



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

Issued by the Chief Inspector

Name of designated centre:	St. Mary's Residential Centre
Name of provider:	Health Service Executive
Address of centre:	Shercock Road, Castleblayney, Monaghan
Type of inspection:	Unannounced
Date of inspection:	11 May 2021
Centre ID:	OSV-0000495
Fieldwork ID:	MON-0031679

About the designated centre

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

The designated centre provides 24-hour nursing care to 70 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a single story building containing three distinct houses. Lorgan House is a 21 bedded specialist dementia unit. Dromore House accommodates 25 residents requiring continuing and palliative care and Drumlin House has 25 beds but only provides care for 24 residents needing continuing and palliative care. The additional bedroom is a designated facility only for end of life care. The provider has made a commitment that the total number of residents accommodated will not exceed the maximum number for which the centre is registered (70 residents). The philosophy of care is to embrace ageing and place the older person at the centre of all decisions in relation to the provision of the residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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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 11 May 2021	09:00hrs to 17:00hrs	Manuela Cristea	Lead

What residents told us and what inspectors observed

The inspector found that residents were well cared for by a staff team who knew them and who worked hard to ensure that care and services were delivered in line with the resident's needs and choices. Overall, the inspection found high levels of compliance with the regulations, with some further improvements required in the area of restrictive practices, staff training and the risk management policy.

The unannounced inspection took place two months after the centre had recovered from a second outbreak of COVID-19 which saw more than 50 residents and 70 staff contracting the virus, and where sadly six residents died. Despite the significant spread and impact that the virus had on the centre, the governance and management team in the centre managed to effectively implement a contingency plan which ensured that residents were safeguarded and well cared for throughout, and that the centre was appropriately resourced at all times.

The inspector acknowledged the major efforts made by the provider to promote, maintain and maximise residents' safety during the COVID-19 outbreak, which had significantly impacted the centre since the beginning of the year. In the conversations with staff, many of them praised the leadership provided by the person in charge who had worked tirelessly throughout and whose presence in the centre at all times provided them with moral support and strength.

There was a positive atmosphere in the centre and a cautious optimism for a return to normality as the majority of staff and residents had been vaccinated against COVID-19. One resident told the inspector that although they understood the importance of restrictions to keep them safe, the last year had been 'long and boring', but that 'staff handled it really well, and it was the simple things that had made a difference'. They recounted the joy of going 'out for a spin' with their family the previous weekend, and the hope that more frequent outings will resume as restrictions continued to relax. Several family outings had been facilitated by the centre in line with public health guidance, including an outing that took place on the day of inspection. The person in charge informed the inspector of their plans to reintroduce bus trips for the residents in the near future.

The centre was very clean, well laid out and well-maintained and the premises met residents' needs, as observed on the day. There were no risks identified during a walkabout of the premises with the person in charge, and the inspector was satisfied that the infection prevention and control practices in the centre were of a high standard and the environment was hygienic, safe and free of clutter. Residents' accommodation was provided in three units called 'houses' and consisted of spacious single and twin bedrooms, each with its own en-suite. Residents' bedrooms were spacious, bright, clean and personalised. In addition, each house had access to its own internal garden, which were well-maintained, appropriately decorated and equipped with outdoor furniture, colourful benches and raised flower beds. Throughout the day the inspector observed residents having unrestricted access to

the outdoor space. There were a range of large open plan communal spaces and the layout and signage in the centre supported independence and good orientation.

The inspector spoke with a number of residents from each of the three houses. They all reported that they felt safe and comfortable living in the centre and gave unreserved praise for all the staff who went out of their way to ensure they had everything they needed. All interactions observed on the day were warm, courteous and person-centred and it was evident that staff knew the residents really well and they had long established relationships based on trust. Communal areas were supervised at all times and the inspector observed residents engaged in various activities throughout the day. There was story telling and limericks in one room. Another group of residents were watching Mass on television. In another area residents sang and played various instruments. The inspector also saw a group of residents taking part in a baking session where the smell of freshly baked brown bread filled the room. Some residents were seen doing gardening, while others were attending the hairdresser, relaxing reading newspapers or listening to radio. In one of the houses, staff organised a surprise birthday party for a resident with a luxurious birthday cake, Baileys and tea and fancy celebratory balloons. The inspector witnessed a joyous and emotional first encounter in person between the resident and their family after the many months of lockdown.

