



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

Issued by the Chief Inspector

Name of designated centre:	Unit 1 St Stephen's Hospital
Name of provider:	Health Service Executive
Address of centre:	St Stephens Hospital, Sarsfield Court, Glanmire, Cork
Type of inspection:	Unannounced
Date of inspection:	21 October 2021
Centre ID:	OSV-0000715
Fieldwork ID:	MON-0034015

About the designated centre

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

Unit 1 is a dementia specific unit situated within the 117 acres of grounds at St Stephen's Hospital, Sarsfield's Court, Glanmire, Co Cork. It is situated approximately two kilometres from Glanmire village and seven kilometres from Cork city. It is a single storey detached building and is registered to accommodate 16 residents. Residents' accommodation comprises of one single bedroom, and the rest of bedrooms are four-bedded rooms. There are no en-suite facilities but assisted showers toilets and bathrooms are across the corridor. Very colourful murals are painted on the wall at the entrance to the centre and at the entrance to each bedroom. Communal space includes a dining room and sitting room and a sensory room. There is also a seating area inside the main entrance to the centre that residents enjoy using. There is a visitors' room for families to visit in private and an over-night guest room with kitchenette facilities. Residents have access to an enclosed garden with walkway and garden furniture with panoramic views of the valley and countryside. All bedrooms open onto a veranda to the side of the building. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It offers care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and palliative care to older people with a diagnosis of dementia. The centre provides 24-hour nursing care with a minimum of three nurses on duty during the day and one nurse at night time. The nurses are supported by care, catering, household and activity staff. Medical and allied health care professionals provide ongoing health care for residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11
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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 21 October 2021	09:30hrs to 17:45hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

From what residents said and from what the inspector observed, it was clear that residents were treated with patience and kindness in this centre and that their rights were respected. The inspector spoke with all residents during the day and also spoke with two relatives who had scheduled visits. While not all residents met with were able to tell the inspector their views on the care setting in great detail, they were observed to be well cared for, cheerful and familiar with staff.

On arrival at the centre, the inspector was guided through the centre's infection prevention and control procedures by a member of staff. Following a preliminary meeting the inspector was accompanied on a walkabout of the centre by the person in charge. The inspector saw that improvements were in place since the previous inspection and efforts were being made to minimise the institutional-like environment in this old building. The inspector saw examples of the improvements, internally and externally, for example, the four bedded rooms had now been converted to three bedded rooms. These were being painted at the time of inspection and a new heating system was being installed in the ceiling of each room. The privacy curtain rails had been reconfigured to suit a three bedded room and one corner of each bedroom was now furnished with a coffee table and two chairs, which gave a more homely appearance to the space. In addition, a new double wardrobe had been provided for each resident which enabled to have their clothing by their bedside and removed the need for excess clothes to be stored in the store room. The inspector found that the wardrobes were maintained in an orderly fashion and staff were asked to ensure that they were well stocked and tidy. Documentation relating to this was available inside each wardrobe.

Staff were seen to interact with residents in a kind manner and were seen to respond appropriately to behaviour changes in residents with dementia. The person in charge stated that relative and staff advocacy meetings were currently held over the phone and residents were consulted with, where appropriate, in relation to their care plans. Family members spoken with praised the staff and said that communication was effective during the visitor restrictions which were in place at the height of the COVID-19 pandemic. Residents were seen to spend a large part of their day in the sitting room. The inspector observed that this was newly decorated and wooden flooring had been installed. Residents said they liked the new decor and in addition staff said that replacing the carpet with a wooden floor meant that effective cleaning could be carried out. The relaxation (snoozelan) room was no longer locked during the day and this provided an alternative sitting area for residents. However, this was not seen to be in use at the time of inspection. The carpet in the room was yet to be replaced as planned, and it was not steam-cleaned regularly. The inspector was informed that it was last steam-cleaned during the deep clean process following the last inspection in March 2021. This was very significant in view of the prevalence of COVID-19 and the need for more effective cleaning systems. In addition, the windows in the room were occluded with adhesive, black plastic sheeting instead of blackout blinds which would have given

the room a dual purpose when the blinds were opened. This would make it a more inviting room for residents to sit during the day, in natural light.

