



**Health  
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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:	St Oliver Plunkett Community Unit
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	08 June 2023
Centre ID:	OSV-0000539
Fieldwork ID:	MON-0037968

## About the designated centre

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

St. Oliver Plunkett Community Unit is a ground floor building comprising of a day hospital and a nursing home. It is located onsite and to the rear of Louth County Hospital on the outskirts of the town of Dundalk. The centre has undergone extensive refurbishment in recent years that has resulted in a variety of private and communal facilities for residents and a number of secure outdoor areas. Central facilities include a church, lounge, reception area, main kitchen where prepared food is delivered to, offices and storage rooms. Residents also have use of the day services and activities provided in the adjoining day hospital.

A total of 63 residents can be accommodated in the residential centre that has two distinct units, St. Cecilia's that accommodates up to 44 residents and St. Gerard's (dementia specific unit) that accommodates up to 19 residents. Residents' bedroom accommodation consists of a mixture of single and twin bedrooms. Some have en-suite facilities and others share communal facilities.

The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions. It encourages individual choice and active participation with the involvement of family and friends in a homely atmosphere where people are valued.

A vision of being open to new ideas and ways of working to ensure effective communication and teamwork to develop and provide safe person centred care is outlined.

Services provided include respite, day care, dementia care, extended care and interim funding initiative beds.

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

Number of residents on the date of inspection:	55
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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
Thursday 8 June 2023	09:00hrs to 18:20hrs	Geraldine Flannery	Lead

## What residents told us and what inspectors observed

The inspector spoke with residents and visitors throughout the day of the inspection, to elicit their experiences of life in St Oliver Plunkett Community Unit. Overall, residents expressed high levels of satisfaction with the care provided to them. Residents spoke with high praise for the staff within the centre, with one resident reporting 'all is 100%, I wouldn't live anywhere else' and another saying 'I receive excellent care by professional, dedicated staff'.

Following an opening meeting, the inspector was accompanied on a tour of the premises. The inspector observed that many residents were up and dressed in the morning. They appeared well groomed and comfortable in their surroundings.

Overall, the centre was seen to be bright, clean and homely throughout. There were a number of spaces for residents to relax in, such as pleasantly decorated and homely day rooms. These rooms were comfortably furnished with an adequate amount of seating, wall art and house plants. Several enclosed courtyards were available which were easily accessible by the residents.

The premises was laid out to meet the needs of residents and to encourage and facilitate independence. Throughout the day, the inspector observed residents mobilizing freely around the centre. With residents' permission, the inspector viewed a small number of bedrooms and saw that they were warm, homely spaces, and personalized with photographs and souvenirs from resident's homes which reflected their life and interests. Residents were seen to have adequate locked space to store and maintain clothes and personal possessions. Residents confirmed that they were satisfied with their living arrangements and the overall standard of cleanliness maintained in their rooms and in the communal areas of the centre. Advocacy services were available to all residents that requested them.

Residents informed the inspector how staff supported them to enjoy life in the centre. Newspapers were delivered daily to the centre. Activity staff was on site to organize and encourage resident participation in events. On the day of inspection, the inspector observed a visit from a group of musicians. The show proved very popular with residents as the entertainers appeared very enthusiastic and encouraged resident participation.

The inspector observed that staff greeted residents by name and residents were seen to enjoy the company of staff. Staff were observed to speak with residents kindly and respectfully, and to interact with them in a friendly manner. The inspector observed that staff respected the privacy and dignity of residents in their own spaces, as they were seen knocking on bedroom doors prior to entering.

The inspector noted that the dining experience was a calm and sociable time for residents. Residents who spoke with the inspector expressed great satisfaction with the food. Residents told the inspector that there was always a good choice and

snacks and drinks were available to them at any time. The inspector observed the meal time service to be well managed and unhurried and noted that there were sufficient numbers of staff available to assist residents during meal times.

While there were no concerns in respect of the management of residents' private property and finances for existing residents living at the centre, the inspector observed that deceased residents' funds were not timely returned, in line with policy.

The inspector observed many instances of good practices in respect of infection prevention and control including good hand hygiene techniques, and overall procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018).

The inspector observed that, following the last inspection, the registered provider had upheld their commitment to come into compliance with the regulations including Regulation 29, Medicines and pharmaceutical services. For example: the frequency of admission and maximum dosage of prescribed medications, and the residents' weight and name of their general practitioner were identified on the prescription chart.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

Overall, this inspection found that residents were provided with a good standard of care by management and staff who were focused on improving residents well-being while living in the centre. The centre had a good history of compliance with the regulations and was transparent in their dealings with the regulator.