Residents looked well and relaxed. During their conversations with the inspector three residents said that the centre was their home and they were very happy living there. Similarly, two relatives visiting on the day commented that while it was not resident's home, it was a 'home away from home' and they could not ask for anything better. Residents living in the centre were empowered and knew their rights, with one of the residents asking the inspector to show their identity card and write down their contact number before agreeing to speak about their life in the centre, which was very positive.

Visiting had resumed and appointments were scheduled in line with public health guidance (Health Protection and Surveillance Centre, *COVID-19 guidance on visits to long term residential care facilities*). The inspector met with four different visitors who were unanimous in their praise for the care that their loved one was receiving in the centre. They all expressed confidence in the provider and satisfaction with how they have been kept informed throughout the last year and during the outbreaks of COVID-19. Some said that they were in the best place possible and that gave them great comfort knowing that their loved one was safe. Throughout the pandemic, residents had remained integrated in the local community with some participating in Pen pal projects and local schools initiatives.

The inspector observed that residents' rights were protected and upheld in the centre and that their care needs were appropriately identified and addressed by the nursing team. There was evidence to show that residents had good access to a multidisciplinary team of professionals who ensured they received a high standard of care which met their needs. Residents confirmed that they felt safe in the centre, that they were well cared for and could see their general practitioner (GP) if they needed to.

While a restraint free environment was promoted in the centre, a full review of the local policy and the use of restrictive devices such as bedrails or lapbelts, was required to ensure their use was evidence-based and that staff's knowledge and skills were up to date. The inspector also spoke with a number of staff, many of whom had been out unwell when they contracted COVID-19 during the outbreak. They all said that they felt supported by the management team at all times, who ensured they had everything they needed including the appropriate resources, skills and knowledge to keep the residents safe. Some staff mentioned how they took part in regular testing for COVID-19 and their fears about the the risk of asymptomatic transmission while they were waiting for the test results. Staff and management did everything they could to ensure continuity of care for the benefit of the residents, working extra shifts to cover for absences during the outbreak.

A staff member described the 'sad and difficult times' they had been through. The second outbreak had hit the centre 'like a tsunami' and they recalled their shock at seeing 'how sick, and how quickly the residents became unwell'. However, there was a genuine sense of pride and relief as one staff described the experience: 'we pulled together, stepped up to the mark and got through to the other side'. Others were confident that their lived experience of working through a major outbreak has prepared them for any future events.

Staff portrayed an empathetic provider, who cared for their wellbeing and did not put any pressure on them to return to work unless they were ready. They described the measures they were taking to reduce the risk of another outbreak in the centre. They recorded their temperature at the beginning and end of the shift; wearing personal protective equipment (PPE) and maintaining social distance at break times. Staff were highly vigilant to any new symptoms and did not take any chances as they understood how aggressive this virus was.

Staff acknowledged that while the majority of residents were resilient and remained in good spirits throughout, the impact of lockdown on some of the residents had been severe. This particularly affected the more independent residents who were used to going out into the community, and who had become more isolated and withdrawn as a result. Staff described how in spite of their best efforts to create social activities to compensate for the absence of friends and families during this period, some residents had lost important social skills and the confidence to go out independently again. While highly commending the communication, care and commitment of staff in the centre, a visitor described to the inspector how their loved one no longer recognised them, as their dementia had progressed during the lockdown.

The impact of the pandemic on people's lives was evident as staff became visibly upset while describing the care provided to the residents who sadly died during the outbreak. Staff grieved the loss of precious and long established relationships with residents, which they considered their 'second family'. Staff described how they had tried to do everything they could to provide comfort dignity until the resident passed away. The inspector was assured that visiting at the end of life was facilitated on compassionate grounds for the relatives who wished to see their loved one, with the

appropriate personal protective equipment and hand hygiene measures in place.

There were no complaints received by the centre and the inspector saw numerous complimentary letters from the bereaved families thanking staff for their kindness as well as messages of support, thanks and appreciation for the work.