The dining room was used at each mealtime. It was also freshly painted and the tables were spaced to provide for social distance. The person in charge informed the inspector that new tables, a clock and pictures were on order which would further modernise and furnish the room. The inspector saw that meals were provided at more suitable times for example, dinner was not served before 12.30. The meals were varied, for example, there was a choice of a pasta or meat dish on the day of inspection and the meals were noted to be piping hot. The portions were large and residents said they enjoyed the choice and the flavour of the food. One resident told the inspector that the meat was "very tender". The inspector found that, generally, residents were supported to eat in a dignified manner. An audit of nutrition and meal times was seen to support this finding with an additional proviso by the auditor that suitable easy-to-read menus be made available when the dining room renovation was completed.

As found on the previous inspection none of the bedrooms had en suite toilets or showers: toilet and shower access was only available by crossing the hall to the other side of the corridor. There were three shower rooms available to the 11 residents on site. The inspector observed that these were all locked on the day of inspection, even though each had a toilet which would have provided more toilet access to residents if left open for use. The inspector found that one of these shower rooms was newly decorated with 'white rock sheeting' (specially designed for enhanced hygiene) on the walls. However, this shower room was last used on 2 October and on further enquiry the inspector was informed that only one of the three shower rooms was in use regularly. The water was left running in the third shower due to the fact that it was used so infrequently (this practice was to prevent legionella risk which can build up in unused water in showers). A choice of shower rooms for residents would support the prevention of cross infection. Since the previous inspection the small, single bedroom had been furnished with a wardrobe and kept vacant as an isolation room.

While cleanliness in the centre had improved the inspector found that there were still areas of concern in relation to the preparedness of the centre for an outbreak of COVID-19. For example, the janitorial room used by the housekeeping group was observed to be very dirty at the start of the inspection day. There were mop heads on the floor behind the door which staff said were too small for the mops and the cleaning method in use was still a bucket and mop. This method of cleaning posed a big risk of cross contamination as there were no mop head replacements available. This meant for example that there was one bucket and one mop for all shower rooms and toilets and two other mops for all the communal areas. Staff spoken with were not aware of the exact method to dilute the sterilising agent recommended for high touch areas. This aspect was addressed in more detail under Regulation 27 in the quality and safety dimension of the report.

A number of residents liked to sit in the small foyer to converse with staff and each other. This area was furnished with a couch and chairs. Similar to findings on the previous inspection the flooring was old and very worn in this section and the

furniture was covered in fabric which would have required steam cleaning, which was not available. The inspector was informed that this area was on the renovation schedule and the person in charge stated that a 'velux' roof window was planned for the adjacent hallway to add more light.

Planned daily activities were seen written on an activity 'white board' in the centre. However, throughout the day residents were seen to spend long periods of time unattended and the programme of activities was vague and not organised in any meaningful way. Residents were referred to as "clients" rather than residents on the activity 'white board' and it was unclear who had written out the activity schedule for the day. As described on the previous inspection an organised activity such as flower arranging or a baking demonstration would have created a communal sense of involvement for residents some of whom were very interested in what was going on. On a positive note the person in charge said that a flower arranging session was organised for later in the week and that since the previous inspection the occupational therapists (OTs) visited on a weekly basis. This was acknowledged as a great resource for a small number of residents who had been accompanied out to restaurants by the OT and to the activity centre on the campus grounds. Additionally, the physiotherapist had visited each resident and provided an assessment of their mobility during the year. One staff member also led a weekly Sonas (activating communication through the senses) session. The inspector found that the door to the garden was locked as the builders were coming and going from the external patio and veranda area. Two residents were accompanied outside for a walk during the day. The outside of the building had been painted and the garden and veranda had been completely revamped with seating and large wooden flower boxes. Relatives and staff said that the garden was used very frequently during the summer when all residents spent periods of time outdoors for visiting, relaxing, activity and parties. One family member said that visiting was mainly done outdoors in the summer, which she really enjoyed.

Two male residents were confined to bed every day. As previously found there was little in the way of distraction in each bedroom for residents who were confined there, except for the television or radio. The inspector saw that one resident had been seen by the OT on five occasions and had been found asleep on each visit, meaning that no interaction had occurred. As there was only one TV available in each three bedded room all residents would be required to listen to or watch the same programme which did not offer choice to residents.

Some practices had not changed since the previous inspection. For example, there were a number of doors which were locked by staff, who all carried keys for certain rooms. This did nothing to create a home-like atmosphere and was part of the old culture of care which was more custodial in nature. The inspector found that there was a need for ongoing training in culture change with an understanding that this centre was 'home' for the residents who lived there.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered. It will describe those areas that were well managed and in compliance with the

regulations, and those areas where improvements in compliance was required.

