



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

Issued by the Chief Inspector

Name of designated centre:	St Mary's Hospital
Name of provider:	Health Service Executive
Address of centre:	St Mary's Residential Care Service, Duclin Road, Drogheda, Louth
Type of inspection:	Unannounced
Date of inspection:	03 March 2021
Centre ID:	OSV-0000538
Fieldwork ID:	MON-0031296

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 38 residents. The bedroom accommodation consists of eight multiple occupancy and eight single bedrooms, some of which are ensuite. The centre is situated on an 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.

Number of residents on the date of inspection:	28
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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 3 March 2021	10:00hrs to 16:00hrs	Sheila McKeivitt	Lead

What residents told us and what inspectors observed

This was a well managed service that provided safe care and services for the residents. Residents living in St Mary's expressed satisfaction with all aspects of the care and service they received. They told the inspector it was a nice place to live and that they felt safe and their needs were being met.

The office of the management team was situated at the entrance to the centre and had an open aspect which meant that the person in charge (PIC) was visible to residents, relatives and staff. This facilitated good communication with all parties. It also enabled the PIC to observe the comings and goings of residents and staff.

The inspector observed that there were effective controls in place to minimise the risk of inadvertent introduction of COVID-19 by visitors. Residents and staff were also monitored for signs and symptoms of COVID-19 with temperatures being recorded twice per day in line with the current guidance. (Health Protection Surveillance Centre Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities guidance). Visiting was reintroduced on a risk assessed basis and was taking place inside the front door where social distancing could be maintained. Residents expressed delight at being able to see their family again.

One resident informed the inspector of the sense of relief they felt after receiving the second dose of the COVID-19 vaccine. They explained that although they still had to maintain a distance from other residents they felt it gave them a sense of freedom. The inspector was informed that 27 of the 28 residents and the majority of staff had accepted the vaccine and all had now been fully vaccinated against COVID-19.

The inspector saw that the centre was divided into two units Meadow View and Sunny Side. In line with the HPSC guidance each unit had a team of staff allocated to care for the residents accommodated in that unit. The staff and residents in each unit did not mix. To support the effective segregation of staff the provider had organised that staff from each unit had access to separate changing and dining facilities. The inspector was shown the staff break room for Sunny Side staff which contained staff lockers, this was a temporary arrangement. A portacabin outside the main building contained separate facilities for the staff from Meadow View, including a staff kitchen, changing room, toilets and a shower.

Each unit had a open plan sitting area for the residents. Both were decorated in a cosy, home like manner, with an electric fire and television. They were bright and warm and felt like a relaxing place to spend time. The glass windows and double doors overlooked the enclosed courtyard which was accessible to residents from both units. The large dining room was used by all residents. Residents from each unit were observed dining at separate times. This facilitated all residents to enjoy their meals in the dining room while maintaining the required distance between each

other. Residents said the food was always good, they enjoyed it and were given a choice at each meal time. Some residents were observed eating independently others were being assisted by staff in a calm and professional manner. Residents were observed to have aids such as plate guards in place, these aids enabled them to maintain their independence while eating.

The occupancy of the eight, four bedded rooms had been reduced to ensure that residents had adequate private space. Six of these rooms had been reduced to six three bedded rooms and the other two rooms reduced to twin bedrooms. Residents living in these shared rooms now had an enlarged amount of private space available to them. The inspector saw that residents had personalised their own bedroom and those sharing bedrooms had personalised their space. The bedrooms appeared homely with comfortable lounge chairs and side tables available for residents use. The bedroom windows had inside shutters in place which facilitated residents to control the amount of day light entering their bedroom.

Residents on each unit had access to two communal shower rooms, there were four in total. The floor covering on these floors and seal around the toilets appeared dirty, the person in charge explained that they had been deep cleaned but it was an issue with the type of flooring. There was a plan to replace the floor covering in all the the communal shower rooms and the assisted bathroom. One resident showed the inspector the shower they used every morning and although a short distance from the residents bedroom, they said that it got them walking in the morning which was a good thing. The inspector saw that each of the eight single bedrooms had a wash hand basin and all the remaining bedrooms had a toilet and wash hand basin ensuite. The PIC explained how they planned to extend the ensuite in the two twin bedrooms. This would facilitate them putting in a shower in each of these ensuites. The PIC explained that funding had been secured for this work. The inspector saw that there was plenty of space to do this without having a negative impact on the amount of private space available to residents.

