in the centre were bright with natural light from the large windows and some walls along the corridors had sections of wallpaper with various designs as points of interest for residents, the other walls were painted a neutral colour and lacked points of interest which would help

residents to navigate around the units. Some residents were observed walking along the corridors with purpose but a small number of residents appeared disorientated and were trying to find a way out of the unit.
- Only a small number of residents' bedrooms were personalised with their photographs and other items.

The inspectors observed that the central garden was interesting and colourful and had been designed designed in consultation with residents, however access was again restricted to the garden and as a result this pleasant outside area was under utilised by residents. Colourful murals painted on the surrounding walls reflected some of the residents' interests and past occupations. For example, dancing and farming. Safe pathways were provided through the garden in addition to outdoor seating on a decking area and flower beds with shrubs and flowers coming into bloom. A second spacious garden was provided on one side of the building and was secured with a decorative iron railing around its perimeter. This garden had a glasshouse for residents' use but none of the residents were observed in it. Pots and trays of colourful bedding plants surrounded the glasshouse ready for replanting. The person in charge told the inspectors that she planned that residents would be involved in arranging them in window boxes for the centre. However, a time frame for this activity had not been established. Inspectors noted that passing traffic on a busy road outside this garden was very noisy and the person in charge acknowledged that noise from passing traffic had increased with recent removal of hedging and trees on the garden perimeter. Some residents were observed by the inspectors to spent time with their visitors in the internal garden.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This inspection found that management and oversight of the service was not effective and the quality assurance processes in place did not ensure that the service was safe, appropriate and met the needs of the residents. As a result the inspectors found that there was a culture of restrictive practices and daily routines that were negatively impacting on the lives of the residents. The provider was required to take urgent action following this inspection to ensure residents' rights were respected and that their quality of life was optimised.

The provider had completed four of the ten actions in their compliance plan from the last inspection in February 2021. Although, the occupancy of the centre was reduced to provide sufficient toilet and shower facilities for residents, maintenance of the internal environment and upgrade of storage rooms had not been adequately addressed to bring the centre into compliance.

The registered provider of this designated centre is the Health Service Executive

(HSE), and a service manager was assigned to represent the provider. As a national provider involved in operating residential services for older people, Sullivan Centre benefits from access to and support from centralised departments such as human resources, information technology, staff training and finance. The person in charge changed in July 2021 and the new person in charge meets regulatory requirements. The person in charge had senior clinical support from a regional director of nursing and a clinical nurse manager locally who assisted her with auditing, staff supervision and staff training. The assistant director of nursing deputises during leave by the person in charge.

The number and skill mix of staff working in the centre on a daily basis was adequate, however, as a result of dividing the centre into two distinct units with a separate allocation of staff each day to each unit, the staff resource was not being used effectively. For example, the inspectors found that most staff-resident interactions were related to care interventions and were not person centred. In addition, there was no allocation of staff to provide social care and activities for the residents in line with their capacities and choice. Inspectors also found that the residents' opportunities and support for positive risk taking and a good quality of life in the centre were not optimised.

Records showed that staff had access to mandatory training in fire safety, safeguarding residents from abuse and safe moving and handling procedures. However, staff did not have access to training and support to develop their skills and competencies with providing person centred care. In addition, there were no staff available who had training in the provision of social activities for residents in the centre.

Staff had completed the required training in infection prevention and control specific to their role, however the inspector found that a number of staff practices were not in line with the best practice standards and the supervision of staff was not effective in this area and did not ensure that infection prevention and control standards were maintained at all times.

The centre's outbreak management plan defined the arrangements to be instigated in the event of an outbreak of COVID-19 infection. A outbreak of COVID-19 was declared in Sullivan Centre in January 2022. The majority of residents tested positive and had recovered at the time of the inspection. This was the first significant outbreak experienced by the centre since the beginning of the pandemic. Public Health had assisted in the management of the outbreak and an infection prevention and control nurse specialist had attended the centre to advise on outbreak management and infection prevention and control practices.

A formal review of the management of the January 2022 outbreak of COVID-19 to include lessons learned to ensure preparedness for any further outbreak had been completed as recommended in national guidelines.

Monthly monitoring of health care associated infection/ antimicrobial resistance and antimicrobial consumption was undertaken and monitored at regional level.