Capacity and capability

On this inspection the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were now defined and clearly set out. Cohesion and effective work practices were being established and the management team were working well together. While progress was evident in completing the actions required following the previous inspection the inspector found that there were improvements required particularly in premises, fire, records, residents' rights, training and infection control. A number of these were addressed under the regulations in the quality and safety dimension of the report.

This was an unannounced risk based inspection conducted to follow up on the actions required from the previous inspection. The centre had a recent history of poor compliance with the regulations identified during the inspection undertaken on 2 March 2021. That inspection identified that the governance and management arrangements were not well defined or clearly set out which had a negative impact on compliance with regulations and the maintenance of an effectively monitored service. Following that inspection a cautionary meeting was held with the provider, the Health Services Executive (HSE), to discuss the findings of non compliance and to establish what actions had been taken to come into compliance. The centre was then registered with conditions: one of which related to the maintenance of a full time post of person in charge and the second condition set out a time frame by which to address the findings of the inspection. In the interim between these two inspections the provider had been found to operate outside the aforementioned conditions of registration. The provider was required to attend a warning meeting with the office of the Chief Inspector on 19 August 2021 to ensure the centre was operated in line with the conditions of registration and to ensure that there were no further episodes whereby the provider operated the centre without a person in charge. A warning letter was issued to the provider on 24 August 2021 relating to these matters. There had been ongoing engagement with the provider since then. On a positive note, on this inspection the inspector found that the person in charge worked full time in the centre and the provider had applied to vary and agree a revised date by which the required actions would be completed.

Unit 1 of St Stephen's Hospital (Unit 1) was operated by the HSE and was located in the grounds of St Stephen's Hospital, Sarsfields Court in Glanmire. There were 11 residents living in the centre on the day of inspection with five vacant beds. The provider had reduced the number of residents to 16 at full occupancy, in light of the COVID-19 pandemic and the need to facilitate safe social distance and adequate bedroom space. On this inspection the management team had been augmented. The person in charge was full time, experienced in the role of person in charge and had relocated her office to the centre to facilitate supervision and oversight. The

care and support team in the centre was now comprised of two clinical nurse managers, a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff. There was evidence of regular meetings between staff and the person in charge. Complaints management and key performance indicators were reviewed and discussed at these meetings as evidenced in minutes seen by the inspector. Staff handover meetings ensured that information on residents' changing needs was communicated effectively according to staff spoken with.

The inspector found that the regulatory annual review of the quality and safety of care had been undertaken for last year. A quality management system which included reviews and audits had been set up by the team to ensure sustainability of a service which was safe and effective. Key clinical data had been collected including on the management of skin integrity, falls, bed rail use, complaints and health and safety issues. Policies had been updated within the three year time frame set out by regulation. The policy on falls had been reviewed following a recent incident, and a copy was available for inspection purposes.

The training matrix indicated that a number of staff had received training appropriate to their various roles and staff reported that the training kept their knowledge and skills updated in order to provide evidence-based care to residents. Staff supervision was implemented through performance improvement plans, staff probation meetings and appraisals. However, not all staff had undertaken mandatory training as outlined under Regulation 16: Staff training and development. In the sample of staff files reviewed the inspector found that most of the required regulatory documents were in place. Job descriptions, An Garda Síochána (Irish police) vetting (GV) clearance arrangements and probation reviews were carried out for new staff in conjunction with policy requirements. However, one file in the sample viewed was not compliant. This was addressed under Regulation 21: Records.

Copies of the appropriate standards and regulations were readily available and made accessible to staff since the previous inspection. Maintenance records were in place for equipment such as hoists and fire-fighting equipment. Records and documentation as required by Schedule 2, 3 and 4 of the regulations were generally well maintained. Residents' records such as care plans, assessments, medical notes and nursing records were accessible to the inspector. However, not all records were securely stored. Other records, such as the complaints book and incident reports were seen to be comprehensively maintained.

Regulation 14: Persons in charge

The person in charge was assigned full time to the centre and fulfilled the regulatory requirements.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels on the day of inspection were sufficient to meet the needs of the 11 residents in the centre.

In addition to the staff on duty there was one agency staff member employed to provided individual care to a resident who had returned from hospital post surgery.

Judgment: Compliant

Regulation 16: Training and staff development

Not all the mandatory training had been delivered to staff.

