



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

Issued by the Chief Inspector

Name of designated centre:	St Columban's Nursing Home
Name of provider:	Missionary Sisters of St Columban (Ireland) CLG
Address of centre:	Magheramore, Wicklow
Type of inspection:	Unannounced
Date of inspection:	22 June 2021
Centre ID:	OSV-0000760
Fieldwork ID:	MON-0032676

About the designated centre

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

The centre is a purpose built single-storey building that accommodates up to 24 residents. It is located adjacent to the main convent building. There were 24 single bedrooms and all had full en-suite facilities. The bedrooms were spacious in size with nice views of the gardens or surrounding landscapes. The bedrooms were tastefully decorated with plenty of storage for personal possessions and clothes. A call-bell was provided at each bed. A large secure landscaped garden was directly accessible from the centre including the sitting room and a number of residents' bedrooms. It was well maintained with walkways, paved areas and seating. Adequate parking was available at the front of the building. While meals are prepared in the adjoining convent kitchen, the centre had a servery and dining area. In addition, there was a day room, a sun-room, an oratory, a therapy room, an activities room and other spacious communal areas. There was a visitors' room at the back of the centre for residents. A small coffee dock was also provided.

They can accommodate up to 24 residents (male and female) with general and palliative care needs.

According to their statement of purpose, St Columban's Nursing Home is committed to providing first class standards of care in a warm and homely environment, while respecting the dignity and unique worth of each resident and fostering a holistic approach in all aspects of care. They state they are committed to promoting the independence of residents, personally, medically, psychologically, socially and spiritually. They advocate for enhancing the quality of residents' lives to the fullest extent possible. Their objective is to work as a team to enable residents to achieve their optimum physical wellbeing while respecting their dignity and privacy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	23
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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 22 June 2021	09:15hrs to 17:25hrs	Liz Foley	Lead

What residents told us and what inspectors observed

There was an overall ethos of respect and inclusion in this centre, residents were supported to maintain their independence and were mostly self-determined. Despite the long periods of restrictions over the past 15 months there was an overwhelming sense of gratitude from residents that they had not had an outbreak of COVID-19. Residents were particularly thankful for the excellent care, hard work and companionship of the staff. While the centre appeared clean throughout, improvements were required to the frequency of cleaning in line with the national standards for infection prevention and control. The inspector spoke at length with eight residents and spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there.

On arrival the inspector was guided through the centre's infection control procedures before entering the building. The centre was warm, bright and looked clean and maintained to a high standard. There were hand washing sinks located on corridors near the point of care and alcohol hand gels were located throughout the centre to promote good hand hygiene. The premises was located adjacent to the order's convent and was a purpose built and modern building. The premises promoted privacy for residents. Each bedroom was single occupancy, spacious with full en-suite and some rooms had ceiling hoists to facilitate residents with additional needs. There was open and safe access to the centre's internal courtyard and gardens which had level footpaths for residents to safely walk around. Residents could also access the mature and extensive gardens of the adjacent convent. Communal spaces included an oratory, large dining room and day room, sun room, activity room and visitor's room. There was also three areas within the centre where the residents could independently make a snack or cup of tea whenever they wished.

There was calm and welcoming atmosphere in the centre and residents were observed in various communal areas of the centre going about their daily routine. During the morning some residents were observed walking outside and some were enjoying a snack in the centre's dining room. Staff were observed discreetly assisting residents and all interactions were respectful and friendly.

The inspector observed lunch in the dining room which was a pleasant and social event. There was a choice of main meal and dessert and residents were pleased with the food quality and choice. Residents could sit with their friends again following easing of restrictions and the completion of a successful vaccination programme, which was a huge source of assurance to all in the centre. Some residents chatted at length with the inspector about their positive experiences in the centre and about their interests. Residents were mostly self-motivated and had established personal routines. The centre had an oratory which residents were very happy to have, particularly during periods of restriction where they could safely go and spend time.

Residents were particularly happy with the resumption of visits and safe access to their community in the adjacent convent. Being part of the community was very important to the residents and they could now see their friends and felt like life was returning to some normalcy. Residents stated that their families were welcome back to the centre again and were facilitated to visit at a time that suited them. Mass had resumed in the adjacent church where residents had designated seating to enable safe social distancing. Attending mass and access to the church was a particularly important part of daily life for residents.

Residents told the inspector they could discuss any concerns or issues with the person in charge and that any concern or request was always dealt with immediately. Recent residents' satisfaction surveys were viewed and contained very positive feedback. Residents were mostly satisfied with the choice and quality of food. Residents stated that staff were professional, competent, kind, caring and always attended promptly and did their utmost to care for all of the residents. Residents felt safe and acknowledged the hard work of all of the staff in keeping them safe and COVID-19 free during the past 15 months.