The centre had a comprehensive infection prevention and control guideline which

covered aspects of standard precautions including hand hygiene, waste management, sharps safety, environmental and equipment hygiene. Staff had received on site education and training in infection prevention and control practices. However, staff practices in some areas on the day of the inspection were not consistent with the required standards and this had not been identified by senior staff through the centre's staff supervision processes.

Regulation 15: Staffing

The allocation of staff in the centre did not ensure there was adequate numbers of staff with appropriate skills to ensure that residents' individual support, choice and social activity needs were met.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff were not appropriately supervised to ensure that they carried out their work to the required standards. This was evidenced by the following findings;

- Staff did not recognise that the overly restrictive practices and routines infringed the rights of many of the residents living in the centre. For example, it was accepted practice among staff that residents did not have unrestricted access to their clothing and possessions, their bedrooms during the day, communal dining and seating areas and to the outdoor areas.
- Staff did not provide adequate support for residents experiencing responsive behaviours.
- Residents' care documentation was poorly maintained.
- Cleaning and infection prevention and control needed improvement as some staff practices were not in line with the centre's written policies and standards.

The findings of this inspection supported need for staff training in the following areas:

- person-centred care,
- care and support of residents experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment)
- facilitating suitable and meaningful social activities for residents,
- managing restrictive practices in line with the national restraint policy.

Judgment: Not compliant

Regulation 21: Records

Records as set out in Schedules 2,3 and 4 were kept in the centre and were made available for inspection. Records were stored safely and the policy on the retention of records was in line with regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The management and oversight systems in place to ensure compliance with the Health Act 2007 (Care and Welfare of resident in Designated centers for Older People) Regulations 2013 were not effective. This was evidenced by the following findings;

- The management systems in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored were not effective.
- Systems to ensure effective allocation of staffing resources provided were not in place and did not ensure the effective delivery of care in accordance with the centre's statement of purpose.
- Risk was not appropriately managed and resulted in a culture of over restrictive and institutional practices which were negatively impacting on residents' quality of life, positive risk taking, rights and well being.

Judgment: Not compliant

Regulation 31: Notification of incidents

While, notifications were submitted within the specified time frames and as required by the regulations, quarterly reports submitted to the Chief Inspector prior to the inspection did not include the locked doors to private and communal accommodation and the gardens as found on the inspection. These findings placed restrictions on residents' freedom of movement and their choice to access these areas if they wished to do so.

Judgment: Substantially compliant

Quality and safety

Overall, inspectors found that residents' clinical and nursing care needs were being met to a satisfactory standard. However, whilst staff knew residents well, inspectors observed that care provided for residents was predominantly task orientated and daily routines were institutional and did not reflect the individual preferences of the residents.

The inspectors also found that a number of overly restrictive practices were in place that prevented residents from accessing their private and communal accommodation during the day and limited the residents' opportunities to engage in meaningful social interactions with each other and with staff. This was having a negative impact on residents' quality of life and well being. and did not uphold their rights to determine how and where they spent their day.

Residents were provided with good standards of nursing care and had access to timely health care from their general practitioner (GP) who attended the centre on three days each week. There was good access for residents to allied health professionals and psychiatry services. This optimised their health and clinical well being. However, residents' care documentation did not reflect the residents' individual preferences for care and support and a sample of care plans reviewed by the inspectors did not clearly set out the care interventions needed from staff.

The inspectors also found that the current care practices did not ensure that staff provided appropriate support and care for those residents who may display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment.) Staff practices in relation to restraints were not in line with the national restraint policy.

The provider had made some improvements to ensure that residents had access to a sufficient number of toilets and showers in the designated centre. Notwithstanding the improvements made, inspectors found that the ongoing maintenance of the premises did not ensure all areas were in a good state of repair and were adequately maintained for the comfort and safety of the residents and many of the findings from the last inspection were repeated on this inspection. This was a particular concern for those residents accommodated on the specialist dementia unit where the provider had failed to develop the environment to become a dementia friendly space which was familiar and therapeutic for residents.

As found on the last inspection, the poor organisation of and need for upgrade of storage facilities in the centre was not found to be progressed on this inspection and continued to pose a risk of cross contamination.

