



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

Issued by the Chief Inspector

Name of designated centre:	St Columba's Hospital
Name of provider:	Health Service Executive
Address of centre:	Cloughabrody, Thomastown, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	17 May 2024
Centre ID:	OSV-0000552
Fieldwork ID:	MON-0043498

About the designated centre

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

St. Columba's Hospital provides residential accommodation for up to 45 residents in four continuing care areas. The centre is run by the Health Service Executive (HSE) and is located in a rural setting on the outskirts of Thomastown, Co Kilkenny. The stated primary aim of the hospital is to provide support and services to older people age over 65. Admissions of younger residents may only be accepted if it is deemed appropriate by the multidisciplinary team and following a full assessment of their needs. The service caters for residents from low to maximum dependencies and for short stays and long term care. Nursing care services are provided over 24 hours for respite, convalescence, dementia care and end of life care. The centre had 9 dedicated dementia care beds. The building was originally constructed in the late 1800's and has been upgraded and adapted over time, however, the layout mostly reflects a building from that period. There is a passenger lift for access to the first floor. Bedroom accommodation is provided over two floors and consists mainly of 1 to 4 bedded rooms. There is a limited number of single rooms which are generally used for end of life care. Screening in 2-4 bedded rooms is provided by means of partitions and curtains. Residents may only be admitted to the hospital following assessment of individual care needs to ensure that the centre is suitable to provide for the needs of the individual. The common summary assessment record is completed for all admissions which are managed through the multidisciplinary meeting at the Local Placement Forum. There are medical reviews by the Medical Officer who visits the hospital each day, Monday to Friday and out of hours, Care Doc is called to provide the medical service. The centre currently employs approximately 110 staff and there is 24-hour care and support provided by registered nursing and health care staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

43

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
Friday 17 May 2024	10:00hrs to 17:55hrs	Helen Lindsey	Lead
Friday 17 May 2024	10:00hrs to 17:55hrs	Aisling Coffey	Support

What residents told us and what inspectors observed

The overall feedback from residents and visitors to St Columba's Hospital was highly complimentary of the kind and caring staff in the centre. Similarly, there was positive feedback regarding the high standards of care and the residents' access to a range of professional healthcare services according to their needs. Residents who could not communicate with the inspectors appeared comfortable and content within their surroundings. Staff were aware of residents' needs, and the inspectors observed attentive and respectful interactions with residents and their visitors throughout the day by staff and management. Notwithstanding these positive aspects, the premises were observed to impact residents' daily lives directly and significantly, affecting their dignity, right to privacy, and their ability to enjoy some quiet time for peaceful reflection at their bedside.

Inspectors arrived at the centre in the morning to conduct an unannounced inspection. The inspectors toured the premises following an introductory meeting with the acting assistant director of nursing. Later in the day, the person in charge and the second assistant director of nursing attended onsite to support the inspection process. During the day, the inspectors spoke with several residents and their families to gain insight into the residents' lived experience in the centre. The inspectors also spent time observing interactions between staff and residents and reviewing a range of documentation.

St Columba's Hospital occupies a mature site with multiple outdoor spaces, gardens and a church. There is also a day centre and rehabilitation service onsite that is operated by the provider. The centre is located on the outskirts of Thomastown, Co Kilkenny, close to a range of amenities such as shops, cafes, a post office and public transport links. The centre offers accommodation for both males and females with varying levels of dependency and care needs. It is registered to accommodate 45 residents on a long-term basis. On the day of the inspection, there were 43 residents in the centre, with one resident being cared for offsite and one vacancy.

St Columba's Hospital was originally built in the mid-1800s. While the provider has upgraded and renovated the premises over time, bedroom accommodation for the majority of residents consists of multi-occupancy open-plan bay areas. While three en-suite bathrooms were in the centre, the remaining 42 residents across all four units accessed shared toilet and shower facilities at the end of their ward areas. The provider has commenced construction on a new facility adjacent to the current centre, which will provide single en-suite accommodation for residents.

Residents are accommodated in four units within the centre. St Michael's Glen and St Patrick's Villas are located on the ground floor on either side of the front door to the centre. These two units are managed and staffed as one unit, providing accommodation for ten residents each. St Mary's Garden, a dementia-specific unit, occupies the ground floor at the rear of the centre, accommodating nine residents, eight on a long-stay basis and respite accommodation for one resident at a time.