Residents were also satisfied with the activities in the centre and were busy most days. Many of the residents were accomplished in many areas of life which was evident in their interests and activities. The centre's activity room was full of residents' art projects. Residents directed the activity provision in the centre and some were actively involved in providing activities, for example, exercise and crochet groups. Residents were looking forward to the return of the music therapist and the physiotherapist which was planned in the coming weeks. They continued to enjoy arts and crafts, daily papers and walks outside.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall management systems were supporting quality and safety improvements and there was high levels of compliance found on inspection. A review of housekeeping resources was required to ensure a consistent approach to the centre's cleaning standards was maintained. The centre were responsive to the inspection process and had had good history of regulatory compliance.

Missionary Sisters of St. Columban (Ireland) company limited by guarantee were the registered provider for St. Columban's Nursing Home. There were six company directors one of whom was the registered provider representative and was on site during the inspection. There was a clearly defined management structure in the centre and staff and residents were familiar with staff roles and their responsibilities.

The Person in Charge worked full time in the centre and was supported by an assistant person in charge and team of nursing, caring, housekeeping, catering, administration and maintenance staff. The centre was located adjacent to the order's convent and there was some sharing of services, for example, catering and laundry. Within this arrangement there was clear allocation of staff and clear reporting arrangements.

This was an unannounced inspection to monitor ongoing compliance in the centre. The inspector acknowledged that residents and staff living and working in the centre had been through a challenging time with COVID-19 restrictions. To date the service had managed to prevent an outbreak in the centre. Following periods of restrictions due to COVID-19 the centre were returning to holding regular management meetings. Minutes of meetings viewed did not have action plans however this was not impacting on the quality or safety of the services provided. The provider was undertaking to review documentation of meetings to ensure quality improvements were clearly monitored and completed in the centre. There were ongoing improvement plans in place which were developed from the centre's comprehensive suite of audits. There was good oversight of clinical care and key performing areas which was evident in the high standards of care provided. Audits were objective and informed ongoing quality improvements.

Staffing resources for housekeeping required review. There was no allocated housekeeping hours on Sundays and only cleaning of high touch surfaces was completed; this posed a potential risk to infection control and was not in line with the national standards. There were sufficient care staff on duty to assist residents with care needs and provide activities. External resources for activities has not yet returned to the centre following COVID-19 restrictions, however these were planned to resume in the coming weeks. There was a nurse on duty over 24 hours and contingency arrangements were in place for COVID -19 should they have a suspected or positive case. Staff were competent and knowledgeable about the needs of residents. Staffing levels had remained stable during the national emergency and staff turnover was very low in the centre with the majority of staff having worked there for a long number of years. Staff were competent with current guidelines and standards for care and were confident in the centre's management structures to maintain high standards of care.

Staff were supported to maintain high standards of care by the provision of ongoing mandatory and additional training. Information submitted following the inspection provided assurances that staff were up to date with mandatory and additional training which enabled them to provide safe and evidence-based care. Training had continued throughout the periods of restriction due to COVID-19, this was facilitated by on-line and remote learning where appropriate. There was an in house clinical educator who provided on-site training in infection prevention and control and safeguarding. There was good oversight of training requirements in the centre and an ongoing schedule of training was in place.

There was an effective complaints procedure in the centre and complaints were recorded in line with the centre's policy. The provider was undertaking a review of documentation to ensure consistency in how investigations, outcomes and the

satisfaction of the complainant were recorded. There were only three complaints recorded for 2021, all of which had been promptly managed. There were high levels of positive feedback about the service recorded.

Regulation 15: Staffing

Staffing resources required review to ensure sufficient housekeeping staff were available to maintain a safe and clean environment for residents over seven day per week. Under the current staffing arrangements there was no housekeeper rostered on Sunday, this created a potential risk to infection control in the centre particularly with on-going efforts to minimise the potential spread of COVID-19.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in infection prevention and control and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles.

Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the

Chief Inspector within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. The inspector viewed a sample of complaints all of which had been managed in accordance with the centre's policy.

Judgment: Compliant

Quality and safety

Residents were happy and supported to make informed choices in this service. Resident's well-being and welfare was maintained by a good standard of evidence-based care and support. Frequency of cleaning required review to ensure the centre maintained high standards of cleanliness and that procedures supported best practice in the prevention and control of infection.

The centre continued to maintain infection prevention and control procedures to help prevent and manage an outbreak of COVID-19 and to date the centre had been successful in this. For example, daily symptom monitoring of residents and staff for COVID-19 continued. A successful vaccination programme was completed in the centre and there were arrangements for the vaccination of new residents and staff. Staff were observed to have good hand hygiene practices and correct use of PPE. However improvements were required to ensure daily cleaning of all areas of the centre were in line with the national standards. Areas of the centre were not cleaned daily, for example, ensuite bathrooms and bedrooms. This practice would support the prevention of spread of infection.

The premises was well laid out and there were hand hygiene sinks located at the point of care on corridors near resident bedrooms. The building was laid out in a way that allowed sections to be safely closed off if isolation was required, and some areas contained their own exits to allow for safe cohorting of staff and residents should it be required.