However, the inspectors identified some examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the signs and symptoms of COVID-19 and knew how and when to report any concerns regarding a

resident. There were a range of safety engineered sharps devices available. Clinical and household waste was consistently managed in line with national guidelines.

Inspectors observed that staff encouraged and facilitated residents to wash their hands and actively assisted residents with this practice. Staff wore respirator masks when providing direct care to residents. Alcohol hand gel dispensers were readily available along corridors for staff use and staff were also observed to carry pocket size bottles of alcohol hand gel. Inspectors observed that a soiled communal toilet was not cleaned for several hours and cleaning was was completed only when identified to staff by an inspector.

Although, measures were in place to ensure residents were safeguarded from abuse, the systems in place were not effective and residents' risk of institutional abuse was not identified and addressed.

Residents had access to local and national newspapers and radios.

While, measures were in place to protect residents from risk of fire, effective containment of fire and smoke was compromised by wedging doors open. This practice had not been identified by senior staff through the centre's staff supervision processes, however, it was addressed on the day of the inspection when it was brought to the attention of the person in charge.

Regulation 11: Visits

Visits by residents' families were encouraged and practical precautions were in place to manage any associated risks. There were no visiting restrictions in place and measures were in place to protect residents from risk of infection.

Judgment: Compliant

Regulation 12: Personal possessions

Residents could not access or maintain control of their personal clothing and possessions due to the following;

- Four residents' clothes were stored in wardrobes in a room that was not their bedroom. The room was also used to store bed linen. The door was key code locked and inaccessible to residents.
- Residents could not access their personal belongings and clothes during the day because their bedroom doors were locked and they did not have a key to open them.
- Some residents did not have a suitable shelf surface so that they could display their personal photographs in their bedrooms if they chose to do so.

For example, two residents were using the ledges of services trunking behind their beds as a surface to place their photograph frames on and using electric cable fixing to anchor their pictures.

Judgment: Not compliant

Regulation 17: Premises

Although the provider had made improvements to the premises since the last inspection, such as installing an additional toilet/shower for residents, inspectors found that some further improvements were required to bring the centre into compliance as follows;

- Maintenance to address wear and tear and missing paint on walls and wooden surfaces such as bedroom and communal room doors, door frames, skirting and wooden seating along the circulating corridors.
- Storage was not organised to ensure residents assistive equipment, chemical, clinical and clean supplies including continence wear, and personal protective equipment (PPE) were not stored separately. This practice posed a cross contamination risk to clean and clinical supplies.
- The surface of radiators in several areas including residents' bedrooms and the utility rooms were rusted and therefore could not be effectively cleaned.
- Although some new commodes were recently provided, the surface around the wheels on some commodes stored in the same area were rusted.
- The wheels and surrounding surface on the medicine trolley was rusted and as this equipment was regularly moved around the centre, this posed a risk of cross infection as effective cleaning could not be assured.

Judgment: Substantially compliant

Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- Regular environmental hygiene audits were carried out. However there were no records of actions or improvements that had been implemented as a result of audits undertaken.
- Weekly cleaning schedules were not consistently signed.
- Admission and transfer documentation did not include a comprehensive infection prevention and control history or risk assessment.

The environment and equipment was not managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by;

- The house keeping room did not facilitate effective infection prevention and control measures. For example, the janitorial sink was located in a room on an adjacent hall.
- Heavy dust was observed in the radiators in all bedrooms. The underside of several beds was dusty. Brown staining was observed on several surfaces in one bathroom throughout the day.
- There was a limited number of clinical hand wash sinks for staff use within the centre. The inspector was informed that the sinks in the residents' rooms were dual purpose used by residents and staff. This practice increased the risk of cross infection.
- Inspectors were informed by staff members that the contents of commodes/ bedpans were manually decanted into the sluice and manually cleaned prior to being placed in the bedpan washer for decontamination. This practice should cease as it increased the risk of environmental contamination and cross infection.
- Inspectors observed that the detergent in the bedpan washer was empty. This negatively impacted on the efficacy of decontamination.

