Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Sullivan Centre
Name of provider:	Health Service Executive
Address of centre:	Cathedral Road, Cavan, Cavan
Type of inspection:	Unannounced
Date of inspection:	13 March 2024
Centre ID:	OSV-0000494
Fieldwork ID:	MON-0041167

About the designated centre

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

The designated centre provides care and support to meet the needs of both male and female older persons. It provides residential accommodation for 18 long term-care residents and two residents requiring short-term care/respite. The philosophy of care is to provide a quality residential service to older people who have a diagnosis of dementia and who are mobile. The ethos, culture, practices and procedures of the centre reflects a person-centred approach that promotes independence and functioning to the residents' highest potential. Meaningful expression is facilitated by occupational, recreational, physical and sensory stimulation. Management and staff aspire to these values by being open to new ideas and ways of working, demonstrating a commitment to effective communication, teamwork and developing practice to reflect a shared vision of residents' care. The centre is a single storey building located in an urban area.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	15

How we inspect

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 13 March 2024	08:55hrs to 17:30hrs	Catherine Rose Connolly Gargan	Lead
Wednesday 13 March 2024	08:55hrs to 17:30hrs	Ann Wallace	Support

What residents told us and what inspectors observed

Overall, the inspectors found that the improvements made to residents' lived environment since the last inspection in July 2023 supported them to enjoy a good quality of life and ensured their rights were respected. Residents were able to access their bedrooms and communal areas including the outdoor gardens as they wished. There was a warm, unhurried and happy atmosphere in the centre and this was reflected in the residents' relaxed and content dispositions. Staff were observed to be attentive to residents' needs and were respectful, kind and patient in their interactions with individual residents.

Staff knew residents well and were observed to engage residents in conversations about their individual interests, past lives and their families.The inspectors observed staff and residents chatting and laughing as they walked together along the corridors and outside into the gardens. It was evident that residents were enjoying these very positive and personal interactions with staff. Some residents liked to spend a lot of time talking with individual staff and these staff were observed to patiently respond to their wishes for company.

This was an unannounced inspection and on arrival to the centre, the inspectors met with the person in charge. Following an introductory meeting, the person in charge accompanied them on a walk around the centre. This gave the inspectors opportunity to meet with residents and staff and to observe life in the centre as residents prepared for their day. The person in charge demonstrated the many improvements to the residents' lived environment that had were completed and those in progress. The inspectors observed that an area of the premises was closed off and were informed that this was to facilitate phase three of a four phase refurbishment project currently in progress.

The inspectors observed that residents were going about their day with purpose and that staff mingled among them providing gentle assistance and encouragement as necessary. Many of the residents were resting in the sitting room and a variety of social activities were being facilitated by staff on a one-to-one or small group basis for residents. The inspectors spent periods of time in the communal areas throughout the day and observed that residents were enjoying positive and therapeutic interactions with staff. Some other residents preferred to walk along the corridors or go into the garden. One resident was observed enjoying being in the company of staff while they went about their work and this was facilitated and well managed by the staff member. Residents who spoke with the inspectors said they were 'happy' and that they liked the staff caring for them. Residents also said that they felt safe in the centre.

Sullivan Care Centre is a single-storey building with residents' accommodation on ground floor level throughout. Residents' bedroom accommodation comprised of 20 single rooms, two of which had en-suite toilet and wash basin facilities.The inspectors observed that some of the walls along the corridors, residents' bedrooms

and communal rooms had been painted and others were prepared for painting. The inspectors were told that painting was ongoing on the wall surfaces and wear and tear to floor coverings would be addressed as part of the refurbishment project currently in progress.

The inspectors observed that residents' bedrooms were colourfully decorated and were personalised with their family photographs and other personal possessions including soft toys and colourful throws on their beds. Residents had adequate storage space for their clothes and personal possessions. The walls on some parts of the circulation corridors parts in the centre had been colourfully decorated with wallpaper and tactile flower and butterflies. This gave residents visual variety and points of interest while walking along the corridors. The person in charge told the inspectors that further work was taking place to upgrade the decor throughout the centre.