Housekeeping staff had access to two cleaning rooms one on each unit. Both these cleaning rooms contained all the required equipment. The inspector noted that there was no dedicated cleaning room for the kitchen staff. Staff said they used one of the two cleaning rooms located in the units. This required review due to the potential risk of cross-contamination.

Hand sanitisers were wall mounted in each bedroom, bathroom sluice and clinical room and they were also available along the corridors throughout the centre. There were additional hand santisers in areas such as on each dining room table and on office desks. Hand hygiene practices among staff were good and the hand hygiene audits reviewed confirmed that this was a regular finding.

Staff were observed interacting with residents in a calm, quiet and friendly manner. For example, the inspector observed staff reading one of the daily newspapers to a resident and they discussed the news together. Staff were also observed assisting residents to mobilise throughout the centre while enabling them to maintain their independence where possible. One resident mobilised with the aid of a frame and the inspector observed staff supervising the resident whilst they enabled and

encouraged him to mobilise safely and maintain his independence.

The inspector did not see any form of restraint being used in the centre. Residents had risk assessments completed and alternative non restrictive equipment was being used. Residents told the inspector they enjoyed going out to the external courtyard and said they frequently spent time outside. The inspector saw that the tree in the courtyard and the corridor ceilings had been decorated with St Patrick's Day decorations. One resident said the staff were great for brightening up the place and they had done the same for St Valentines Day. Residents obviously enjoyed the efforts staff made to celebrate special days and events.

Overall, this was a well maintained centre that residents called home. Resources had been sought to maintain its upkeep and further works were planned. Residents rights were upheld and their right to privacy respected. It was a place where residents independence was promoted.

The next two sections of the report will discuss the findings and the levels of compliance found on this inspection. The information will be set out under the specific regulations and summarised at the beginning of each section.

Capacity and capability

This was a well-governed centre. Good leadership, governance and management arrangements were in place and these had contributed to the improvements in the centre's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). However, improvements were required in the oversight of care plan reviews. In addition the inspector found that the residents were not adequately consulted with as part of the the annual review of the service.

The Chief inspector had been notified of an outbreak of COVID-19 in April 2020 which effected 24 staff and 31 residents, sadly six residents who had contracted the virus had died.

The management structure was clear. The management team was made up of the provider representative and the person in charge. They were aware of their roles and responsibilities. The lines of authority and accountability were clearly outlined and reflected in the statement of purpose. The management team communicated on a regular basis to discuss all areas of governance and the inspector saw that they actioned any issues identified without delay.

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The centre was well resourced. It was clean, tidy and furnished in a homely manner. The premises was well maintained and continued to meet the needs of residents. The management team had sought and secured funding for further development

and maintenance of the building. This had a positive impact for residents, for example they had access to a greater amount of private space in their bedrooms.

There was a process in place for reviewing the quality of care and the quality of life for residents living in the centre. It showed that the audit process had led to some positive changes for example the use of restraint had been significantly reduced following audit and the implementation of a quality improvement plan. However, the audit process, analysis, action plans and target dates for implementation required review to ensure the results of all audits conducted had a positive impact on the quality of care being delivered to residents. For example, comprehensive care plan audits had been completed however they had no action plans.

The staffing numbers and skill mix on the day of this inspection were adequate to meet the needs of residents. The supervision of staff was good. Staff had appraisals completed on an annual basis and all had mandatory training in place. As a result staff had appropriate skills and knowledge for their roles and were clear about the standards of care and services that were required.

Staff files reviewed contained all the required documents outlined in Schedule 2 of the regulations. As a result the inspector was assured that residents were safeguarded by a robust recruitment policy which was implemented in practice.