Judgment: Not compliant

Regulation 28: Fire precautions

Measures were in place to protect residents from risk of fire. Fire safety management checking procedures were completed to ensure all fire safety equipment was operational at all times. Residents' safe evacuation needs were assessed and simulated evacuation drills were completed to ensure residents would be evacuated to a place of safety in a timely manner in the event of a fire in the centre. All staff were facilitated to attend fire safety training and staff who spoke with inspectors were aware of the evacuation procedures and residents needs.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' individual assessment and care planning required improvement to ensure their health and social care needs were identified. For example ;

- Inspectors found that not all residents had a comprehensive assessment of their needs in place.
- Although a suite of accredited assessment tools were used to inform

residents' care plans, a corresponding care plan for some identified needs was not in place for all residents to direct staff on the interventions and assistance that they needed to provide. This posed a risk that care to meet residents' needs would not be consistently provided in line with their needs.
- The information in residents' care plans needed improvement to ensure it reflected each resident's individual preferences, wishes and usual routines. For example, the care information seen by inspectors was not sufficiently detailed and was not person-centred.

Although the inspectors were assured that residents care plans were reviewed in consultation with residents or their families, records of this consultation, including any changes made to their care plan information was not available.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to a general practitioner (GP) who attended the centre three days each week and an out of hours GP service was available if needed. A full range of other health care-related services were available for the residents in the centre. These included speech and language therapy, physiotherapy, occupational therapy, dietetic services, tissue viability and community mental health services. Chiropody, dental and optical services were also available.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors found that some residents' experiencing responsive behaviours were not appropriately supported by staff.

The restraints practices in place in the centre did not reflect national guidance and did not ensure that restraints were used in the least restrictive manner and for the minimum amount of time required. For example;

- Residents' access to areas such as communal lounges, dining rooms and to their private space in their bedrooms was restricted for long periods during the day. Locked doors to residents' bedrooms, communal rooms including communal toilets/showers and the outdoor garden could not be opened independently by residents.
- A risk assessment was not in place for each resident to record what the risks were and what non-restrictive interventions were in place to manage the risk prior to implementing restraints such as locked doors.

Judgment: Not compliant

Regulation 8: Protection

The service did not have effective leadership, governance and management in place to reduce the risk of harm and to promote the rights of each resident. As a result, safeguarding concerns such as institutional practices were not effectively identified and managed in the centre.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents' right to exercise choice in how and where they spent their day was not respected. Resident's daily routines were largely determined by the established routines of staff working in the centre and did not reflect individual resident preferences or flexible routines determined by the resident on a daily basis. Male and female residents were segregated by locked doors on the corridors between the two units. This was a well established practice in the centre and did not reflect the current needs of the residents or their preferences.

Residents were not provided with adequate opportunities to engage in meaningful social activities that met their interests and capacities.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Sullivan Centre OSV-0000494