Staff and residents had been through a difficult period and were beginning to recover as a community. It was evident that residents felt well cared for and safe in the centre and that they were encouraged to lead full and contented lives.

The next section of the report sets out the findings and judgments of the inspection. These are summarised under each pillar and then discussed under the relevant regulation.

Capacity and capability

This was a very resilient provider that demonstrated commitment and capability to sustain a quality service in very challenging times while also ensuring that residents were protected and enabled to lead a good quality of life in the centre. The service had a good history of regulatory compliance and was led by a very experienced and proactive management team with clearly defined roles and responsibilities.

The provider had a stable workforce in place and was appropriately resourced to deliver care in line with the statement of purpose. Staff were appropriately supervised and supported in their work. However some improvements were required to ensure that staff were kept up to date in key areas such as restrictive practices.

The registered provider was the Health Service Executive (HSE). The centre had experienced one outbreak of COVID-19 in May- June 2020 affecting 10 staff and three residents, which was well managed and contained in one unit. The second outbreak, lasting from December 2020 to February 2021 had a more significant impact and spread throughout the whole centre, as described in the first paragraph of the report. The registered provider had liaised closely with the public health department, the infection prevention and control teams and other relevant regulatory and statutory bodies throughout the outbreak and had implemented the national guidance (Health Protection and 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*).

The governance and management team worked really well together and provided strong leadership and support to staff. Management cover was available every day, including the weekend. The person in charge was actively supported by the registered provider representative who visited the centre on a regular basis and attended the feedback meeting at the end of the inspection. In addition, an assisted director of nursing and three clinical nurse managers worked on a supernumerary basis to assist with the clinical and operational management of the centre and to

supervise staff in their day to day work.

Records showed that regular governance and management meetings took place at various levels of the organization and risk management and infection prevention and control was a stand-alone item on the agenda. The inspector was satisfied that the register provider had maintained good oversight of service requirements. A local infection prevention and control committee was in place in addition to established governance structures to support the implementation, monitoring and reporting of infection prevention and control, which included access to specialist expertise and occupational health. Four staff nurses had been trained in carrying out COVID-19 swabbing, and each unit had its own dedicated infection prevention and control link nurse.

There were no staffing vacancies on the day of inspection, and the inspector was satisfied that the staffing levels were appropriate to meet the needs of the residents. Communication with staff occurred regularly at formal staff meetings, huddle sessions, safety pause talks and daily handovers and as a result staff morale was good and staff were found to be positive and actively engaged.

Training records showed that all mandatory training had been completed or had scheduled training dates for the immediate future. Overall, staff had the required skills, competencies and experience to fulfil their roles and responsibilities, however training in the use of restrictive practices was required as further discussed under Regulation 7.

There was a very low level of complaints in the centre, and records showed they had been appropriately managed. The inspector also followed up on an unsolicited information received in respect of the care provided in the centre in 2019 and found that the identified issues had been appropriately investigated, followed up and addressed by the person in charge. All residents and relatives reported a very high level of satisfaction in respect of care and services received and communication with the management.

The inspector followed on an action plan from previous inspection and found that records were well-maintained. Staff files included all the required documents as per regulation, including An Garda Síochána vetting prior to commencing employment, evidence of qualifications, photographic evidence and a minimum of two references.

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, as detailed under Regulations 26 and 7.

Registration Regulation 4: Application for registration or renewal of registration

An application to renew the registration of the designated centre had been completed and submitted within the required time frames.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staffing resources with the right skill-mix in place for the number of residents and the layout of the centre. There were no staffing vacancies at the time of inspection.

Clinical and care staffing levels had been enhanced during the outbreaks to support segregation of teams and account for the extra time required for correct donning and doffing of personal protective equipment (PPE) and to implement appropriate infection prevention and control procedures. In addition the cleaning hours had also been increased with three cleaners working on each unit on a daily basis.

There were a minimum of three registered nurses on duty at any time.