Two safe outdoor gardens were accessible to residents as they wished. These gardens provided interesting and therapeutic outdoor spaces for residents. The footpaths were covered with a rubberised soft surface designed to protect residents from injury in the event of them falling. Raised flower/shrub beds were available in one garden and a glasshouse was available to residents in the second garden. The glasshouse located in the garden to the side of the centre premises and the raised flower/shrub beds in the garden in the middle of the centre premises facilitated residents with an interest in gardening to continue to pursue and enjoy their gardening interests. Garden ornaments and other memorabilia created points of interest for residents as they walked around the gardens. The lawns and flower beds were well maintained. Murals painted on the walls around the internal garden were based on the residents' past interests and occupations including farming, music and dancing.

The inspectors observed that residents looked forward to their meals and enjoyed this social occasion in the dining room adjacent to the kitchen. Residents' mealtimes were unhurried and were well organised. There was sufficient staff available to support and assist residents with eating their meals as necessary. A small number of residents chatted with each other while they ate their meals.

The corridors were wide and handrails were in place along all the corridors to support residents with their safe mobility. Grabrails were in place on both sides of the toilets and handrails were available in communal showers. The inspector observed that there were adequate communal showers and toilets provided within close proximity to residents' bedrooms and communal rooms to meet their needs.

The inspectors observed that each resident had a functioning call bell in their bedrooms. Staff remained with residents in the communal areas at all times to ensure their needs were responded to without delay.

The next two sections will present an overview of the governance and management capability of the centre and the quality and safety of the service and present the findings under each of the individual regulations assessed.

Capacity and capability

Overall the centre was being well managed for the benefit of the residents. The inspectors found significant improvements in compliance in a number of regulations and this was having a positive impact on the lived experience of the residents. These improvements included improvements to the premises and a clear change in direction towards person centred care in which residents rights were upheld and they were being supported to live a full life.

Due to the risks to residents' safety identified on the last inspection, the Chief Inspector attached a condition to the designated centre's registration ceasing new admission of residents until the centre is in compliance with regulations: 17: Premises, 23: Governance and Management, 27: Infection Control and 28: Fire precautions. The inspectors found that the provider was complying with this registration condition and had carried out significant refurbishment and improvement works over the past 12 months. This included an extensive fire safety improvement project. Although the works to address the risks identified on previous inspections were at an advanced stage and were nearing completion, more focus and effort were now required to ensure that all of the fire safety, infection control and premises non compliances identified on previous inspections were completed in a timely manner. In addition improvements were required in the management of risks associated with the ongoing building works. This is discussed under Regulation 23; Governance and Management.

The provider is the Health Service Executive who is the national provider for healthcare in Ireland. The provider was represented by a senior manager on the day of the inspection. The inspection was facilitated by the person in charge (PIC) and the clinical nurse manager (CNM). Both managers worked in the centre full time and were well known to staff and to residents and their families. The management team were knowledgeable about individual residents and the day to day events and incidents that were happening in the centre. Staff told the inspectors that managers were approachable and that they were well supported in their work.

There were enough staff on duty on the day of the inspection to meet the needs of residents and to support residents to spend their day as they wished. Staff demonstrated accountability for their work and were clear about their roles and responsibilities when they were speaking with the inspectors. Staff worked well together to ensure residents needs and requests for support were met in a timely manner. Staff were seen to greet all residents as they passed by name and often stopping to have a few words with the resident about their day. Staff interactions with residents were empathetic and respectful. This helped to create a welcoming and pleasant atmosphere for residents and visitors.

The provider's management and oversight systems had improved since the last inspection. The person in charge was now supported in their role and audits were

up to date and were being followed up to ensure improvements were implemented effectively.

Regulation 14: Persons in charge

The person in charge is a registered nurse with the required management qualifications and experience. They work full time in the designated centre and are well known to residents and to staff. The person in charge demonstrated a good knowledge of their regulatory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty on the day of the inspection to meet the needs of the residents taking into account the size and layout of the designated centre.

