



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

Issued by the Chief Inspector

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| Name of designated centre: | The Village Residence |
| Name of provider: | Health Service Executive |
| Address of centre: | St Mary's Residential Care Service, Dublin Road, Drogheda, Louth |
| Type of inspection: | Announced |
| Date of inspection: | 18 October 2023 |
| Centre ID: | OSV-0000538 |
| Fieldwork ID: | MON-0033517 |

About the designated centre

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

St Mary's Hospital provides services for adult male and female residents over the age of eighteen years. It predominately provides care for persons over the age of 65 years who can no longer cope living in their own home including those with advanced dementia. It can provide care to a maximum of 30 residents. The bedroom accommodation consists of eight multiple occupancy and eight single bedrooms, some of which are en-suite. The centre is situated on a Health Service Executive (HSE) site with other HSE buildings and services. It is situated on a hill overlooking in Drogheda town. The town is within walking distance from the centre, hence it is in close proximity to public transport and an abundance of local services.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 29 |
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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 |
|------------------------------|-------------------------|------------------|---------|
| Wednesday 18 October 2023 | 09:00hrs to 14:00hrs | Sheila McKeivitt | Lead |
| Wednesday 18 October 2023 | 09:00hrs to 14:00hrs | Aislinn Kenny | Support |
| Wednesday 18 October 2023 | 09:00hrs to 14:00hrs | Frank Barrett | Support |

What residents told us and what inspectors observed

Inspectors walked around the old and new building now renamed and known as 'The Village Residence'. Inspectors observed residents up and about participating in the routines of daily living.

Staff were observed assisting some residents with their daily morning routines such as eating their breakfast, mobilising in the corridors and reading the daily newspapers. Staff were assisting residents in an unrushed, kind and patient manner. The atmosphere in the centre was quiet and calm.

Inspectors observed that there was adequate staff to meet the needs of the residents living in the centre. One resident spoken with told inspectors that the staff and the food was excellent that they could not fault either. Residents residing in their bedrooms had their call bells by their side and told inspectors staff were always quick to answer their call for assistance. The centre was decorated for Halloween and there was a schedule of the activities taking place that day on display in communal areas. Inspectors observed a large dining area with a coffee dock section for residents and their families to use. Tables were nicely laid with a menu and choice of meals displayed on each table.

Inspectors saw evidence that the existing residents had been kept informed of the plans in respect of new building containing 30 single en-suite bedrooms. The plans were on display for residents and their relatives to view. All the existing 29 residents had been given the choice to move to a bedroom in the new building, however just five residents had chosen to move. Inspectors were told they had already chosen their bedroom in the new building.

Inspectors were shown the two areas identified in the existing building for the installation of clinical wash-hand sinks, one in Meadow View and another in Sunny Side. This would ensure clinical wash-hand sinks were accessible to staff.

Although the existing building was overall in a good state of repair some areas which required further maintenance were identified and are outlined under Regulation 17; Premises.

The new building has 30 single ensuite bedrooms spread out over three separate ten bedded units, each with its own communal space, communal assisted bathroom, snug room, sluice room and communal toilet. In addition, there was a large communal reception space containing a reception area, open plan seating and a large multi-media/social activity room to be shared between the whole unit.

The new unit was bright, airy and well lit with natural lighting. The heating was a mixture of under-floor and radiators all linked to the one control panel. The corridors are wide with hand-rails on either side. Each of the three units has its own entry door which is key-pad operated. Residents with capacity will be given independent

access to their unit door. The new furniture was brightly coloured and appropriate to meet the needs of the proposed residents to be admitted.

The bedrooms were large with lots of floor to ceiling storage space which included a lockable cabinet for the residents' medications and a second for their personal possessions. Each bedroom had a ceiling mounted hoist and each ensuite contained a large shower with an in-built wall mounted chair, toilet and wash hand basin.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was a short notice announced inspection carried out to review re-purposing arrangements and fire precautions in the current designated centre and to review the newly constructed building, which was the subject of an application to vary the registration and also to register an additional 30 beds. The registered provider of this centre is the Health Service Executive. The centre has a good history of compliance with the regulations and there was no outstanding actions in relation to Regulation 17: Premises or Regulation 28: Fire precautions from the previous inspection on 14 September 2022.

Overall, effective governance and management systems were in place in the centre, ensuring good quality person-centred care was delivered to residents. There were clearly defined roles and responsibilities and a robust management structure. Inspectors observed that staff and residents were kept informed about the new building and knew about the structures and plans in place. Inspectors saw there were enough staff on the day of inspection to meet the needs of the 29 residents.