Judgment: Compliant

Regulation 16: Training and staff development

From conversations with staff, a review of records and inspector's observations on the day, staff were appropriately supervised and monitored to ensure their practices were safe and overall supported good quality outcomes for the residents. The mandatory training in fire safety, manual handling, safeguarding vulnerable adults was up to date for the vast majority of staff with further training dates scheduled for the week of inspection. Although the inspector accepted that the pandemic had caused delays to the provision of training, training in cardiopulmonary resuscitation (CPR) had not been completed since 2018 and as a result required review.

Staff confirmed that they had access to the national guidance in relation to the COVID-19 pandemic, and were provided with regular updates and refreshers in infection prevention and control. The provider carried out spot checks and COVID-19 drills to ensure staff had the required knowledge to practice safely in line with latest guidance and reinforce surveillance for symptoms in staff and residents.

There was an induction system in place for the newly appointed staff.

Judgment: Compliant

Regulation 21: Records

Records were well-maintained.

This regulation was not reviewed in its entirety. However, a follow up from previous inspection found that staff files included all required documents as per regulation, including An Garda Siochana vetting prior to commencing employment, evidence of qualifications, photographic evidence and a minimum of two references. Nurses working in the centre had an active registration with Nursing and Midwifery Board of Ireland (NMBI).

Judgment: Compliant

Regulation 23: Governance and management

The registered provider maintained good oversight of service and had been proactive in relation to the challenges brought on by the pandemic. The centre was adequately resourced and the person in charge had the authority and autonomy to manage the service. A suite of audits were carried out on a monthly basis including fire safety, environmental, medication management, care planning, incidents audits and any actions identified were appropriately followed up.

There were good governance and management arrangements in the centre to ensure the service was adequately resourced and appropriately monitored to ensure its effectiveness for the benefit of the residents accommodated in the centre. There were clear lines of accountability and responsibility and staff knew who they were reporting to.

An annual review for 2020 was available in draft format and the provider agreed to submit it following the inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was available in the designated centre which largely met the requirements of the regulation.

However, there were some minor discrepancies between the floor plans and the description of premises listed in the statement of purpose. The inspector requested a further review of the statement of purpose to ensure it fully and accurately described the designated centre as per condition 1 of the registration.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a low level of complaints in the centre and a suggestion box was located at the entrance to the centre and to each unit. The complaints procedure was available and clearly specified the nominated people designated to deal with the complaint process, as required by the regulation.

A sample reviewed by inspector evidenced that when complaints occurred they were appropriately followed up and the outcome of the complaint, including complainant's level of satisfaction was recorded separately from residents' care plan.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had been reviewed and updated within the previous three years. However, some of these policies required further review to ensure they were based on the latest evidence and fully met the regulatory requirement. For example the risk management policy or the use of restraints; this is being judged under their respective regulations.

Judgment: Compliant

Quality and safety

Overall, the inspection found that residents living in this designated centre were protected by robust infection prevention and control practices, enjoyed a good quality of life and had their nursing and social care needs appropriately identified and met by a team of dedicated professionals who actively advocated for the residents. While the outbreak of the COVID-19 had severely impacted the centre, the inspection found that the systems and the contingency plan in place had been effectively implemented to promote safety and maximise quality of life. Although there were no immediate risks identified on this inspection, there were some opportunities for further improvement in respect of the use of restrictive practices and risk management policy, as further detailed below and under Regulations 7 and 26.

The inspector reviewed a sample of residents' care records and found that they

were largely of a good standard, person-centred and sufficiently detailed to effectively guide care. Care plans were individualised and informed by comprehensive assessments and risk assessments which were reviewed at regular intervals. Staff knew the residents well and were familiar with their needs as identified in the care plan. There were no residents with pressure sores and chronic wounds were managed well. Pressure relieving equipment was available to residents where required. There was good oversight of antibiotic use and a low incidence of falls or weight loss among the residents, with preventative measures put in place and regularly reviewed.

Although it was evident that residents received a high standard of nursing care, the use of bedrails in the centre required full review to ensure they were appropriate and that staff understood what constituted restraint. Nevertheless, the inspector was satisfied that a restraint-free environment was promoted in the centre and that residents were safeguarded against the risk of abuse by robust policies, knowledgeable staff and good oversight. Residents reported they felt safe in the centre and that staff were quick to respond to their needs.