There were 3.5 care staff vacancies on the day and these were being covered by the provider's own staff working additional hours and regular agency staff. This helped to ensure continuity of care for residents from staff who knew them but was not a sustainable staffing model and required review. This is discussed under Regulation 23.

Judgment: Compliant

Regulation 16: Training and staff development

From a review of the records and speaking with staff inspectors found that staff had good access to training and development opportunities. There were high levels of compliance with mandatory training in safeguarding and fire safety. Fire safety updates were scheduled for the coming week for those staff who were due updates and for new staff working in the centre.

Records also showed that 23 staff had not completed all the required modules for infection prevention control as set out in the provider's own training requirements. This finding is discussed under Regulation 27: Infection Prevention and Control.

Staff supervision and appraisals were now being implemented in the designated centre. This was an improvement form previous inspections.

Judgment: Compliant

Regulation 21: Records

Staff records required some improvements to ensure they wee well maintained and that they contained all of the information required under Schedule 2 of the regulations. For example;

- Two files did not contain a full employment history for the members of staff.
- A record pertaining to another member of staff was found in one staff file.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a leadership and management team in place with clear lines of authority and accountability. The management structure was in line with the structure set out in the centre's statement of purpose. Managers were well known to staff and residents and were seen to be interacting with residents and staff throughout the day of the inspection.

However, the provider had not ensured that resources were made available to fully implement their fire safety remedial works following the previous inspection. As a result there were outstanding fire safety actions that had not been completed which impacted on the safety of residents. This is discussed under Regulation 28.Fire precautions. Furthermore, the current staffing model did not ensure that staffing levels were maintained as set out in the provider's statement of purpose against which the centre was registered. For example, the catering team were also providing services for a local day care centre, a meals on wheels service and another health care facility. This took catering resources away from the residents living in Sullivan Centre. In addition, the provider had not recruited to 3.5 care staff positions. Although these vacancies were being covered by the existing staff team this was not a sustainable model going forward.

The management and oversight services that were in place had strengthened since the last inspection. This helped to ensure that deficits and improvement areas were identified promptly and communicated to the relevant staff. However, improvements were still required in the oversight of maintenance of the building and in fire safety to ensure that improvement actions were followed up by the management team and completed within the required time frames. These findings are discussed under Regulation 28: Fire precautions and Regulation 17: Premises. In addition the oversight of staff files did not ensure compliance with the regulations as set out

under Regulation 21: Records and additional focus was required to ensure infection prevention and control standards were met in some areas.

The management risks associated with the ongoing buildings works was not effective. For example, a temporary staff room provided for staff use during the current phase 3 of the refurbishment project was not fit for purpose and the floor surface was visibly dirty and dusty with unfinished wall surfaces that could not be easily cleaned. This room was accessible to residents and because a number of residents walked with purpose around the centre there was a risk that they would access this space.

The annual review of the service for 2023 had been completed. residents had submitted questionnaires as part of this quality review, however the resident's feedback had not been incorporated into the review and the quality improvement programme for 2024.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated and submitted to the Chief Inspector as part of the provider's application to renew the registration of the designated centre. However, revision was necessary as not all information regarding the service provided was detailed. For example,

- residents' bedroom accommodation was not clearly described
- the arrangement where the catering service in the centre also provided a catering service for areas outside the centre was not described.
- a description of the catering staff complement provided to cater for residents living in the centre from the staff and to cater for services external to the centre was not described.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place. A summary of the policy was displayed in the designated centre and was made available to residents when they were admitted.

The policy had been updated in line with the changes in the legislation that were introduced in March 2024. The complaints person and review officer were identified.

The time frames for responding to complaints and reviews was set out in the policy and were in line with the requirements of the regulations.

Advocacy information was provided to support residents and their representatives with the complaints process.

There were two complaints recorded since the previous inspection. A review of the records showed that the complaints and any investigations and follow up were recorded. Both complaints had been resolved to the complainants' satisfaction.

Judgment: Compliant

Regulation 4: Written policies and procedures

The provider had ensured that the Schedule 5 policies and procedures were made available to staff. These policies and procedures were reviewed and updated within the last 3 years and included national best practice guidance, where appropriate.