For example, all staff had yet to undertake training in responsive behaviour.

Additionally, one staff spoken with had not received elder abuse prevention training or fire training in Unit 1.

Judgment: Not compliant

Regulation 21: Records

Old files containing residents' personal data were stored in unlocked file cabinets in the store room.

Of the sample of staff files viewed one staff file did not contain the requirements of Schedule 2 as set out in the regulations for a designated centre. For example, there was no identification document (ID), no curriculum vitae (CV) and no references on file.

In addition, the roster was not complete as the names of all staff assigned to the unit were not written on the roster.

Judgment: Not compliant

Regulation 23: Governance and management

On this inspection while there was a clearly defined management structure in place, the team had only been fully established since September when the person in charge returned to the centre. The senior clinical nurse manager (CNM2), had yet to be given a permanent post in the role and was not assigned dedicated administration hours.

The inspector found that the governance and management in the centre required strengthening to provide additional oversight to ensure the quality of care and safety of the service was effectively monitored. The systems in place were not sufficiently robust as was evidenced during the inspection in relation to premises, records management, staff training, infection control processes, medicine management and residents' rights.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Reports of incidents which were required to be notified to the Chief Inspector had been submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints had been recorded, trended and followed up. The satisfaction or not of the complainants had been documented.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required to be in place to support best practice were seen to be well maintained and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, despite the COVID-19 restrictions and ongoing renovations residents were generally supported and encouraged to have a good quality of life which was respectful of their wishes and choices. There was evidence of good consultation with residents and their families. Residents' needs were being met through excellent access to health care services. Improvements were required however, to protect residents from the risk of infection and to provide increased opportunities for social engagement and meaningful activity.

New care plans had been commenced since the previous inspection. They addressed all aspects of care both medical and social for individuals. Extensive audit had been carried out on the use of psychotropic (a type of sedative) medicines. The clinical nurse manager explained to the inspector how the review and audit were undertaken by the consultant in charge of the unit who reduced these medicines where appropriate to ensure an optimal quality of life for residents.

Food was varied, hot and plentiful. Residents maintained their weight and were seen to enjoy the meals. Audit of the dining experience had been undertaken and actions were being followed up where necessary. However some improvements with the dining experience were required.

Previous inspections of the centre highlighted the negative effect of living in four bedded rooms, resulted in residents having limited space for personal possessions and receiving personal care in close proximity to a other residents. This impacted on residents' human right to privacy and dignity. In response to this the Health Service Executive (HSE) had implemented a renovation and refurbishment project. This project involved reducing the occupancy of the four bedded rooms to three bedded rooms, which increased the personal space. The completed bedrooms were decorated to a high standard. The staff office, the sitting room, the shower room and two bedrooms were completed. Some new chairs and coffee tables had been purchased for the additional recreational space for residents. The large floor-standing radiators had been removed and heating was being installed in the ceiling of each bedroom which increased the floor space further. The sitting room had been newly floored, painted and reconfigured to provide for a homely environment. One shower room had been completely refurbished with 'white rock' sheeting which was hygienic and easy to maintain. Nonetheless, the inspector found that this shower room was rarely used for residents.

There was an infection prevention and control lead person on the staff and in general there were improved practices regarding implementation of infection control guidelines in the centre. Disposable sanitary products had been purchased and a new bedpan macerator for these products had been installed in the sluice room. The inspector acknowledged that residents and staff, living and working in centre, had been through a challenging time due to the global pandemic. There was great credit due to all that the centre had not experienced an outbreak of COVID-19. A contingency plan was in place should the centre experience an outbreak.

Nevertheless, this inspection found that the daily oversight of cleaning and associated training required to be addressed as found on the previous inspection. The provider was required to take immediate action to address the issues identified. This was particularly significant in view of a resurgence of COVID-19 in designated centres. These issues were outlined in detail under Regulation 27: Infection control, in this report.

There was a preventive maintenance schedule of fire safety equipment in place. The fire alarm and emergency lighting were serviced in accordance with the recommended frequency. The fire extinguishers were last serviced in May 2021. Personal emergency evacuation plans were in place for each resident and updated on a regular basis. The majority of staff had completed their annual fire safety training and fire evacuation drills. Some further improvements were required in relation to staff-led drills.