Essential healthcare providers continued to visit the residents in the centre as needed. Throughout the outbreak the medical practitioner had attended the centre on a daily basis, which ensured that any identified needs were promptly and effectively addressed.

While there were no residents at the end of life on the day of inspection, the inspector followed up the journey of a resident who had died with COVID-19 in the designated centre. The care records confirmed that residents' expressed wishes at the end of life had been discussed in advance and were respected, their nursing needs were timely identified and addressed, including the spiritual and psychosocial needs. There were effective communication arrangements with residents' family who were regularly updated and allowed to visit on compassionate grounds.

The inspection found that residents rights were upheld by the centre. Residents were consulted with, kept up-to-date with public health advice and supported to make informed choices. The inspector witnessed many examples of good practice. For example, there were no medication trolleys used in the centre. Each residents' bedroom had it's own dedicated storage area and residents' individual medicines were stored safely for administration at bedside, thus ensuring residents' privacy and dignity was enhanced. All interactions between staff and residents witnessed by inspector were empathetic and kind.

While the local risk management policy required review to ensure regulatory compliance, the inspector was satisfied that the provider maintained good oversight of risk and appropriate controls had been put in place to any identified risk.

The premises was very clean, well-maintained and well laid out to meet resident's needs. Enhanced measures had been put in place to limit and control the spread of infection, with each unit functioning as an independent zone. Throughout the inspection staff were observed to adhere to correct infection prevention and control procedures and the provider was carrying out regular spot checks and hand hygiene

audits.

There were processes for cleaning and decontaminating furniture and equipment which included daily disinfection and weekly steam cleaning. Records for the daily and weekly cleaning schedules were well-maintained. The cleaning and laundry services were appropriately managed and had been outsourced to an external company.

Regulation 11: Visits

Visiting was observed to be restricted in the centre in line with public health guidance (Health Protection and Surveillance Centre, *COVID-19 Guidance on visits to Long Term Residential Care Facilities*). However, the provider was proactive in ensuring that residents' visiting rights were maximised. Window visiting had been facilitated for all residents throughout the pandemic and the inspector observed that appropriate arrangements were in place in relation to indoor visiting, to ensure they were safe and comfortable. Compassionate visiting was unrestricted and facilitated on an individual basis as required.

A visiting pod was available in each unit which was equipped with glass screen, disinfecting wipes and alcohol gel, and appropriately laid out to maintain social distance. In line with the latest public health advice, visiting was also permitted in residents' own bedrooms, where appropriate. All visitors who communicated with the inspector were satisfied with the visiting arrangements in place.

Judgment: Compliant

Regulation 13: End of life

A review of care records showed that each resident had an end-of-life care plan in place which was person-centred and included the detail in respect of their preferences for care if they became seriously unwell.

The inspector also reviewed a sample of records for a resident who died with COVID-19 in the centre and found that they had received a good standard of care, which included appropriate personal care and symptom management and control as well as emotional and psychosocial support for the family, who could visit on compassionate grounds. The inspector also saw a number of letters from bereaved families expressing satisfaction with the compassionate and dignified way in which their loved one had been cared for at the end of their life.

The GP visited daily and there were established pathways with specialist palliative and respiratory consultants to support symptom management including out of hours. A supply of anticipatory medicines for symptom control and advanced care

planning arrangements were in place. Most nurses had recently completed specialist palliative training to enable them provide the highest standard in end of life care.

Judgment: Compliant

Regulation 17: Premises

All rooms were bright and spacious, furnished to a high standard and their layout and design promoted residents' rights for privacy and dignity. Bedrooms were personalised with ornaments and photographs belonging to the residents, who were encouraged to retain their own possessions. While each bedroom had access to its own shower en-suite facility, a number of communal assisted bathrooms were also available to the residents, including three large bath facilities for residents who preferred baths instead of showers.

Communal areas were safe, inviting and comfortably furnished and there was good natural light and signage throughout. The dining areas were large, spacious and tastefully decorated and could accommodate all residents in one sitting. Several other communal areas were available for residents' use and this variety offered residents choice in relation to socialising, while also providing access to quiet spaces.