Mount Brandon is located on the first floor and is accessible via stairs or a passenger lift. This unit provided accommodation for 16 residents. Bedroom accommodation in Mount Brandon, St Mary's Garden, and part of St Patrick's Villas was laid out in bay areas. These bay areas were large open-plan areas divided by partition walls, placed at the head of some resident's beds. The partition walls did not extend to the ceiling, and there was no partition or wall to the side of the resident's bed space nearest the corridor or thoroughfare. Privacy screening around each resident's bed space consisted of curtains. Therefore, preventing noise and smells from permeating these large bay areas was impossible.

Notwithstanding the efforts made by the provider to make the bay areas homely, their current layout impacted residents' privacy and dignity. The premises' impact on residents' daily lives meant that all conversations and personal care occurring at the bedside could be overheard by other residents, staff, and visitors. Unless a resident chose to have the curtain surrounding their bed space closed at all times, as one resident was observed to do, the resident, their activities and possessions were fully viewed by other residents and visitors to these units. Additionally, residents could not enjoy quiet reflection and peace at their bedside at a time of their choosing due to noise and disturbance, particularly in the largest unit, Mount Brandon.

Toilet and shower facilities were located at the end of each unit. The showers in St Michael's Glen and St. Patrick's Villas and one of the two showers on Mount Brandon were located within a mixed-purpose room that was also used for storing clinical equipment. The impact of this aspect of the premises on the resident meant that while a resident was using the shower, staff members may also have to access the same area to retrieve equipment to undertake their duties, directly and adversely impacting resident comfort, privacy and dignity. The frosted glass designed to provide privacy was partially missing in one of the shower facilities in Mount Brandon and in the en-suite bedroom in St Mary's Garden, further impacting on privacy and dignity. A small number of resident toilets did not have a wash hand basin, directly impacting on the resident's capacity to ensure hand hygiene after using the toilet. Inspectors found the residents' toilet closest to the bedroom areas in St Mary's Garden locked in the afternoon. This meant this toilet facility was not readily accessible to residents without the assistance of staff to unlock the door for them. The rationale presented for this restricted access did not provide evidence that the residents were consulted about this practice or that the impact on residents was recognised.

Communal areas included open-plan dining and sitting areas in each unit. Other than at lunchtime, these areas were vacant on Mount Brandon Unit with residents at their bedside or in their bed, but were used in the other units. Residents in St Patrick's Villas, St Michael's Glen and St Mary's Garden had access to an enclosed garden. The courtyard outside St Patrick's Villas had garden furniture available for residents, but the courtyard was not inviting and required post-winter maintenance. In contrast, the enclosed garden in St Mary's Garden was well maintained and very pleasant, with raised planters and decorative features for residents to enjoy, such as a water feature and wind chimes. For residents on the first floor, staff accompanied residents for walks within the grounds.

Mealtimes were relaxed, unhurried experiences. Meals appeared nutritious and appetising. There was a choice of main courses and drinks available at mealtimes and throughout the day. Residents who required assistance at mealtimes were observed to receive this support in a respectful and dignified manner. While such assistance was provided, there were also kind and cheerful conversation exchanges between staff and residents regarding residents' interests. Some residents were facilitated to eat at their bedsides, aligned with their preferences. There was mixed feedback on the food, with some residents commenting positively about the quality and variety of food, while others were more neutral, stating the food was "alright" and "ok".

Residents could receive visitors in the centre. Each unit had the a designated visitors room to facilitate private visiting. Residents also hosted visitors at their bedside and in communal areas. Visitors who spoke with inspectors were overwhelmingly positive about the staff and the care their loved ones received in the centre.

While the residents and families stated that the staff were kind and commented favourably on the care received, there was a neutral response when activity provision was enquired about. The centre had 3.2 WTE activities staff. Residents informed the inspectors that they immensely enjoyed the activities when they took place but perceived their occurrence to be infrequent. Inspectors observed group arts and crafts on St. Patrick's Villas before lunch on the inspection day, but no activities were observed on Mount Brandon throughout the day. When inspectors visited St Mary's Garden mid-afternoon, staff confirmed no activities had occurred that day.