This was an unannounced risk inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended).

The Health Service Executive (HSE) is the registered provider for St Oliver Plunkett Community Unit. The senior management team included the area manager for older person services, the person in charge and the assistant director of nursing. The person in charge facilitated this inspection and demonstrated a good knowledge of the legislation and a commitment to providing a good quality service for the residents.

Residents were consulted in relation to matters related to their quality of life in the centre. Residents and families were encouraged to make comments and suggestions

about the service by completing the HSE 'Your service, your say' comment cards, provided throughout the centre. The annual review for 2022 was available for the residents and inspector, and included details of residents' satisfaction survey and opinions.

Policies and procedures were in place in line with the requirements set out in the regulations. They were easy to read and understand so that they could be readily adopted and implemented by staff. Staff spoken with recognised that policy, procedures and guidelines help them deliver suitable safe care, and this was reflected in practice.

Although overall there were good governance and management arrangements to oversee all aspects of service provision, the inspector found that the national policy on patient's private property and finances had not been fully implemented, and that deceased residents' finances had not been timely returned. The inspector was assured however that there had been no misappropriation of funds and that appropriate safeguards were in place to protect residents' finances. The registered provider gave robust assurances that immediate action would be taken to address this gap in the oversight of finances.

Staff training records were maintained to assist the person in charge with monitoring and tracking the completion of mandatory and other training by staff. A review of these records confirmed that all staff training in manual handling procedures, safeguarding and fire safety had been completed.

There was good evidence on the day of inspection that residents were receiving good care and attention. The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents and visitors, found that the number and skill mix of staff was sufficient to meet the needs of residents, having regard to the size and layout of the centre. A sample of staff records were reviewed by the inspector and each staff had completed An Garda Síochána vetting requests prior to commencing employment.

The centre had a directory of residents in accordance with Schedule 3, which ensured that comprehensive records were maintained of a resident's occupancy in the centre. It was in electronic format and was appropriately maintained, safe and accessible.

The inspector reviewed three contracts for the provision of services and found that they were in line with the regulations and clearly specified the terms and conditions of the residents' residency in the centre.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services. The inspector followed up on incidents that were notified and found that these were managed in accordance with the centre's policies.

The person in charge was absent from the centre for a period of 28 days or more. The person delegated to assume responsibility knew the service and had the authority and accountability to assume the role of person in charge. They were

suitably trained to manage the facilities and service, and displayed effective leadership and management. Residents informed the inspectors that they were kept informed of changes in management and were happy with the arrangement.

### Regulation 15: Staffing

The staffing numbers and skill-mix were appropriate to meet the needs of residents living in the centre. There was a registered nurse on duty at all times as confirmed by the person in charge and staff rosters. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.

Judgment: Compliant

### Regulation 16: Training and staff development

The person in charge had ensured that staff had access to appropriate training. There was an ongoing schedule of training in place to support staff.

Judgment: Compliant

### Regulation 19: Directory of residents

A Directory of Residents was established and maintained in the designated centre. A sample of residents' names were randomly chosen by the inspector and all included the information specified in paragraph 3 of Schedule 3 in the Care and Welfare of Residents in Designated Centres 2013.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place that identified the lines of authority and accountability. While there were management systems in place to monitor the effectiveness and suitability of care being delivered to residents, the system in place to manage deceased resident's finances was inadequate and will be discussed further in Regulation 12; Personal possessions.



Judgment: Substantially compliant

#### Regulation 24: Contract for the provision of services

The inspector reviewed three contracts of care between the resident and the registered provider and saw that they clearly set out the terms and conditions of the resident's residency in the centre and any charges incurred.

Judgment: Compliant

#### Regulation 31: Notification of incidents

The person in charge had notified all accidents and incidents within the required time-frame to the Chief Inspector of Social Services. There were clear lines of responsibility and accountability observed in the absence of the person in charge.

Judgment: Compliant

#### Regulation 32: Notification of absence

The Chief Inspector was given notice in writing to the proposed absence of the person in charge for a continuous 28 days or more.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations.

Judgment: Compliant

#### Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

The Chief Inspector was given notice in writing of the procedures and arrangements in place for the management of the designated centre during the absence of the person in charge.

Judgment: Compliant

## Quality and safety

The inspector found that residents felt safe and were supported and encouraged to have a good quality of life in the centre. Staff worked tirelessly to provide care to residents. Notwithstanding the positive findings, while there was no evidence of misuse of funds, further review was required in managing deceased resident finances and will be discussed further under the relevant regulation.