Each house had access to a safe outdoor space which residents could access freely. The internal gardens were wheelchair-friendly and included safe pathways to promote residents' independence while maintaining their safety. There were numerous benches, colourful furniture and umbrellas and raised flower beds, which created an inviting space for the residents, who were seen engaged in gardening activities or enjoying the fresh air.

Appropriate staff changing rooms and shower facilities were available, and these were found to be well organised and hygienic.

The premises were well-maintained throughout. Appropriate handrails were available in bathrooms and along the corridors. Each unit had its own sluice facility, with workable bedpan washers.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risks associated with the centre and good systems in place which ensured that the health and safety of residents, staff and visitors was promoted and protected. The inspector reviewed minutes of the monthly quality and risk management meetings where infection prevention and control was a standing

item on the agenda.

While the inspector was satisfied that the risk was managed well in the centre, the risk management policy required review to ensure it included all of the requirements of Regulation 26.

A serious incident review identifying learning had been completed following the first COVID-19 outbreak in the designated centre. A subsequent incident review in respect of the second outbreak was being compiled at the time of inspection, and the person in charge agreed to submit it to the inspector when same was completed.

Judgment: Substantially compliant

Regulation 27: Infection control

Infection control practices were safe. There was a comprehensive policy in place and staff were knowledgeable of the standards for the prevention and control of healthcare associated infections. The inspector observed good infection control practices and hygiene standards implemented by staff during the course of inspection. Alcohol gel was available throughout the centre and staff were observed carrying out good hand hygiene practices.

The designated centre was very clean, hygienic, free from odours and there were sufficient sanitary facilities for the number of residents.

There were adequate hand-washing facilities and good cleaning systems in place. Equipment was clean on observation and appropriate systems to oversee practices were in place. Cleaning services were provided by an external company, and additional cleaning hours had been provided during the outbreak of COVID-19.

Cleaning staff had the appropriate knowledge and appropriate equipment and cleaning supplies to perform their role.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care plans (including recently admitted and recently deceased residents) and found that they were person-

centred, regularly updated and created in consultation with the resident. Care plans were initiated on admission and were informed by a pre-assessment and a comprehensive assessment. Regular risk assessments using validated screening tools were carried out and every four months or sooner if resident's condition changed.

Care plans included specific details about residents' personal history, past and current hobbies, preferences and wishes, which enabled staff to tailor the interventions and meet residents' needs in a person-centred way. Staff knew the residents well and were seen to implement the care plan.

Communications with families in respect of residents' plans of care occurred frequently and it was appropriately documented.

Judgment: Compliant

Regulation 6: Health care

Overall, residents' healthcare was being maintained by a good standard of evidence-based nursing care. Each residents' temperature was checked twice daily and appropriate action was taken when there were variations from baseline. The care records were comprehensive and person-centred and showed that residents were reviewed and had access to specialist health supports as required.

The GP visited the centre every day and out of hours medical services were also available if required. A physiotherapist was also based in the centre and reviewed the residents when needed. Residents could access appropriate expertise including dietetic services, occupational therapy, speech and language therapy, dental, audiology and chiropody services, behavioural therapist, tissue viability nurse as well as consultant specialists in palliative, gerontology and psychiatry of old age.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a low incidence of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Residents who presented with responsive behaviours had behavioural care plans in place that provided detailed, person-centred information on the appropriate diversionary strategies that staff could use to reassure the individual residents. The inspector observed that interactions were person-centred and staff were confident and skilled in implementing appropriate de-escalation strategies. However improvements were

required in how staff recorded this type of event in the resident's daily record.

Furthermore, while most staff had training in dementia care and the Prevention and Management of Aggression and Violence (PAMV), the inspection identified the need for specific training in the use of restrictive practices in line with best practice guidance.

On the day of the inspection the registered provider reported that no restrictive practices were being used in the centre. However on review of care records, the inspector identified that a resident was using two bedrails which they had requested for their safety. These did not feature in a restraint register and had not been notified to the Chief Inspector in line with regulatory requirements. The inspector discussed the findings with the person in charge and requested a full review of the use of restrictive practices in the centre. Information received following the inspection confirmed that two residents were using bedrails in the centre. Whilst this was a very low level of restraint used by the service the restraints had not been managed in line with best practice guidance and had not been notified to the Chief Inspector in line with the requirements.