There was a good standard of care planning in the centre. Residents' needs were comprehensively assessed by validated risk assessment tools which informed care

plans and ongoing referrals to appropriate allied health professionals as required. Detailed care plans outlined very person-centered interventions to guide staff on meeting the preferred needs of the residents. Care plans were routinely reviewed and updated in line with the regulations and in consultation with the resident.

Good standards of evidence-based health care was provided for residents. Good clinical oversight and staff knowledge of residents needs resulted in good outcomes for residents, for example, ongoing review of restrictive practices in line with the national policy resulted in low levels of restrictions in the centre. There were examples of positive risk taking which was in line with the centre's ethos of promoting and maintaining independence. There was evidence of ongoing review by the GP and allied health professionals throughout the periods of restriction due to COVID-19.

The centre had an up to date and detailed risk register which outlined current and potential risks with many measures in place to mitigate and eliminate these identified risks. Records of incidents in the centre were comprehensive and included learning and measures to prevent recurrence. Risk assessments had been completed for potential risks associated with COVID-19 and the provider had put in place many controls to keep all of the residents and staff safe. For example, shared laundry arrangements with the centre and adjoining convent were reviewed and additional procedures were put in place to ensure safe systems in the event of a suspect case or outbreak in the centre.

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. All bedroom doors had free swing closing devices so that residents who liked their door open could do so safely. The centre had engaged the services of a competent fire safety consultant to review fire safety and fire training was currently in progress for all staff. In addition to night time staffing there is a system in place for support from the adjacent convent in the event of any emergency.

There was a rights based approach to care in this centre. Residents' rights and choices were prioritised and residents were actively involved in the organisation of the service. Feedback from residents informed quality improvements and while meetings were not favoured by residents they had daily opportunities to provide feedback on aspects of the service if they wished. Residents were very positive about their experiences in the centre and told the inspector there was no obstacle to reporting concerns or feedback. Residents were consulted with about their individual care needs and had access to independent advocacy if they wished. Residents could undertake activities in private and there were appropriate facilities for occupation and opportunities for all residents to participate in accordance with their abilities.

While restrictions due to COVID-19 had impacted on the freedom of residents to move around the centre and to participate in daily activities, residents were kept informed about the reasons for this. Residents were supported to maintain contact with family and friends and each resident had a telephone in their bedroom. Visits indoors had resumed in line with the national guidance and there were safe visiting

spaces available within the centre in accordance with the preferences of residents. Visits were easy to arrange and there was flexibility if a visitor was travelling a long distance. Residents could also receive visits in their bedroom if they wished.

Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had a booking system for visiting in place and relatives and friends visiting at the centre had symptom and temperature checks and screening questions to determine their risk of exposure to COVID-19.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight of risk in the centre. Arrangements were in place to guide staff on the identification and management of risks. The centre's had a risk management policy which contained appropriate guidance on identification and management of risks.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required to ensure daily cleaning of all areas of the centre were completed in line with the national standards. All areas of the centre were not on a daily cleaning rota, for example, resident's ensuite bathrooms and bedrooms were routinely cleaned twice per week and not daily as required.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Overall there was good oversight of fire safety in the centre. Following the inspection the provider submitted an updated night time evacuation drill of the centre's largest compartment which contains 11 beds. Ongoing drills were required

to improve compartment evacuation times and to ensure all staff were sure of their role and of the correct procedure to follow in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The standard of care planning was good and described person-centered care interventions to meet the assessed needs of residents. Validated risk assessments were regularly and routinely completed to assess various clinical risks including risks of malnutrition, pressure sores and falls.

Based on a sample of care plans viewed appropriate interventions were in place for residents' assessed needs.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence-based health care provided in this centre. The GP routinely attended the centre and was available to residents Monday to Friday. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected in this centre. Activity provision was returning to normal following restrictions due to COVID-19 and there were daily opportunities for residents to participate in group or individual activities as preferred. Facilities promoted privacy and service provision was directed by the needs and preferences of the residents.

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	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Columban's Nursing Home OSV-0000760

Inspection ID: MON-0032676

Date of inspection: 22/06/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none">-Staffing sources have been reviewed.-Discussions held with present Housekeeping staff regarding Sunday work time.-We can now ensure that the number of staff is appropriate to the Environmental Infection Control requirements. This will now be carried out seven days per week and will commence on Sunday 25/07/2021.	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Regarding Environmental cleaning and Infection Prevention Control:</p> <ul style="list-style-type: none">-Management Meeting held.-Discussed and offered extra hours to present Housekeeping staff.-Advertised internally/externally.-Staff sourced for extra cleaning of bedrooms and en-suites to ensure compliance with Regulation 27.-New environmental cleaning schedules which are now consistent with standards commence on 21/07/2021.	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	25/07/2021
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.	Substantially Compliant	Yellow	21/07/2021