



**Health  
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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:	St Oliver Plunkett Community Unit
Name of provider:	Health Service Executive
Address of centre:	Dublin Road, Dundalk, Louth
Type of inspection:	Unannounced
Date of inspection:	20 February 2024
Centre ID:	OSV-0000539
Fieldwork ID:	MON-0042855

## About the designated centre

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

St. Oliver Plunkett Community Unit is a ground floor building comprising of a day hospital and a nursing home. It is located onsite and to the rear of Louth County Hospital on the outskirts of the town of Dundalk. The centre has undergone extensive refurbishment in recent years that has resulted in a variety of private and communal facilities for residents and a number of secure outdoor areas. Central facilities include a church, lounge, reception area, main kitchen where prepared food is delivered to, offices and storage rooms. Residents also have use of the day services and activities provided in the adjoining day hospital.

A total of 63 residents can be accommodated in the residential centre that has two distinct units, St. Cecilia's that accommodates up to 44 residents and St. Gerard's (dementia specific unit) that accommodates up to 19 residents. Residents' bedroom accommodation consists of a mixture of single and twin bedrooms. Some have en-suite facilities and others share communal facilities.

The philosophy of care is to embrace positive ageing and place the older person at the centre of all decisions. It encourages individual choice and active participation with the involvement of family and friends in a homely atmosphere where people are valued.

A vision of being open to new ideas and ways of working to ensure effective communication and teamwork to develop and provide safe person centred care is outlined.

Services provided include respite, day care, dementia care, extended care and interim funding initiative beds.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	54
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 20 February 2024	09:45hrs to 17:00hrs	Geraldine Flannery	Lead

## What residents told us and what inspectors observed

Overall, residents spoke positively about their experience of living in St Oliver Plunkett Community Unit. Residents and their relatives told the inspector that they felt safe and that the care they received was excellent.

The inspector spoke with approximately one in three residents. Many of the residents spoken with said that they were from the surrounding area and how they were happy to remain living close to family and friends.

Overall, the unit was bright and clean throughout. Resident bedrooms were neat and tidy. Residents who spoke with the inspector were happy with their bedrooms. Many residents had pictures, soft furnishings and photographs in their rooms and other personal items which gave the room a homely feel.

There were several enclosed gardens on the campus. A smoking hut was situated in one of the gardens. There was a bin for cigarette butts, however there was no fire blanket or call bell available nearby for resident's safety. Fire aprons were available in the centre and individually issued to each resident that smoked. The closest fire extinguishers were located just inside the entry point to the building. The person in charge confirmed that smoking was supervised by staff or relatives at all times and same was documented in the care plan. The inspector highlighted potential risk to person in charge on the day of inspection. This will be discussed further in the report under the relevant regulation.

The inspector observed a mealtime service and noted that the food looked appetising and was served hot. All residents who spoke with the inspector said that the food was very good. The menu was displayed and the tables were laid out with cutlery and condiments for the residents to access easily. Mealtime was observed to be well managed and unhurried. The inspector observed staff to offer encouragement and assistance to residents.

Residents informed the inspector how staff supported them to enjoy life in the centre. An activity coordinator was on site to organize and encourage resident participation in events. An activities schedule was on display and the inspector observed that residents could choose to partake in quiz games, bingo, art, music and sing along. On the day of inspection, the inspector observed residents enjoying a visit from two therapy dogs. One resident told the inspector that they love animals and the visit from the therapy dogs was the highlight of their week.

Overall, residents said that they felt listened to and had the opportunities to make choices in their daily lives. There were resident meetings to discuss any issues they may have and suggest ideas on how to improve the centre. Residents confirmed that they would not hesitate to speak with a staff member if they had any complaints or concerns. Advocacy services were available to all residents. Details of

independent advocacy groups were on display in the centre.

Laundry facilities were provided externally and residents informed the inspector that they got their clothes back clean and fresh every few days.

The inspector observed visitors coming to and from the unit throughout the day. They visited residents in their bedrooms and in the day rooms. Visitors confirmed they were welcome to the home at any time and they did not feel restricted. They informed the inspector that they were happy with the care provided and felt it was a good place for their loved one to live.

The inspector observed on the day of inspection that residents were receiving good care and attention. Staff who spoke with the inspector were knowledgeable about the residents they cared for. The inspector observed a comfortable familiarity between the person in charge, staff and residents that created a positive atmosphere and all parties appeared to enjoy the lively banter.