Registration Regulation 4: Application for registration or renewal of registration

The application to renew the registration of this centre had been submitted in a timely manner. The centre had section 48 protection. The Statement of Purpose (SOP) and floor plans submitted to support the application to renew overall reflected the status of the centre on inspection. Some minor feedback was sent to the provider prior to this inspection and a revised SOP and set of floor plans had been submitted.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix met the needs of the 28 residents living in the centre on the day of inspection. Staffing levels were reviewed on a frequent basis by the person in charge to ensure they were adequate to meet residents' needs. The allocation of staff to a specific unit and each resident having a named nurse responsible for their care enhanced the delivery of person centred care.

Judgment: Compliant

Regulation 16: Training and staff development

The PIC, Assistant Director of Nursing (ADON) and a Clinical Nurse Manager (CNM) were on duty supervising the care being delivered. There was a registered nurse on duty each shift and one of the management team were rostered on duty at the weekend.

All staff had the required mandatory training in place. Staff also had received training to ensure they remained competent in their role, this included training in cardio-pulmonary resuscitation (CPR), hand hygiene and breaking the chain of infection.

Judgment: Compliant

Regulation 23: Governance and management

A system for auditing was in place. The inspector saw that auditing in key areas clinical areas such as infection control, nursing documentation, medication management and hand hygiene had been completed in 2020. The audit findings were analysed however the action plans for some audits completed were not clear and did not include a target date for completion. The findings were not being used to improve outcomes for residents. For example the inspector noted that comprehensive assessments were not all reviewed every four months, one resident had not been reviewed since June 2019.

Sufficient resources were in place for the effective delivery of care, however further resources were needed to ensure an appropriate cleaning room was in place for use by the kitchen staff.

The annual review for 2020 did not reflect the residents views on the quality of care they received or the quality of life they experienced. Their level of input into the review did not reflect their views in detail.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The complaints procedure was on display in the centre. The procedure and policy reviewed reflected the legislative requirements. The inspector was informed that there was one open complaint which the PIC (who was the named complaints

officer) was dealing with as per the centre policy.

Judgment: Compliant

Regulation 4: Written policies and procedures

All schedule five policies were available for review. They had all been updated within the past three years . They were all available in a hard copy format and accessible for staff to read.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of service. Residents' health, social care and spiritual needs were well catered for.

Management and staff had strived to ensure residents received a safe and quality service where their self-care abilities and potential was maximised. Residents were complimentary about the services, staff and facilities available to them.

There were measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety. The person in charge and staff were committed to implementing the national policy 'Towards a restraint free environment'.

The ethos of the service promoted the rights for each resident. Each resident's privacy and dignity was respected, including receiving visitors in private. Residents were facilitated to exercise choice and control over their life and to maximise their independence. They had access to a good choice of activities which they really enjoyed.

Overall the premises was well maintained inside and outside. However some further improvements would have a positive impact on the quality of life for residents.

Regulation 17: Premises

The premises was well maintained. The bed occupancy had been reduced from 38 to 30 beds and this ensured the residents in multi occupancy bedrooms had more private space available to them. There was an adequate number of communal

bathrooms to meet the needs of 30 residents and the plans to extend the ensuites and install a shower in each of them would improve access to a shower for the residents occupying these bedrooms.

Some improvements were required review, these included:

- the cleaning facilities available to kitchen staff
- the flooring in communal shower/bathrooms
- the changing facilities available to staff within the main building.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy was available for review and it met the regulatory requirements. There was a risk register was in place which identified the current risks. It was reviewed on a regular basis. It included the risk associated with Legionnaires and with a COVID-19 outbreak. There was a plan in place to minimise the scale of all risks identified.

Judgment: Compliant

Regulation 27: Infection control

Overall the Infection Control Practices and oversight of same were good. Staff hand hygiene practices were good and good hand hygiene facilities were available to staff. The inspector found that these met the recommended specifications for hand clinical wash basins. The inspector was informed there were plans to put additional clinical wash hand basins at the nurses station in each unit.