Staff induction and ongoing training included Schedule 5 and other relevant policies and procedures. This helped to ensure staff were clear about what was expected of them in their work and the standards that were required to meet.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the incident and accident records showed that three day notifications were submitted to the Chief Inspector within the required time frame.

The inspectors reviewed a sample of resident's care records and the information relating to the use of restraints in the designated centre. These records showed that the provider was submitting the quarterly reports in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents' nursing and social care needs were improved and were being met to a satisfactory standard on this inspection.

Residents' care and supports were person-centred and residents were kept at the centre of the service provided in Sullivan Centre. This inspection found that residents rights were respected and they were supported to make decisions regarding their daily lives in the centre. Residents' quality of life was optimised with unrestricted access to all areas of the centre including the outdoors as they wished and access to social activities that enabled them to continue to pursue their past interests, enjoy new interests and engage in positive risk taking and to live their best lives in line with their capacities.

Notwithstanding the significant works completed to upgrade the centre's fire safety and refurbishment of the premises currently in phase 3 to ensure residents' safety from risk of fire and infection, this inspection found that actions including some actions identified on the last inspection were not completed to ensure effective containment of fire/smoke and residents' safe evacuation needs in the event of a fire in the centre.

Sullivan Centre is a dementia specific service. The inspectors found that the provider had ensured that staff in the centre had the necessary skills and competencies to effectively care for residents with dementia. Residents who experienced responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment.) were well supported by staff. A positive and supportive approach was taken by staff with managing any responsive behaviors experienced by individual residents and this approach optimised their health, well-being and their quality of life.

Residents were provided with good standards of nursing care and they had access to timely health care from their general practitioner (GP) who attended the centre three days each week. There was also good access for residents to a range of allied health professionals and psychiatric services including a regionally based advanced nurse practitioner in Dementia care who supported staff with residents' care procedures and practices in the centre. Residents' care plan documentation had improved since the last inspection and mostly ensured that the information clearly directed staff on residents' care delivery in line with residents' usual routines, preferences and wishes.

Although, inspectors were assured that residents were administered their correct medicines, some improvements were necessary to ensure that their prescribed medicines were clearly documented. The inspectors' findings are discussed under Regulation 29 in this report.

The provider had upgraded parts of the centre's infrastructure and facilities which improved the measures in place to protect residents from risk of infection. Notwithstanding the improvements made, the inspectors found that maintenance of the premises did not ensure all floor and wall surfaces were in a good state of repair and were adequately maintained to ensure completion of effective cleaning procedures. The inspectors also found that floor cleaning procedures were not completed in line with required standards. The floor and wall surfaces in a temporary staff area was of particular concern as they were not clean and could not

be effectively cleaned. Furthermore, access to this room was not appropriately controlled and there was a risk that residents could access this room. Although improvements were observed to the storage areas in the centre, storage continued to be poorly organised and segregated to ensure risk of cross infection was appropriately managed and that storage areas could be effectively cleaned.

Measures were in place to ensure residents were safeguarded from abuse, the systems in place were found to be effective and robust monitoring processes were in place to ensure there was no further risk to residents of abuse.

Residents' social activity needs were regularly assessed and residents were supported and encouraged to participate in the meaningful and appropriate one-to-one and group activities in line with their interests and capacities. Residents were supported to integrate in their local community including visits to the local town, the nearby park, the 'forget-me-not cafe and the cathedral next door to the centre.

Regulation 10: Communication difficulties

Residents' communication needs were regularly assessed and a person-centred care plan was developed in consultation with each resident to ensure any difficulties with their communication was identified and addressed with effective interventions and referral for specialist assessment, as appropriate, to support residents to communicate freely and as they wished. Staff were aware of each resident's communication support needs and the care and supports that should be provided.

Judgment: Compliant

Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection.

Judgment: Compliant

Regulation 12: Personal possessions

A laundering service was provided by an external provider and effective arrangements were in place to ensure residents' personal clothing was laundered

and returned to them without delay. No issues were identified with this laundering service provided to residents.