Activity provision continued to require enhancement to provide more frequent opportunities for residents to participate in regular activities in accordance with their interests and capacities. Nonetheless, residents were seen to have access to radios, television and newspapers. Entries were seen in residents' care plans indicating that each day a staff member was assigned to do activities with residents for an hour in the afternoon. Records were not consistently maintained however.

Regulation 11: Visits

Visitors were accommodated in a room which could be accessed from the veranda. This meant that there was less likelihood of infection being introduced particularly at the time of a resurgence in COVID-19 infections. Visitors complied with recommended guidelines. Management staff were heard to engage with relatives in a very informative, personalised and engaging manner.

Judgment: Compliant

Regulation 12: Personal possessions

There had been substantial improvements in the maintenance of residents' personal possessions since the previous inspection: bigger wardrobes had been installed, personal clothing was clearly marked and there was more space within the bedrooms due to the fact they were now occupied by three residents instead of the previous four.

Judgment: Compliant

Regulation 13: End of life

End-of-life wishes were recorded and these were documented as discussed with residents and relatives. There was evidence seen that the doctor had spoken to family members about choice for end-of-life treatment and placement. The majority had opted to stay in the designated centre except if there was a specific need for hospital such as, in the unfortunate event of sustaining a fracture.

Judgment: Compliant

Regulation 17: Premises

- The staff room remained unkempt with flooring, windows and furniture yet to be replaced. The room was dark, not clean and was not a comfortable place to have meals. This would not be a suitable environment for staff breaks in the event of an outbreak of COVID-19 as the surfaces or flooring could not be adequately cleaned.
- The relaxation room was not suitably set up and furnished for various uses.
- New dining tables and cleanable chairs for the sitting room and foyer were awaited.
- Flooring was due to be replaced in all areas of the home including in the carpeted rooms.
- Pictures and clocks were awaiting purchase in order to display around the centre.
- Alternatives to key locking of doors on the shower rooms and other accessible areas to be sourced. There was a bolt fastened at the top of one shower room door, as well as the use of a key to lock the door.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were some issues identified with meeting the food and nutritional needs of residents.

- In one instance staff were seen to use inappropriately sized spoons when supporting a resident to have dinner.
- In addition, not all residents were positioned in such a manner to maintain eye contact with the staff member assisting them.
- The hoist operated weighing scale was not working for a period of time in the summer so certain residents could not have their malnutrition universal

screening (MUST) done at that time while awaiting repair of the equipment.

Judgment: Substantially compliant

Regulation 26: Risk management

- Risks had been assessed and addressed. Controls had been put in place to minimise harm.
- The risk register had been updated to include the risks associated with COVID-19 and the risk of aspergillosis (a lung infection) from the ongoing building works.
- There were arrangements in place for recording, investigating and learning from serious events involving residents.

Judgment: Compliant

Regulation 27: Infection control

Immediate action was required to ensure that the cleaning system in use was suitable for cleaning, particularly in a pandemic era.

- There were only three mop heads in place for all rooms in the centre therefore they were not changed between rooms which could lead to cross infection.
- Mops were only washed weekly according to the staff spoken with.
- Staff required training in product dilution for example there was a lack of clarity in how much water was required to dilute a cleaning product that was in tablet form. Clear guidelines were required to ensure optimal effectiveness of the product.
- The janitorial room used to store cleaning products was dirty and there was no hand washing sink in the room. The windows in this room were mouldy and were last cleaned during the deep-clean following the last inspection in March 2021.
- Cleaning buckets were visibly unclean. Effective cleaning and decontamination is compromised if cleaning equipment is contaminated.
- The high dusting in the centre was not done.
- There was no housekeeping staff on duty after 1pm.
- A spill kit was not in place (this was on order). This was required for use to mop up blood or other body fluids.
- A hand washing sink was awaiting installation in the main hallway, separate from residents' bedroom sinks.
- Antimicrobial soap (chlorhexidine) was available at hand hygiene sinks. This is associated with skin care issues and it is not necessary for use in everyday

clinical practice particularly where alcohol hand rub was available in the centre.

- There was no documentation to indicate that commodes were sanitised between each use as there were only two in the centre. These also doubled as shower chairs. Up to five residents required the use of a commode at various times.
- Individual hoist slings were not available for the commode/shower chair.
- The available cleaning logs were not all signed on a daily basis as completed.
- The COVID-19 preparedness plan required updating as the inspector found that the room numbers on the plan did not correspond with the room numbers in the centre.

A number of these issues were addressed before the end of the inspection day and meetings were organised with relevant supervisory and training staff.