The inspector observed many instances of good practices in respect of infection prevention and control including good hand hygiene techniques and effective processes to mitigate the risks associated with the spread of infection. Overall, procedures were consistent with the National Standards for Infection Prevention and Control in Community Services (2018).

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place and how these arrangements impact on the quality and safety of the service being delivered.

## Capacity and capability

Overall, the centre provided a good standard of care to residents living there. There were sufficient resources available to provide the service in line with the statement of purpose. There was a clearly defined management structure with explicit lines of authority and accountability.

The inspector followed up on compliance plans from the previous inspection. The inspector observed that, the registered provider had taken action regarding the management of deceased residents' finances. Upon completion of relevant checklists, they arranged transfer of funds to the Chief State Solicitors Office. However, further improvements were required to ensure full compliance with all the regulations and will be discussed further in the report. There was evidence of a comprehensive and ongoing schedule of audits in the centre, which were objective and identified improvements.

This was an unannounced inspection. The purpose of the inspection was to assess the provider's level of compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulations 2013 (as amended),

and review the application to renew registration of the centre for a further three years.

The Health Service Executive (HSE) is the registered provider of St Oliver Plunkett Community Unit. The person in charge had responsibility for the day-to-day operations of the centre and was supported in their role by the Assistant Director of Nursing (ADON).

An application for registration was submitted to the Chief Inspector within the required time frame. The statement of purpose accurately reflected the facilities and services provided. It promoted transparency and responsiveness by accurately describing the designated centre's aims and objectives. It was publicly available and in an accessible format for people using the service.

The person in charge, a registered nurse, fostered a culture that promoted the individual and collective rights of the residents. The person in charge led a team of well trained and skilled staff who supported residents to live active lives having due regard to their wants and needs. Throughout the day of inspection staff were visible within the nursing home tending to residents' needs in a caring and respectful manner. Call bells were answered without delay and residents informed the inspector that they didn't have to wait long for staff to come to them.

Records reviewed on the day of inspection were stored securely within the designated centre and made available for the inspection. However, some resident records were stored in an off-site location and will be further discussed under Regulation 21: Records.

Overall, the documents reviewed met the legislative requirements including written policies and procedures, complaints procedure and insurance. However, the information for residents guide did not fully meet the regulatory requirements and will be discussed under Regulation 20.

#### Registration Regulation 4: Application for registration or renewal of registration

The provider had submitted an application to renew the registration of the designated centre. A completed application form and all the required supporting documents had been submitted with the application form.

Judgment: Compliant

#### Regulation 14: Persons in charge

A suitably qualified and experienced registered nurse was in charge in the centre on

a full-time basis.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
The inspector reviewed a sample of staff duty rotas and in conjunction with communication with residents, found that the number and skill mix of staff was sufficient to meet the needs of the residents, having regard to the size and layout of the centre. There was at least one registered nurse on duty at all times. All nurses held a valid Nursing and Midwifery Board of Ireland (NMBI) registration.
Judgment: Compliant
<b>Regulation 21: Records</b>
Records of residents who had ceased to reside in the designated centre, were not retained in the designated centre for a period of not less than 7 years. This resulted in some Schedule 3 records not being readily available for inspection.
Judgment: Substantially compliant
<b>Regulation 22: Insurance</b>
There was an appropriate contract of insurance in place that protected residents' against injury and against other risks, including loss or damage to their property.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
There was a clearly defined management structure in place that identified the lines of authority and accountability, specific roles, and details responsibilities for all areas of care provision. Effective management systems were in place to ensure the service was appropriately managed.



Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre containing all information set out in Schedule 1 and was revised at intervals of not less than one year.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints policy and procedure identified the person to deal with the complaints and outlined the complaints process. It included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. They were easy-to-read and understand so that they could be readily adopted and implemented by staff.

Judgment: Compliant

## Quality and safety

Overall, this was a good service that delivered high quality care to the residents. The inspector was assured that residents were supported and encouraged to have a good quality of life in the centre and that their health care needs were well met.

There were arrangements in place to safeguard residents from abuse. All staff spoken with were clear about their role in protecting residents from abuse and of the procedures for reporting concerns. Training records indicated that all staff had completed safeguarding training. The nursing home was pension-agent for 12

residents and a separate central private property account was in place to safeguard residents' finances.