Residents had access to and were supported to maintain control of their own personal clothing and possessions. Each resident had enough space to store their clothes and to display their photographs and other items in their bedrooms as they wished.

Judgment: Compliant

Regulation 13: End of life

An assessment of each resident's end of life preferences and wishes regarding their end-of-life care, including where they wished to receive care was completed on their admission and was regularly reviewed thereafter with residents and their significant others as part of their care plan review process.

Residents and, where appropriate, their relatives were involved in the decision making process with regard to end of life wishes and advanced care plan in consultation with the residents General Practitioner (GP). The centre had access to specialist community palliative care services to provide support staff with managing residents' symptoms and any pain they may experience.

Judgment: Compliant

Regulation 17: Premises

The designated centre did not conform to all of the matters set out in Schedule 6 of the regulations as follows;

- The floor surfaces in some parts of the corridors, the dining and the sitting rooms used by residents were damaged and stained.
- Storage of residents' equipment and supplies including bed linen supplies were not appropriately organised and segregated in the newly refurbished storeroom and as a result posed a risk of cross infection. This is a repeated finding from the last inspection. There was also some items of equipment and surplus furniture stored in a small number of the vacant bedrooms. These items were removed on the day of the inspection.
- Paint was missing on parts of the surface of the walls in the residents' communal rooms and on a corridor. There was also paint missing from the surface of a door frame on the door to the visitor's room.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents food and fluid intake was comprehensively assessed and closely monitored to ensure their nutrition and hydration needs were met. Residents had access to speech and language therapy and dietician services as needed. Residents were provided with a varied diet and alternatives to the hot meal menu options were available in accordance with residents' preferences. Residents' special dietary requirements were effectively communicated to catering staff and dishes were prepared in accordance with residents' individual preferences, assessed needs and the recommendations of the dietician and speech and language therapists. Fresh drinking water, flavoured drinks, milk, snacks and other refreshments were available to residents at mealtimes and throughout the day.

Residents' mealtimes were facilitated in the dining room. There was sufficient staff available to provide timely assistance to residents in the dining room at mealtimes. The inspectors observed that residents were provided with discreet assistance as needed and staff were attentive to residents' individual needs and to gently encourage and support their independence with eating, as appropriate.

Judgment: Compliant

Regulation 27: Infection control

The environment was not being managed in a way that minimised the risk of transmitting a health care-associated infection. This was evidenced by the following findings;

- A waste bin was not available in the sluice room for hazardous risk waste segregation.
- Dust and grit were visible along a wall on the floor in the area where the sluice and laundry rooms are located.
- A cleaning schedule for the ventilation vents and shower drains was not available. A ventilation fan was found to be unclean on the day of this inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider did not ensure there was adequate fire safety precautions in place in the centre and had not ensured that residents were protected from the risk of fire. The inspectors found the following;

- There were 14 fire doors in the centre not closing properly. These deficits in the operation of the fire doors were identified on the weekly checking procedures and had been referred without delay to the maintenance department but had not been addressed at the time of this inspection.
- A door was located in the walls between two adjoining bedrooms in Compartment 1 (Bedrooms 18 and 20) and two adjoining bedrooms in Compartment 3 (Bedroom 49 and 51). The person in charge confirmed that these doors were not in use. The doors had been identified as a fire risk on the previous inspection as they did not meet the design and construction standards for bedroom fire doors and as such did not afford effective compartmentation between these bedrooms. For example, there was a gap in the doors created by the unprotected keyholes in these doors. The provider had failed to replace these doors as part of their fire safety improvement works and the risk to residents accommodated in these bedrooms remained.
- Assurances regarding effective containment of fire/smoke in the event of a fire in the oratory were not assured due to a hole in the ceiling surface.
- Residents' assessed emergency evacuation needs included appropriate supervision post evacuation to ensure their safety, the records of the emergency evacuation drills completed did not consider or assign a staff member on-duty to ensure residents' post evacuation supervision. This is a repeated finding from the last inspection.
- Evidence was not available that a procedure was in place to ensure lint was removed from the clothes dryer in the laundry room.
- Following extensive fire safety improvement works in the centre the provider had not obtained confirmation by a person competent in fire safety that all parts of the premises were now in compliance with the regulations and fire safety legislation and standards. Therefore, the provider could not be assured that residents were adequately protected from risk of fire.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Although, the inspectors were assured that residents received their correct medicines, actions were necessary to address the following findings;