The inspector was satisfied that restraints were only implemented following a risk assessment and an up to date care plan was in place. A variety of alternatives to bedrails were available and observed to be used such as low low beds, sensor mats, bed levers and wedges.

Judgment: Substantially compliant

Regulation 8: Protection

All staff had completed the mandatory training in safeguarding vulnerable adults and understood how to recognise instances of abusive situations. Staff spoken with were aware of the appropriate reporting systems in place and the steps to be taken if they suspected, witnessed or had abuse reported to them, as per policy. Residents who spoke with inspectors said they felt safe in the centre and that staff were respectful of their health and social care needs.

The provider acted as a pension-agent for one of the residents living in the centre. The management team understood their responsibilities in relation to the welfare and protection of residents' finances and provided written assurances and confirmation that their systems aligned with the regulatory requirements as set out by the Department of Social Protection.

Residents had access to advocacy services where required.

Judgment: Compliant

Regulation 9: Residents' rights

Person-centred care was at the core of care provision in the centre and the inspector was satisfied that resident's rights were upheld by the centre, including the promotion of choice, independence and enablement. Residents' wishes or right to refuse were respected and residents could choose how they wished to spend their day. Residents' privacy and dignity was maintained.

Access to outside space was unrestricted and outings with family members were encouraged and facilitated for those residents who wanted them.

A programme of activities was available in each house, which was flexible and allowed residents to choose which activities they wished to take part in. Facilities were available and residents had opportunities for recreation and meaningful engagement which included both group activities as well as one to one social support where required. These included communal area, an Oratory, a Snoezelen room (sensory room) as well as licensed shop and bar which was available on the premises and where residents could meet their visitors in a social environment. During the COVID-19 outbreak group activities had been curtailed in line with public health guidance. However, throughout the pandemic, alternative opportunities for recreation were made available to the residents including monthly icecream van visits, online mass and service and local garden parties.

Residents were kept informed about current news and had access to internet, radio, television and newspapers in line with their preferences. Information leaflets were available at various points throughout the centre, including the charter of residents' rights.

Residents' feedback and involvement was sought with last residents' meeting taking place in March 2021. Records showed that prior to the outbreak of COVID-19 residents meetings took place on a monthly basis. This practice needed to resume to ensure residents continued to be proactively involved and have a say in the running and organisation of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Mary's Residential Centre OSV-0000495

Inspection ID: MON-0031679

Date of inspection: 11/05/2021

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>A prepared written Statement of purpose relating to the designated centre St. Mary's which contains the information set out in Schedule 1 of regulation 3 will be available in the centre on 23/07/21.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>There is a risk management policy in place in the centre as set out in schedule 5 of the regulation 26 which includes</p> <ul style="list-style-type: none"> - Measures and actions in place to control abuse - Measures and actions in place to control the unexplained absence of any resident - Measures and actions in place to control accidental injury to residents visitors or staff - Measures and actions in place to control aggression and violence - Measures and actions in place to control self harm 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

The registered provider will ensure that if restraint is required in the centre it will only be used in line with the Department of Health National Policy, "Towards a restraint free environment in nursing homes" (2011), and HIQA Guidance, On Promoting A Care Environment that is free from Restrictive Practice, (March 2019) and St. Mary's Residential Centre The Use of Restraint Policy, (15th July 2021).

All staff will receive information sessions (tool box talk) on restrictive practice and the use of restraint within the centre in line with the above policies and guidelines, to be completed by 27.08.2021.

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 26(1)(c)(i)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control abuse.	Not Compliant	Yellow	15/07/2021
Regulation 26(1)(c)(ii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the unexplained absence of any resident.	Not Compliant	Yellow	15/07/2021
Regulation 26(1)(c)(iii)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to	Not Compliant	Yellow	15/07/2021

	control accidental injury to residents, visitors or staff.			
Regulation 26(1)(c)(iv)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control aggression and violence.	Not Compliant	Yellow	15/07/2021
Regulation 26(1)(c)(v)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control self-harm.	Not Compliant	Yellow	15/07/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	23/07/2021
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.	Substantially Compliant	Yellow	30/08/2021