The inspector observed that staff knew how to communicate respectfully and effectively with residents while promoting their independence. Staff were aware of the specialist communication needs of the residents and had an awareness of non-verbal cues and responded appropriately. Care plans were person-centred regarding specific communication needs of individuals.

Residents were supported where possible to manage their own accounts and property while also ensuring that safeguards were in place to protect them and prevent financial abuse. They had access to adequate lockable space to store and maintain personal possessions.

Overall, the premises was kept in a good state of repair and suitably decorated. There was an adequate amount of communal space available for residents to use. The premises was laid out to encourage and facilitate independence.

A residents' guide was available and included a summary of services available, the complaints procedure, visiting arrangements and information regarding independent advocacy services. However, it did not fully comply with the regulations and will be outlined under Regulation 20; Information for residents.

A risk management policy and risk register was available and reviewed regularly. A risk register included potential risks identified in the centre and the management of risks such as abuse, unexplained absence and accidental injury.

There was evidence of staff fire training and fire drills occurring at regular intervals to maintain staff competency in safe evacuation of all residents in the event of fire. Fire doors were intact and appeared effective to adequately protect against the spread of fire and smoke. Records were available to show that the emergency lighting and fire alarm had been tested by an appropriately qualified person on a quarterly basis. There were comprehensive Personal Emergency Evacuation Plans (PEEPS) developed for each resident and these included residents' mobility needs to inform staff of residents' needs in the event of an emergency evacuation. However, further action was required to be fully compliant with the regulations and will be discussed further under Regulation 28; Fire precautions.

### Regulation 10: Communication difficulties

The registered provider ensured that residents with communication difficulties could communicate freely, while having regard for their wellbeing, safety and health and that of other residents.

Judgment: Compliant

## Regulation 12: Personal possessions

Residents were facilitated to have access to and retain control over their personal property, possessions and finances. They had access to adequate lockable space to store and maintain personal possessions. Clothes were laundered regularly and promptly returned.

Judgment: Compliant

## Regulation 17: Premises

Overall, the premises was well maintained and appropriate to the number of the residents living in the centre.

Judgment: Compliant

## Regulation 20: Information for residents

The terms and conditions of residency in the nursing home was not outlined in the residents' guide.

Judgment: Substantially compliant

## Regulation 26: Risk management

There was a comprehensive risk management policy and risk register in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks.

Judgment: Compliant

## Regulation 28: Fire precautions

The registered provider did not take adequate precautions against the risk of fire in the smoking area. It did not have emergency call facilities, fire blanket or

extinguisher to help protect resident in the event of fire.

Judgment: Substantially compliant

### Regulation 8: Protection

All reasonable measures were in place to protect residents from abuse. A safeguarding policy detailed the roles and responsibilities and appropriate steps for staff to take should a concern arise. The inspector reviewed a sample of staff files and all files reviewed had a record of Garda vetting obtained for staff prior to commencing employment.

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
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for St Oliver Plunkett Community Unit OSV-0000539

Inspection ID: MON-0042855

Date of inspection: 20/02/2024

## 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
<p>Outline how you are going to come into compliance with Regulation 21: Records:            The provider has arranged for the return of records which are presently stored offsite with a secure storage company contracted by the Health Service Executive. These records relate only to residents who no longer reside in St Oliver Plunkett Community Unit.            All records relating to residents who no longer reside in St Oliver Plunkett Community Unit are kept for no less than 7 years following discharge.            Records will continue to be stored in a safe and secure manner while onsite.</p>	
Regulation 20: Information for residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 20: Information for residents:            The provider has included the terms and conditions of residency in the resident guide.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:            The provider has placed the following equipment securely in the smoking area:-</p> <ul style="list-style-type: none"> <li>• Fire Blanket</li> </ul>	

- Fire extinguisher
- Emergency call facility

Staff are up to date on the use of all equipment.



## 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 20(2)(b)	A guide prepared under paragraph (a) shall include the terms and conditions relating to residence in the designated centre concerned.	Substantially Compliant	Yellow	22/02/2024
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/07/2024
Regulation 21(3)	Records kept in accordance with this section and set out in Schedule 3 shall be retained for a period of not less than 7 years after the resident has ceased to reside in the designated centre concerned.	Substantially Compliant	Yellow	21/02/2024
Regulation 21(6)	Records specified	Substantially	Yellow	01/07/2024

	in paragraph (1) shall be kept in such manner as to be safe and accessible.	Compliant		
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.	Substantially Compliant	Yellow	29/02/2024
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	05/03/2024