- Medicines administered by nurses as a crushed preparation for a small number of residents were not individually prescribed for administration in a crushed format.
- The prescription instructions for a number of 'as required' (PRN) medicines did not state the indication for administration of these medicines. This posed

a risk of error as some staff working in the centre were contracted from an external agency staff provider and may not be familiar will residents' needs.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Notwithstanding the significant improvements made in residents' care documentation, further actions were necessary to address the following findings;

- The recommended amount of fluid intake that one resident with an assessed risk of dehydration should drink over a 24 hour period was not stated to inform staff regarding their fluid intake needs.
- The relevant information to direct staff on the wound dressing procedures as recommended by the tissue viability nurse specialist were not easily accessible in this resident's care plan information due to inclusion of unnecessary information.
- A small number of residents' behaviour support care plans did not clearly detail the residents responsive behaviours, known triggers to the behaviours and the effective person-centred de-escalation strategies that staff should deliver. This posed a risk that pertinent information regarding these residents' care and support needs would not be communicated to all members of staff.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to their general practitioner (GP), allied health professionals, specialist medical and nursing services including psychiatry of older age, community palliative care and tissue viability specialists as necessary. The provider had ensured that arrangements were in place for alternative access to allied health professional services if any delays were experienced by individual residents. An on-call medical service was accessible to residents out-of-hours, as needed. Residents had appropriate access to national health screening programmes and were supported to safely attend out-patient and other appointments.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

A positive and supportive approach was used by staff in their care of a small number of residents who intermittently experienced episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff were observed to be attentive to residents' individual needs for support and residents responded well to the care and supports provided by staff. All staff were facilitated to attend appropriate training to ensure they had up-to-date knowledge and skills to effectively care for residents with responsive behaviours.

The person in charge and staff were committed to minimal restraint use in the centre and their practices reflected the national restraint policy guidelines. There was minimal use of restrictive equipment and alternatives to this restrictive equipment were risk assessed and used in consultation with individual residents and their representatives.

Judgment: Compliant

Regulation 8: Protection

The centre had policies and procedures in place to protect and safeguard residents from abuse. All staff had attended up-to-date safeguarding training. Staff spoken with were knowledgeable regarding recognition and responding to abuse. Staff were aware of the reporting procedures and clearly articulated knowledge of their responsibility to report any concerns they may have regarding residents' safety. Residents confirmed that they felt safe in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were respected and they were encouraged to make individual choices regarding their lives in the centre. Residents' privacy and dignity were respected in their lived environment and by staff caring for them in the centre.

Resident's social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities that met their interests and capacities. Residents were supported by staff to go on outings and integrate with their local community.

Residents were supported to practice their religions, and clergy from the different faiths were available to meet with residents as they wished.

Residents were provided with opportunities to be involved in the running of the centre and their views and suggestions were sought including with the support of

their representatives and this feedback was valued and utilised by the service to enhance residents experiences and improve their lived environment. Residents had access to televisions, telephones and newspapers and were supported to avail of advocacy services in consultation with them and as they wished.
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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant

Regulation 9: Residents' rights	Compliant

Compliance Plan for Sullivan Centre OSV-0000494

Inspection ID: MON-0041167

Date of inspection: 13/03/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: The Provider will come into Compliance by: Staff records are kept in a secure and safe manner within the Centre to ensure that they are well maintained and they contain all information required under Schedule 2 of the regulation including full employment history for the members of staff. This action will be completed by 15/05/2024.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A review of the catering staffing levels has taken place. The SOP has now been updated to reflect the catering WTE alligned to the designated centre. The Register Provider in consultation with the PIC continues to review catering staffing levels as to ensure the appropriate staffing is available to meet the dietary needs of the residents. As the HSE is currently in a recruitment embargo the Provider Representive has requested the derogation of the 3.5 vacant Health Care Attendants. As the current bed occupancy within the unit is temporary reduced by five, agency staff are being utilised as required to ensure effective staffing levels. When bed occupancy within the unit increases to max occupancy the Registered Provider and the PIC will review staffing levels as to ensure the appropriate level of staffing is avaialable. If the derogation of the 3.5 WTE has not been approved the Registered Provider in consultation with the HSE management team will review the need for further agency usage. Additional to the above the registered provider has been engaging with the HR and a	