There were good local assurance mechanisms in place to ensure that the environment was cleaned in accordance with best practice guidance. For example: the cleaners completed and signed a completed cleaning schedule when they had cleaned each room in the centre. Cleaning trolleys were visibly clean and all the product bottles were discarded once empty. They were not reused or refilled.

There was a designated area within the designated centre for the storage of cleaning trolleys and another for equipment. There was a contingency plan for dealing with a COVID -19 outbreak which had been communicated to staff and a risk assessment for COVID-19 had been completed. The centre had comprehensive measures in place to minimise the impact of any future COVID-19 outbreaks.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents' assessments were completed and person-centred care plans were in place to reflect the assessed needs. Assessments and care plan reviews took place four monthly or more frequently if required. There were some gaps in the review of comprehensive assessments which had been identified during an audit of nursing documentation as mentioned earlier. There was evidence of residents being involved in the development of their care plan and their review. Relatives of those with dementia were also involved in care plan reviews.

Judgment: Compliant

Regulation 6: Health care

The healthcare needs of residents were being met. Residents had access to members of the allied health care team including physiotherapy, occupational therapy, dietetic, speech and language, tissue viability, dental and ophthalmology as required. Referrals were made promptly. A new chiropody service had been sourced and was due to commence this service once all the required documents had been received.

A review of a sample of residents files showed that residents were being reviewed by their GP as required and had a medical review completed every four months.

Residents had all aspects of their health monitored regularly, including their weight, blood pressure, pulse and temperatures were recorded twice per day during the pandemic.

Judgment: Compliant

Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse including the robust recruitment of staff, ongoing training and effective supervision of staff. A review of a sample of staff files assured the inspector that staff had a garda vetting disclosure in place prior to commencing employment.

The centre was a pension agent for a small number of residents' pensions. The processes in place were reviewed and were in line with the requirements published

by the Department of Social Protection (DSP).

Judgment: Compliant

Regulation 9: Residents' rights

The right of residents were upheld. They had access to activities which were planned to meet their assessed needs. The activities were co-ordinated by staff who knew the residents well. As a result residents enjoyed the activities they were offered and felt comfortable participating in those activities.

The inspector saw some dementia specific activities available for those residents with a cognitive impairment. Residents had access to an environment which enabled them to undertake personal activities in private either within their bedroom, ensuite and within communal bathrooms.

Residents were offered choices in all aspects of their day-to-day life and the inspector found that their choices were being respected. They were facilitated to exercise their civil, political and religious rights. Residents had access to radio, television, newspapers both local and national, together with access to the Internet.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St Mary's Hospital OSV-0000538

Inspection ID: MON-0031296

Date of inspection: 03/03/2021

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Registered Provider and the person in charge will ensure that all comprehensive assessments are completed on all residents on a three monthly basis.</p> <p>The Person in Charge has now revised the audit tool used to audit all care plans. The audit tool now contains an action plan and target date which is now signed by the named nurse for the resident, the clinical nurse manager and the person in charge to ensure that quality care is being delivered to residents. Audit procedures have been reviewed. The action plans for all audits will include a target date for completion.</p> <p>A cleaning room has now been identified specifically for the catering department</p> <p>The person in charge has now analyzed all resident's questionnaires and this feedback has been included in the Quality Report for 2021. This includes detailed information obtained through the completion of quality of life surveys and service surveys to obtain residents and relatives views on the quality and safety of care . The analysis has now all been added to the Centre's Quality Report for 2021.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A cleaning room has now been identified specifically for the catering department to ensure that there is no cross contamination. This room will be identified in the Statement of Purpose and floor plans to reflect this change.</p>	

The person in charge has sourced alternative cleaning products and equipment for the cleaning of communal shower rooms as an interim measure until the floor covering is changed on all communal shower rooms.

All staff are now using the one changing area outside of the main building.

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	31/05/2021
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	31/05/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in	Substantially Compliant	Yellow	31/03/2021

	consultation with residents and their families.			
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