Inspection ID: MON-0035524

Date of inspection: 19/05/2022

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: The Registered Provider Representative, the Director of Nursing and the Person in Charge have reviewed the current Staff Roster for Sullivan Centre. The Unit is no longer sub divided into 2 distinct male and female units. This means that the unit no longer is staffed as 2 separate entities and thus ensures that there is sufficient staff available to meet the needs of the residents. On the 20.05.202 we had a peer review of the roster and staffing levels in the Centre carried out by the Director of Nursing / Person in Charge from another Centre where there is a Dementia Specific Unit with the same bed occupancy as Sullivan Centre. Staffing levels and skill mix were found to be similar in both Units. Each day Staff are allocated by the CNM2/nurse in charge to ensure appropriate skill mix and expertise is available to provide appropriate supervision to ensure that resident's individual support, choice and social activity needs are met. A daily allocation schedule for Health Care Assistants has been developed which clearly identifies their roles and responsibilities for their shift. This will be fully implemented in the Centre by 30th of August. The Practice Development Co-ordinator has introduced a Quality of Care Daily Walkabout Template for the Person in Charge and the Clinical Nurse Manager to complete. This is designed to strengthen the governance process which will demonstrate evidence of good practice and areas that require improvement. Improvements required are followed up with an Action Plan with timely, achievable actions. This is in operation in the Centre since 9th June 2022 and is available for review.	
Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development: All Residents have now unrestricted access to their personal possessions, their clothing, their bedrooms, communal dining and seating areas and to the outdoor areas. All Staff Nurses attended a care planning webinar on 01.06.2022 focused on person centeredness. All Staff Nurses have completed the HIQA Applying Human Rights Based Approach in Health and Social Care: putting National standards in to practice - 4 modules online training on HSE Land. All Health Care assistants will have completed this training by 30th of August 2022 4 Dementia Care Coaches have completed training in FITS-Focused Interventions Training and Support- Programme. This is being rolled out in four single sessions for the Staff in the unit, to support them in achieving a better understanding of Dementia , recognizing responsive behaviors and the appropriate and timely managing of these behaviors . 16 Staff have already completed the 1st session. It is envisaged that all staff working in Sullivan Centre will have completed this training by 31st December 2022. The Enriched Model Care plan has been completed for 8 of our Residents. Hard copies are available and we are in the process of transferring the information on to Epic-care. All residents will have this Enriched Model Care Plan completed by 30th August 2022. 2 Staff in the Centre have commenced training in Namaste Programme – This programme is similar to the Sonas Programme. This will be completed 29th Sept 2022. These staff will then support other staff working in Sullivan Centre to deliver the Namaste programme to our residents. 2 Staff are registered to start the Meaningful Activities coordinator programme. One staff member commenced week beginning 11th July 2022 and the second staff member will commence week 1st August 2022. This is an 8 week programme and both staff will have same completed by 25th September 2022. All care staff will have this course completed 31st March 2023. All residents care plans –holistic care plans and assessments have been updated using a person centred care approach. The Practice Development Coordinator and the CNM2 will conduct weekly Person Centred care plan reviews and self-assessments in the Centre. This will identify evidence of good care planning and areas requiring improvement. A timely, achievable Action Plan will be drawn up to address any areas of concern. This practice will commence week 18th July 2022. The PIC met with the cleaning staff on 04.07.2022 to discuss the findings of the recent HIQA inspection. The Registered Provider Representative (Service Manager), the Director of Nursing and the Person In Charge will meet with cleaning Staff on 20.07.2022 at 14.00 to discuss the cleaning practices in the Centre which did not demonstrate compliance with the Centre's written policies and standards.	

The Person in Charge will ensure that all cleaning policies, procedures and guidelines are being implemented throughout the Centre by carrying out weekly Meg audits in the Centre.

The Meg Audits will be carried out by the CNM2 and / or the IPC Link practitioner. Areas of non-compliance will be addressed through a timely, achievable Action Plan which will be monitored and reviewed by the Person in Charge and the CNM2.

The Registered Provider Representative (Service Manager), the Person In Charge met with 4 Nurses on 08.07.2022 and will meet with rest of the Nurses by 29.07.2022.
The Registered Provider Representative (Service Manager),the Director of Nursing and the Person In Charge will meet with Health Care assistants and kitchen Staff on 18.07.2022 . These meeting is to discuss the findings of the HIQA inspection.

As a Quality Initiative in the Sullivan centre a member of staff in the Centre will now present a resident "Key to Me" to the Team each day at the Safety Pause to help ensure that all staff know our resident's life stories, responsive behaviours, triggers and de-escalation strategies. This will also assist staff with the provision of meaningful interactions with residents. The "Key to Me" is displayed in each resident's bedroom. This Quality Initiative commenced in the Centre on 30th May 2022.

PMAV training for new staff has been organized for 18th August 2022.

External unannounced reviews will be carried out by DON/PIC from another centre in the area to ensure that all of the above impact positively on the resident's quality of life.

An external Behaviour Support Specilaist specialising in restrictive practices has been requested to carry out an audit of the Centre. This is scheduled for 21st and 22nd July 2022.. If any issues/concerns are highlighted these will be addressed in a timely manner by the management team.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
Each day Staff are allocated by the CNM2/nurse in charge to ensure appropriate skill mix and expertise is available.
A daily allocation schedule for Health Care Assistants has been developed which clearly identifies their roles and responsibilities for their shift.

The DON and the ADON from another Centre visited Sullivan Centre carried out a peer on peer review of the environment and practices within the centre on 06.07.2022 and these visits will continue unannounced until 30th December 2022 and ongoing if required.