panel is in place for Health Care Assistants in Cavan and Monaghan which can be utilised once the derogation is approved.

Weekly fire door checks are carried out in the centre by our local maintainence personnell. Any faults or issues are reported immeadiately to the Person in Charge, who submits a request for repairs via the maintainence portal system.
As to provide oversite and management of fire safety the Registered Provider Representative and the Maintainence manager have met to develop an ongoing process which will ensure oversite and management in relation to Fire Doors and Fire Safety. An outcome of this meeting is that an external carpenter will carry out Fire Door checks on a monthly basis in the Centre and any repairs will be completed as deemed necessary. This will commence in July 2024 and will remain ongoing.
An additional six monthly check will be completed on all fire doors in line with the HSE's Fire Register. These additional measures will provide the registered provider with the oversight that is required to ensure that fire doors are maintained within the centre.
In-house fire evacuation trainng of the largest compartment continues within the Centre. All learning is shared with all satff and records of same are maintained within the Centre and are available to the inspector upon request.
All staff files within the designated centre meet the requirements of Schedule 2.
The Registered Provider Representative and the Person in Charge have implemented an excel based check list, to include all of the Schedule 2 information. This system alerts the PIC if any information is outstanding or requires updating or review.
As part of the registered providers monthly assurance review in the centre the Register provider will montor staff files. These measures will ensure oversight in the management of staff files.

Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
The Provider will come into Compliance by:

An updated Statement of Purpose has sent to the Authority on 24/04/2024 which clearly identifies the bedroom accommodation.

Updated Statement of Purpose identifies the arrangements where catering service in the Centre also provides catering service for areas outside the Centre and also it describes the catering Staff complement provided to cater for Residents living in the Centre and to cater for services external to the Centre

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
The Registered Provider Representative carries out monthly compliance audit visits within the designated centre. As part of this review the Registered provider observes and reviews the Premises of the designated centre. Any areas identified as requiring updating/replacement etc are notified to the maintenance or estates department.
The registered provider has also requested that the maintenance manager will be present while the monthly reviews are taking place as to ensure areas identified as needing updating/review are actioned and completed within the agreed time scale. This will provider adequate assurance and oversite that the premesis is well maintained.
The Register Provider and the Person in Charge have in place a maintinence schedule which includes internal and externaal painting, fire door checks and repairs. Flooring repairs/replacement, garden maintainence, power hosing and cleaning of external pathways, cleaning and maintainence of guttering. This schedule will ensure that the premesis meets the required standards.
A review of the storage areas within the Designated Centre has been completed by the PIC and the Registered Provider. This review has identified an additional storage areas and a schedule of works has been completed and agreed. This will ensure the appropriate storage of residents equipments and needs. This will be completed by the 31/07/2024.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
Regulation 27- Infection control is a component of the Registered Providers Representative compliance monthly compliance audit. As part of the register providers review the register provider reviews the IPC audits in line with the current presentation of IPC measures within the designated centre. The Register Provider ensures that areas of non compliance/action have agreed action plans which are timebound. The Register provider in consultation with the PIC ensures that all action plans are closed out within the agreed time lines.
The Designated centre has two IPC Link Nurses, complete MEG audits and update IPC information folder with the most up to date IPC guidance and this is available to all staff at the Nurses station..
IPC is a standing item for discussion at the Centres daily safety Pause.
The IPC Clinical Nurse Specialists visits the Centre and provides external IPC audits. The findings of these audits are shared with the management team. Time bound action plans are developed. This is implemented by the PIC and overseen by the Registered Provider.
The Centre's management team have in place a daily check document, of the centres cleaning schedules, which is signed off by the PIC/CNM II.
The CHO 1 Antibicrobial Pharmacist provided training to staff on Antimicrobial Stewardship and Skip the Dip via webex on 29th May 24. Further educational sessions have been arranged for staff.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Weekly fire door checks are carried out in the centre by our local maintainence personnell. Any faults or issues are reported immeadiately to the Person in Charge, who submits a request for repairs via the maintainence portal system.