Judgment: Not compliant

Regulation 28: Fire precautions

The floor plans displayed on the wall to aid in the location of a fire were incorrect. Each bedroom was shown as accommodating six residents where there were now three residents. There was no directional signage on the map, to the nearest fire exit.

While fire evacuation drills were held regularly, the staff on the unit had not led a drill without the external trainer present. This was important as this person would not be available if a fire was to occur at night. Regular staff-led drills were important to build confidence in the team.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

One medical product prescribed for a resident six days prior to the inspection had yet to be procured in the centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Each resident had an individual assessment prior to and on admission and a suitable care plan had been developed. Based on a sample of five care plans viewed appropriate interventions were in place for residents' assessed needs. There was a good standard of care planning in the centre and care plans were seen to be person-centred. Validated risk assessments were completed to assess clinical risks including risk of malnutrition, pressure ulcers and falls. Care plans were updated four monthly as required by the regulations. Input from various health care professionals indicated a holistic approach to residents' care.

They were updated within the regulatory four month time frame.

Judgment: Compliant

Regulation 6: Health care

There was a very good standard of evidence-based health care provided to residents in this centre. Input from the medical consultant team, the physiotherapist, the OT, the speech and language therapist and the chiropodist was seen in individual care plans and medical notes. These demonstrated a proactive, engaged and multi-disciplinary approach to residents' assessed needs.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

In general, staff were seen to respectfully support residents who were experiencing the behaviour and psychological symptoms of dementia (BPSD).

Appropriate records of the behavior were maintained and these were used to identify triggers and describe the behavior to enable a better understanding of the needs being expressed by residents.

Judgment: Compliant

Regulation 8: Protection

The provider had taken steps to ensure that residents were protected from abuse. These included training, developing a policy to guide practice and providing an open transparent approach to reporting any suspicions of abuse. Staff spoken with were knowledgeable of who to report to.

Judgment: Compliant

Regulation 9: Residents' rights

As identified on the previous inspection residents were not consistently provided with adequate opportunities to engage in activities in line with their interests:

- Residents in this dementia care centre were not seen to be afforded sufficient, meaningful activity on the day of inspection.
- Staffing had not been made available for a range of meaningful activities over seven days.
- The inspector observed residents in the sitting room with a television on, without staff engagement or supervision for long periods of time.
- There were no books or items relevant to residents' previous interests seen in accessible places: for example books on woodwork, sports or cars.
- Residents were seen to attempt to open external doors which indicated that they were not afforded sufficient distraction and occupation within the centre.
- Residents were described as 'patients' or 'clients' on some documentation which did not support the maintenance of a person-centred, home like ethos for residents.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Unit 1 St Stephen's Hospital OSV-0000715

Inspection ID: MON-0034015

Date of inspection: 21/10/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • The PIC is presently liaising with a training centre. Funding has been approved for the provision of on-site training on St. Stephen's Campus for dementia training to include responsive behavior. All Nursing and care assistant staff will attend. The first training session on dementia care will take place on 28th February 2022 and 3rd March 2022. All Staff will attend. Responsive behavior training will take place in April 2022. Awaiting a confirmed date. • Non-compliance with fire training and elder-abuse training associated with multi-task attendant staff -A new line manager has been appointed to the role of domestic supervisor and will commence in the post on 22/11/21. The PIC will be working with the domestic supervisor ensuring that all MTA Staff who are assigned to Unit 1 on a regular basis and those staff who are assigned to cover when regular Staff are on leave, have completed all mandatory training. 	
Regulation 21: Records	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • The filing cabinets which are located in the store room are locked at all times. Signage has been placed over the cabinets reminding staff. This has also been communicated to staff during handovers and at the unit meeting held on 16/11/21. • Non-compliance with staff records associated with MTA Staff records -The PIC will liaise with the newly appointed domestic supervisor to ensure that all documentation required 	

under schedule 2 Regulation 14 of the Health Act 2007 is provided in staff files. Documentation required will be kept in the PIC office going forward. Regulatory documents will be held.

- The domestic supervisor is required to ensure that a roster of MTA staff is provided to unit 1 in advance with any changes noted. This will be addressed with the new supervisor.

Regulation 23: Governance and management	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

- The Provider has requested the PIC to put in place appropriate plans to meet monitoring standards on premises, records management, staff training, infection control processes, medicine management and residence rights. The Provider can confirm that additional Agency Staff have been provided.
- The PIC has been requested to provide the plan for the above mentioned items by the 31st December, 2021.