The Director of Nursing visits the Centre and meets with the Person in Charge twice weekly (sometimes more frequently).Minutes of meetings are available on request.
As a result of the inspection a review of the current local governance structures and processes (listed below) was conducted by the Registered Provider Representative, the Person In Charge and the Director of Nursing. The review identified a need to strengthen current local governance processes (listed in following section) to ensure triangulation of audit findings, care processes and the daily lived experience of the resident. This will be achieved through;

The Person in Charge is reviewing one resident's care plan daily, ensuring that the plan accurately reflects the resident and communicating all updates to relevant key workers.

The Person in Charge and CNM2 conduct daily quality care walk arounds, observing staff practices and interactions with residents. Any issues/concerns raised are addressed immediately in a constructive person centred manner and formal Findings from these walk arounds are documented and are available in the PIC's office.

PIC and CNM2 conducting daily checks to ensure residents right of free movement is maintained by a daily check that doors to bedrooms or communal areas are unlocked.
All of the above will be integrated into the existing governance structures process listed below.

Overview of current governance structures/processes
The Person in Charge and the Clinical Nurse Manager meet each morning to review the staffing levels and skill mix in the Centre to ensure they are appropriate to the resident's needs.

The Nursing Metric is carried out by the Clinical Nurse Manager on a monthly basis and Action Plans are drawn up to address any deficits identified by the Metrics. The Clinical Nurse Manager 2 ensures that the Nursing Staff address and action any deficits in a timely manner.

There is an Infection Prevention and Control Link Nurse working in the Centre, who carries out the MEG Audit which identifies deficits in environmental hygiene, facilities, services etc. An Action plan is drawn up to address any deficits identified. Another register nurse is due to undertake the training as a link nurse practitioner in September 2022.

The Person in Charge carries out a review of the use of Restrictive Practices, use of Psychotropic Medications, Falls Trend Analysis and reviews all incidents / accidents and near misses in the Centre on a Quarterly basis and the findings of these reviews are used to inform / change / support practice.

The Person in Charge and/or the Clinical Nurse Manager facilitates the Safety Pause in the Centre each afternoon. Any issues of concern are highlighted and addressed at this Safety Pause. Staff are provided with a "Tool Box Talk" during the safety pause addressing topics such as IPC, Covid Drills, Fire Safety, Hand Hygiene, and Safeguarding.

As a Quality Initiative Sullivan Centre will now present a resident "Key to Me" to the Team each day to help ensure that all staff know the resident's life stories, responsive behaviours, triggers and de-escalation strategies. This will also assist staff with the provision of meaningful interactions with residents.

Regulation 31: Notification of incidents	Substantially Compliant

Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
The Centre had been divided into two sections previously, utilising a Key-pad Lock System on Corridor doors to negate a Serious Safe Guarding Risk.

Following Risk Assessment by the Registered Provider Representative, the Director of Nursing and the Person in Charge, the corridor doors are now opened to allow access to residents to move freely within the Centre

All doors to bedrooms, sitting-rooms, dining-rooms, toilets / showers, Conservatory, internal and external gardens are open to allow residents access all areas as they wish and this is checked by CNM2/PIC daily. A Sign Sheet for the checking of same is available on request. Residents at the Centre now have free access to walk around in the unit and there is more interaction and socialisation between residents.

Regulation 12: Personal possessions	Not Compliant

Outline how you are going to come into compliance with Regulation 12: Personal possessions:
All Residents have now unrestricted access to their personal possessions, their clothing, their bedrooms, communal dining and seating areas and to the outdoor areas.

All residents have access to their clothes in their wardrobes in the bedrooms.
Residents who have no access to put their personal photographs in their rooms will have shelving fitted in their bedrooms by the end of October 2022.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
Painting inside of the unit will commence on the 1st week in August which will include bedrooms, skirting boards and wooden seating along the corridors and radiators.

Painting of the external of the building will commence on 15th of August 2022 .

Storage facilities will be organized to ensure the Residents assistive equipment and chemicals and PPE are stored separately. This will be completed by 31st of September.

Regulation 27: Infection control	Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Regular Environmental hygiene audits are carried out by CNM2/IPC Link Practitioner Nurse ..Last audit was carried out on 11.07.2022 by CNM2...