As to provide oversite and management of fire safety the Registered Provider Representative and the Maintainence manager have met to develop an ongoing process which will ensure oversite and management in relation to Fire Doors and Fire Safety. An outcome of this meeting is that an external carpenter will carry out Fire Door checks on a monthly basis in the Centre and any repairs will be completed as deemed necessary. This will commence in July 2024 and will remain ongoing.

An additional six monthly check will be completed on all fire doors in line with the HSE's Fire Register. These additional measures will provide the registered provider with the oversight that is required to ensure that fire doors are maintained within the centre.

In-house fire evacuation trainng of the largest compartment continues within the Centre. All learning is shared with all satff and records of same are maintained within the Centre and are available to the inspector upon request.

The HSE Fire Officer has provided documented evidence to the inspector which confirms that all remedial Fire Door works in the designated centre have been completed to current Best Practice Remedial Repair Guidance and the Declaration Certificate from Masterfire who are an External Contractor / Accredited Fire Door Repair Specialists as of the 22/05/24.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
Monthly Medication Management Audits are carried out by the CMN II. Any identifed areas for improvement are documented and a quality improvement plan,which clearly identifies the responsible person, and timeframes for completion.

The register provider as part of there quality assurance meeting will review and monitor medication management processes within the designated centre.

As to ensure effective oversight of medication management the register provider has met and arranged that the local Pharmacist, will provide educational medication sessions to staff within the designated centre. These will commence on the 11/6/24.

The register provider requested that the local coumminity Pharmacist complete an audit on medication usage within the centre. This was completed in March 24 and report received in April 24. The registered provider meet with the PIC and reviewed the findings of the audit. The PIC further meet with the Medical Officer on the 15/4/24. All recommendations / actions have been completed as of the 30th april 24.
The registered provider has arranged that ongoing external medication audits will be completed by the local pharmacist on an ongoing basis. This will ensure appropriate oversite of medication management practices within the designated centre.

The registered provider and the Person in Charge requested the attendance of the local Pharmacist at the resident forum. This took place on the 10/4/24. The register provider and the person in charge is laising with the pharmacist for further attendance at the resident forum and the Pharmacist, has committed to atending two residents forums meeting annually.

The Centre for Nursing and Midwifery Education (CNME) are providing a two day training to staff working in the Designated Centre on 25th and 27th June 2024, which incorporate sepcific education roles and responsibilities of the nurses in accordance with NMBI guidance , to include Medication Management.

The management team of the Designated Centre held a meeting with Nursing Staff on 30th May 24 and reviewed recent medication Audit Report and actions.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
Regulation 5: Individual Assessment and Care Plan is a component of the Registered Providers Representative compliance audit. Care plan audits are carried out monthly by the CNM II. Any identifed areas for improvement are documented and a quality improvement plan,which clearly identifies the responsible person, and timeframes for completion are outlined. This audit process is reviewed by the Registered Provider as to ensure that action plans are closed as per the required timelines.
The Practice Development Co ordinator supports the Centre’s management team in carrying out residents care plan reviews.

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.	Not Compliant	Orange	31/08/2024
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.	Not Compliant	Orange	31/08/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and	Substantially Compliant	Yellow	15/05/2024

	4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	31/05/2024
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.	Not Compliant	Orange	31/05/2024
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	15/03/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated	Substantially Compliant	Yellow	15/03/2024

	infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/05/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/05/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/05/2024
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	15/03/2024
Regulation 29(5)	The person in charge shall ensure that all	Substantially Compliant	Yellow	15/03/2024

	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.			
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	24/04/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	15/03/2024