They were no draft rosters available to review for the new building, however, inspectors were informed of the staffing arrangements for the 30 additional beds in the new building. An NF35 was submitted for Boyne View another designated centre on the same site registered under the same provider. The plan was to close this centre and transfer the existing 18 residents to the new building in the 'The Village Residence'. Inspectors were informed that the staff were also transferring from Boyne View with the residents and this would all take place once the application to vary condition 1 and 3 of the certificate of registration was processed by the Chief Inspector of Social Services. The management team would consist of the person in charge supported by two assistant directors of nursing once the certificate of registration was issued and residents were transferred from Boyne View.

There was evidence of continual staff training and inspectors saw evidence that all staff had updated mandatory training in place and there were adequate supervision arrangements in place.

Inspectors reviewed the insurance policy for the centre and found it met regulatory requirements. A sample of contracts of care were reviewed for the existing and new building and were found to contain the required information. The statement of purpose and floor plans requirement minor changes to ensure they reflected each other, some room measurements required review, however these were completed prior to the end of the inspection.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary condition 1 and condition 3 of the certificate of registration had been submitted to the Chief Inspector. All the requested additional documents had also been submitted as requested.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skill-mix were good. They enabled staff to meet the assessed needs of the 29 residents in a holistic manner. Staff were attentive towards residents and were available to supervise residents in communal areas.

There was a minimum of one qualified nursing staff on at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training. All staff had attended the required mandatory training to enable them to care for residents safely. Some were due updates, however inspectors were shown evidence that these staff were booked into upcoming refresher training.

There was good supervision of staff within the current 30 bedded centre.

Judgment: Compliant

Regulation 22: Insurance

The nursing home had insurance in place which met the regulatory requirements. The insurance had been revised to include the new building.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability. They demonstrated a clear understanding of their roles and responsibilities. They worked well together, supporting each other through a well established and maintained system of communication.

There were clear systems in place for the oversight and monitoring of care and services provided for residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts of care were reviewed. Each were signed by the resident, their next-of-kin or power of attorney. The weekly fees charged to the resident were clear and any possible additional charges were outlined. The room occupied by the resident and how many other occupants, if any, were reflected in those contracts reviewed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been reviewed in October 2023. The contents met the regulatory requirements and reflected the number and makeup of the beds in the centre.

Judgment: Compliant

Quality and safety

Inspectors found that residents were supported and encouraged to have a good quality of life in the centre. The healthcare needs of residents were met through good access to medical, nursing and other healthcare services if and when required. While the centre was working to sustain a good level of person-centred care, improvements were required around Regulation 17: Premises.

Throughout the day it was evident that residents' rights were upheld. Inspectors saw that residents' bedrooms were nicely decorated with their personal belongings. Residents were engaged in activities of daily living or activities organised and facilitated by staff.

The new building was completed to a high standard. Accommodation was provided into three distinct units called: Forget-me-not Cottage, Butterfly Cottage and Red Robin Cottage. There were some items that had to be completed once equipment was delivered for example, hand sanitisers, however the inspectors were assured that all the outstanding items referenced under Regulation 17: Premises would be addressed prior to residents being admitted to the new building.

Inspectors reviewed arrangements at the centre to take adequate precautions against fire. Inspectors found that fire safety systems throughout the existing building were serviced up to date. Staff training was in place with regular fire safety evacuation drills being trialled. Containment issues were identified on inspection, with some service penetrations found in the existing building which required fire seals to be installed.

In the new extension, a zoned fire alarm was in place which was linked to the existing system. Wide corridors provided ample space for horizontal evacuation using the preferred method of bed evacuation at the centre. An oxygen storage shed was incomplete on inspection. Oxygen piping was fitted throughout the new build, with appropriate safety shut-off devices in place at each nurses station. Issues were identified relating to the paving outside fire exits in the Forget-me-not Cottage, and the storage of bins, and other equipment were noted on the evacuation routes externally. There were kitchenette spaces in the dining rooms of each cottage. These spaces included facilities for cooking. Staff were not clear on what type of cooking would take place here. For example, pan cooking was not prohibited in these areas, however, the fire safety systems were not in place to support this risk. Assurances were received following inspection that these items were rectified.

The existing healthcare team planned to continue with the multi-disciplinary approach to meeting the residents healthcare needs. There was evidence that the processes in place were adequate to meet the needs of 60 residents.

Regulation 12: Personal possessions

There was adequate storage in the resident's bedrooms for their clothing and personal belongings including lockable unit for safekeeping.