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- Up-grading works will commence on the staff shower room on Wednesday 1st December 2021. This will include new flooring, new kitchenette and windows.
- The carpet in the sensory room is due to be removed during the week of 29th November and replaced with wooden effect vinyl flooring. New black out blinds are on order for the windows
- An order has been placed for all new furnishings including dining room tables. The order is due for delivery 17/01/22.
- Flooring will be replaced in all areas of the unit including in the carpeted rooms.
- Ten clocks have been delivered to the unit on 23/11/21.
- A request has been submitted to the maintenance department in relation to alternatives to key locking of doors on the shower rooms and other accessible areas.

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • The CNM2/PIC will monitor staff techniques in order to ensure that staff are committed to ensuring that mealtimes are enjoyable for residents. Training will be provided during the in-service training program provided by the PIC. • Reminders at ward meetings and handovers. • Weighing of residents is carried out and recorded monthly. 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The flat mopping system will be commenced on St.Stephen`s campus on 20th December `21. This system will allow for three mops per three bedroom and one mop for small rooms. Each staff member will have their own trolley and will be responsible for maintaining the trolley. • A Standard operating procedure for working with chemicals has been provided to the PIC .This includes safety data sheets and chemical risk assessments. • Training records for housekeeping staff assigned to unit 1 has been provided to the PIC. Records include: <ul style="list-style-type: none"> o Records of training carried out on a 6 -8 weekly basis to refresh employees on tool box talks which includes chemical dilution ,correct cleaning methods for the unit such as high dusting, low dusting, deep cleaning and bathroom cleaning. o Yearly training is also carried out on full site tool box talks and company policies and procedure, cleaning methods, chemical risk assessments, manual handling and correct storage and use of cleaning agents. o Fire safety training is carried out yearly and refreshed throughout the year. o Hand-hygiene training is carried out fortnightly and spot checks carried out on a regular basis to monitor compliance. Hand hygiene audits are also carried out. o A colour code system is in place and is implemented for infection control standards and is monitored on a daily basis by site supervisor. o The i-mop is on order. Once delivered the flat mopping system will commence. • The janitorial room is presently undergoing up-grading works to include the installation of a janitorial sink with hand washing facilities. The window will be replaced. • High dusting is monitored daily by the CNM2. • A spill kit has been purchased for the Unit. • The hand washing sink will be installed in the by mid-December in the main hallway, separate from residents' bedroom sinks. • All antimicrobial soap has been removed and replaced with hand sanitizer stations. • A log to record the cleaning and sanitizing of commodes between residents is now kept. 	

<ul style="list-style-type: none"> • Individual hoist slings are now available for commodes and shower chairs and are labelled and kept in residents' wardrobes. • All cleaning logs are inspected daily by the CNM2 to ensure that they are completed. • Room numbers on the COVID-19 preparedness plan correlate with those on the statement of purpose and floor plan for the centre. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The PIC has sent a request to the area administrator for the floor plans to be up-dated to include the re-configuration of bedrooms. • A fire safety audit was carried out on 9th November by the fire safety officer. The PIC has followed up on any issues raised .The PIC requested new floor plans to aid with evacuation in the event of a fire. • The PIC will carry out regular fire drills to facilitate day and night staff. 	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ul style="list-style-type: none"> • Medicines are ordered on a weekly basis. Any orders not filled are followed up on immediately. Staff are aware of same. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • An activities scheduled is up-dated 2 weekly on the unit. This takes into account age, gender and different levels of functioning of each resident. • The HCA on duty each morning is assigned to activities at 11.30 each morning and again at 3.30pm each evening. • A schedule of activities is provided by the occupational therapy department and the activities nurse from Valley view. • Items of interest to residents will be purchased from petty cash as Xmas presents. 	

- All signage now refers to residents rather than clients.
- Future plans include activities training for staff.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	10/01/2022
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	01/12/2021
Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	22/10/2021
Regulation 21(1)	The registered provider shall ensure that the	Not Compliant	Orange	21/10/2021

	records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	22/01/2022
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.	Substantially Compliant	Yellow	21/10/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	21/02/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons	Substantially Compliant	Yellow	21/12/2021

	working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	21/12/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	21/10/2021
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	22/10/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to	Substantially Compliant	Yellow	22/10/2021

	participate in activities in accordance with their interests and capacities.			
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