It was observed by the inspector that through ongoing comprehensive assessment resident's health and wellbeing were prioritised and maximised. The nursing team in the centre worked in conjunction with all disciplines as necessary, including dietitian, speech and language therapist, physiotherapy to name a few. Residents had their own general practitioner (GP) of choice, they could retain their own GP or if they wished they could transfer to St Oliver Plunkett medical officers. Medical cover was available daily, by phone and visits in person twice a week, or as required. Out of hours medical cover was also provided.

There were a number of residents in the centre that displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Dedicated care plans that identified triggers and distraction techniques were in place to support each resident and contained information that was person-centred in nature. Such residents were appropriately assessed and well-managed.

There were arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. All staff spoken with were clear about their role in protecting residents from abuse. Training records indicated that all staff had completed safeguarding training. The provider acted as pension-agent for 11 residents and a separate client account was in place to safeguard residents' finances. While the arrangements in place ensured that residents had access to and retained control over their personal property, possessions and finances, the management of deceased residents finances were inadequate as discussed further under Regulation 12.

Residents and visitors informed the inspector that they were happy with visiting arrangements in the nursing home. Visitors were welcome to the home at any time and they did not feel restricted. Suitable communal areas were available for

residents to receive visitors other than their own bedroom if preferred. Visitors informed the inspector that they were happy with the care provided and felt it was a good place for their loved one to live. One visitor told the inspector that they were very satisfied with communication received from the centre and they were kept informed and up to date.

Following appropriate assessment, residents' wishes and preferences were sought in a timely manner to ensure their end-of-life care needs were respected. End-of-life care assessments and care plans included consultation with the resident concerned and where appropriate, the residents' representative and reviewed by a doctor. Care plans were reviewed on an ongoing basis and updated with the changing needs of the residents.

The National Transfer document was used where a resident was temporary absent or discharged from the designated centre and contained all relevant resident information including infectious status, medications and communication difficulties where relevant. When a resident returned from another designated centre or hospital, there was evidence available that all relevant information was obtained by the designated centre.

### Regulation 11: Visits

The registered provider had arrangements in place for residents' to receive visitors. Visits were not restricted and there was adequate space for residents to meet their visitors in areas other than their bedrooms if they wished.

Judgment: Compliant

### Regulation 12: Personal possessions

Action was required to come into compliance with the regulation in the following area:

- Although a robust centralised system for the management of deceased residents' finances was in place, it was not implemented in practice and all the management of finances was not in line with policy, which stated that; if following a death, no dependents or claimants had been identified after 12 months despite all efforts, the money should be returned to the Chief State Solicitors Office (CSSO). The inspector found that significant amount of funds remained unreturned for more than five residents, some of whom had been deceased for over 15 years.

Judgment: Substantially compliant

### Regulation 13: End of life

Each resident received end of life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident continued to receive care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The person in charge ensured that where a resident was discharged from the designated centre, it was done in a planned and safe manner. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

### Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. Records showed that residents had access to medical treatment and appropriate expertise in line with their assessed needs.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Each resident experienced care that supported their physical, behavioural and psychological well being. The person in charge ensured that all staff had up-to-date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Judgment: Compliant

## Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up-to-date safeguarding policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

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

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for St Oliver Plunkett Community Unit OSV-0000539

Inspection ID: MON-0037968

Date of inspection: 08/06/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

# Section 1

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

**Compliance plan provider’s response:**

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The issue of deceased clients funds has been the subject of discussion with HSE Patients Private Property Central Unit and the Chief State Solicitors Office who require very detailed checks and investigations before funds will be accepted from the HSE. The PPP Central Unit and CSSO mutually agreed in February 2023 a detailed checklist to be completed for every deceased client before their funds would be transferred where those checks didn’t succeed in identifying and entitled person(s). This checklist with advices was circulated to this area and will now be used to progress the transfer of funds from the HSE to the Chief State Solicitors Office.</p> <p>Staff will complete the checklists over the coming weeks and arrange for the transfer of funds to the CSSO.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>The issue of deceased clients funds has been the subject of discussion with HSE Patients Private Property Central Unit and the Chief State Solicitors Office who require very detailed checks and investigations before funds will be accepted from the HSE. The PPP Central Unit and CSSO mutually agreed in February 2023 a detailed checklist to be completed for every deceased client before their funds would be transferred where those checks didn’t succeed in identifying and entitled person(s). This checklist with advices was circulated to this area and will now be used to progress the transfer of funds from the HSE to the Chief State Solicitors Office.</p>	



Staff will complete the checklists over the coming weeks and arrange for the transfer of funds to the CSSO.

## 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(c)	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 he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	18/08/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	18/08/2023