Judgment: Compliant

Regulation 17: Premises

The registered provider generally met the requirements of this regulation, however some areas required attention having regard to the needs of the residents at the centre, to provide premises which conform to the matters set out in Schedule 6 of the regulations. For example:

- The gutters surrounding the existing building were leaking rain water in places and required maintenance.
- Some lighting in one corridor was not working.
- An external door leading to a patio area was sticking and required repair.
- Some of the sinks in the residents en-suite bathrooms could not be plugged.
- There was no hand wash or dry facilities above clinical wash hand sinks.
- There were no clinical wash hand sinks in the sluice rooms.
- There was no call bell in the hairdresser's room.
- The wash hand sinks in the communal open-plan area did not meet the required standard for clinical wash hand sinks.
- There was no signage relating to CCTV in the new building
- Existing signage in the new premises needed to be updated to accurately reflect the new premises.
- Hand sanitiser's had been ordered but had not yet been installed in the corridors.
- The oxygen store room was not fully completed.

Judgment: Substantially compliant

Regulation 27: Infection control

Infection prevention and control practices were good. The processes in place ensured the centre was kept clean and tidy at all times.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider generally met the requirements of regulation. Some areas required attention for example:

Improvements were required to make adequate arrangements for containing fires. For example:

- Services penetrating walls were identified as requiring fire sealing, for example in the comms rooms, and in the electrical cupboards adjacent to the store cupboards which are planned to be changed to wash areas.
- Some fire doors required remedial works, as the fire seals were damaged, and some gapping was evident around the doors which may compromise effective containment in the event of a fire.
- Review of procedures for cooking in open plan kitchnettes was required, as fire safety procedures for use with pan cooking were not in place.
- Some electrical risers in the new section were not labelled as "high voltage" to give warning of the use of the room.

Improvements were required to make adequate arrangements for evacuating all persons in the designated centre, where necessary in the event of a fire. For example:

- The exit route from the Forget-me-not Cottage was not paved, and therefore, bed evacuation could not be accommodated in this area.
- Bins and laundry skips were being stored on the escape routes externally. This could prevent effective evacuation, and timely access by the fire service in the event of a fire.

Judgment: Substantially compliant

Regulation 6: Health care

There was an established multi-disciplinary team in place for the current registered 30 beds and this was being expanded to ensure the needs of th 60 residents would be met.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 22: Insurance | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Contract for the provision of services | Compliant |
| Regulation 3: Statement of purpose | Compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 17: Premises | Substantially compliant |
| Regulation 27: Infection control | Compliant |
| Regulation 28: Fire precautions | Substantially compliant |
| Regulation 6: Health care | Compliant |

Compliance Plan for The Village Residence OSV-0000538

Inspection ID: MON-0033517

Date of inspection: 18/10/2023

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 17: Premises | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises: The gutters surrounding the existing building were leaking rain water in places and required maintenance.</p> <ul style="list-style-type: none"> • The gutters within the internal courtyard were immediately sealed post inspection and the remainder were completed externally on 11.12.2023. We will continue to monitor and repair any leaks that may occur from guttering. • The lighting in one area was repaired immediately post inspection. • The external door leading to the courtyard garden was repaired immediately post inspection. • Sink plugs have now been received for ensuite rooms and have been installed. • The hand wash and dry facilities have now been installed at all clinical hand hygiene sinks. • The clinical hand hygiene sinks have now all been installed within the sluice room areas. • Additional call bells were ordered and are now installed. • The sinks within the communal area have now been designated as for resident use only for any resident who may wish to freshen their hands at any time. Specific hand hygiene sinks which are HACCP compliant are now installed within each kitchenette area. • CCTV signage has now been sourced as is displayed throughout the centre. • Existing signage has now been updated to reflect the purpose of individual space areas. We will continue to work on signage to ensure dementia friendly signage is also in place. • Hand sanitisers have now been installed • The oxygen store room has now been fully installed and commissioned | |

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|---|-------------------------|
| Regulation 28: Fire precautions | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Services penetrating walls have now been all identified and have now been sealed with fire resistant materials.</p> <p>The fire safety contracting company has now identified these doors and have undertaken all remedial works required. A further six monthly inspection of fire doors will be undertaken in January 2024 and any additional works required will be completed based on any fire safety findings.</p> <p>In relation to pan usage in kitchenette's, a planning meeting was held and there will be no pan frying in any of the kitchenettes. Any pan frying will be undertaken within the main kitchen and delivered to each house</p> <p>Electrical risers in the new section which were not labelled as "high voltage" to give warning of the use of the room have now all been labelled.</p> <p>The exit route from the Forget-me-not Cottage has now been paved, and bed evacuation can now be accommodated in this area.</p> <p>A new area has been created along the exit routes away from the fire evacuation routes to store the bins and laundry skips. This new area will allow full access to all fire emergency services.</p> | |

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 17(1) | The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. | Substantially Compliant | Yellow | 30/11/2023 |
| Regulation 28(2)(i) | The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires. | Substantially Compliant | Yellow | 30/11/2023 |
| Regulation 28(2)(iv) | The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents. | Substantially Compliant | Yellow | 30/11/2023 |