The Registered Provider Representative (Service Manager), the Director of Nursing and the Person In Charge will meet with cleaning Staff on 20.07.2022 to discuss the Cleaning practices in the Centre which did not demonstrate compliance with the Centre's written policies and standards.

The Person in Charge will ensure that all cleaning policies, procedures and guidelines are being implemented throughout the Centre by carrying out weekly Meg audits in the Centre. The Meg Audits will be carried out by the CNM2 and / or the IPC Link practitioner. Areas of non-compliance will be addressed through a timely, achievable Action Plan which will be monitored and reviewed by the Person in Charge and the CNM2.

Following consultation with IPC, a new janitorial sink will be installed in the Domestic room to facilitate effective infection prevention and control measures and it will be done by the end of September 2022.

There are plans to install 2 additional clinical hand wash sinks in the unit and this work will be completed by the end of 2022.

A new bed pan washer has been ordered and it is expected to be delivered and installed before end of September 2022.

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
All Residents now have a fully completed comprehensive holistic care plan in place. This helps to provide the care to each resident as per their assessed needs. This has been reviewed by PIC and CNM2. This will be audited by the Practice Development Coordinator on 20th July 2022.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Following a Risk Assessment by the Service Manager / Registered Provider Representative, the Director of Nursing and the Person in Charge, the corridor doors are now opened to allow access to residents to move freely within the Centre.

All doors to bedrooms, sitting-rooms, dining-rooms, toilets / showers, Conservatory, internal and external gardens are open to allow residents access all areas as they wish and this has been checked by CNM2/PIC daily.
4 Dementia Care Coaches completed training in FITS-Focused Interventions Training and Support- Programme and it is being rolled out in four single sessions for the Staff in the unit, to support them in achieving a better understanding of Dementia , recognizing responsive behaviors and the appropriate and timely managing of these behaviors . 16 Staff have already completed the 1st session. It is envisaged that all staff working in Sullivan Centre will have completed this training by 31st December 2022

PMAV training for new staff has been organized for 18th August 2022.

Learning and changes implemented as a result of the above training will be monitored by the local management team, practice development coordinator and will be externally reviewed by the DON/PIC from another centre.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:
Following Risk Assessment by the Service Manager / Registered Provider Representative, the Director of Nursing and the Person in Charge, the corridor doors are now opened to allow access to residents to move freely within the Centre

All doors to bedrooms, sitting-rooms, dining-rooms, toilets / showers, Conservatory, internal and external gardens are open to allow residents access all areas as they wish and this has been checked by CNM2/PIC daily.

This is monitored daily by the PIC/CNM2 and is recorded on a daily template.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
There is now no segregation between male and female residents in the Centre. Residents can walk freely around the unit and socialize in accordance with their wishes.

2 Members of the Team have received Namaste Training (similar to "Sonas Programme") This Activity Programme commenced in the unit on 12.07.2022. These 2 staff members will support all staff to carry out this activity programme.
Two members of the Care Team have been registered to undertake the Meaningful Activities Co-ordinator Course which will support staff in providing Meaningful Activities Programmes to residents in Sullivan Centre. Participants will receive a Certificate in Activities Co-ordination when they successfully complete the eight week programme which will be completed by 25th of September.
A quiet multidenominational room is now available for residents where mass/service quiet reflection and prayer can take place.
PIC and CNM2 will be overseeing the activity schedules daily

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Not Compliant	Orange	20/05/2022
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Not Compliant	Red	22/05/2022
Regulation 16(1)(a)	The person in charge shall	Not Compliant	Orange	31/12/2022

	ensure that staff have access to appropriate training.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	22/05/2022
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	31/10/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Red	22/06/2022
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.	Not Compliant	Red	22/06/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the	Not Compliant	Orange	31/12/2022

	standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	31/07/2022
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Not Compliant	Orange	12/06/2022
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after	Not Compliant	Orange	30/06/2022

	that resident's admission to the designated centre concerned.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	18/08/2022
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Orange	30/06/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	22/05/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	22/05/2022
Regulation 9(2)(b)	The registered	Not Compliant	Red	30/06/2022

	provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.			
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Red	30/06/2022
Regulation 9(3)(e)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.	Not Compliant	Red	30/06/2022