Residents had access to local and national newspapers and magazines. Internet access was available for ground-floor residents. The provider was in the process of extending the coverage to the residents on the first floor. The centre attended to the spiritual needs of residents. Roman Catholic mass was celebrated in the centre's chapel twice per week. Residents could attend mass in the chapel, which was also broadcast on their televisions. The centre employed a chaplain who was visiting residents on the inspection day to provide pastoral care and support. The person in charge confirmed that religious leaders were facilitated to attend onsite for residents of all faiths.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

The centre was well-resourced and had good staffing levels, which supported a good standard of health and social care delivery, with high praise from residents and

visitors. The centre had an established management team and a range of developed oversight structures that provided information on where practice could be improved. Significant work had been undertaken to address fire safety concerns in the centre. However, some areas required further strengthening, such as arrangements for premises improvements, infection prevention and control (IPC), upholding resident rights and a small number of outstanding fire safety items.

This was an unannounced inspection to monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 as amended and to review the registered provider's compliance plan arising from the previous inspection. The inspection also informed the provider's application to renew registration. The registered provider had progressed the compliance plan and improvements were identified in complaints procedures and care planning. However, on this inspection significant action was required in respect of Regulation 9: Residents' rights and Regulation 17: Premises. The provider responded that the new build should address the issues identified by inspectors.

The registered provider is the Health Service Executive (HSE). There was a clearly defined management structure which identified lines of accountability and responsibility for the service. The person in charge worked full-time, five days per week, and reported to the manager of older persons' services, who represents the provider for regulatory matters and who attended the onsite feedback meeting at the end of the inspection. The person in charge was supported by two assistant directors of nursing, six clinical nurse managers, a team of nurses, healthcare assistants, catering, activities, housekeeping, multi-task attendants and administration staff. There were deputising arrangements in place.

There was documentary evidence of communication between the manager of older persons' services and the person in charge. Similarly, within the centre, there was evidence of communication between the person in charge, the nursing team and other ward-level staff. There were multiple committees in place to monitor the quality and safety of care delivered to residents, including a hospital clinical governance committee, a clinical risk management committee, a quality and patient safety committee and committees that specifically examined key areas such as restrictive practice, infection, prevention and control, food, nutrition and hydration, medication management, documentation, nursing metrics and regulatory compliance.

The provider had an audit schedule examining key areas, including falls, medication management, infection prevention and control and the environment. These audits identified deficits and risks in the service and had time-bound quality improvement plans associated with them. The provider oversaw incidents within the centre and had systems for recording, monitoring, and managing related risks. While there was a developed oversight and improvement process in place, further actions would support the management team to effectively identify deficits and risks in the service and drive quality improvement. This will be discussed under Regulation 23: Governance and management.

The provider had completed the annual review of the quality and safety of care

delivered to residents for 2023. The inspectors saw evidence of the consultation with residents and families reflected in the review.

Six residents' contracts for the provision of services were reviewed. In order to fully comply with the regulation, one amendment was required to all of the contracts, which was to add the terms related to the bedroom to be provided to the resident and the number of other occupants of that bedroom.

The centre's complaints policy was up-to-date. The complaints procedure was displayed and contained within the residents' guide, available to residents and visitors. Photographs and contact information for the complaints officer were displayed on notice boards throughout the centre. Information posters on advocacy services to support residents in making complaints were also shown. There was clear documentary evidence of complaints being managed in line with regulatory requirements. The staff spoken with knew how to identify and respond to a complaint. At the same time, residents and families reported feeling comfortable raising a complaint with any staff member.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider applied to renew the designated centre's registration in accordance with the requirements in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. At the time of inspection, this application was being reviewed. A review of the floor plans submitted supporting the application to renew the registration indicated that some edits were required to be fully accurate. For example, three showers available in the centre were not on the floor plans.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge meets the requirements of the regulations. They are an experienced registered nurse with over 20 years of experience nursing older persons. They have previous management experience and post-registration management qualifications. The person in charge demonstrated good knowledge and understanding of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and their regulatory responsibilities.

Judgment: Compliant

Regulation 23: Governance and management

Some improvements were required to ensure that oversight and monitoring systems were safe and effective, for example:

- Some of the audits reviewed had been scored highly, while the subject reviewed required improvement. For example, the sluice rooms had a number of issues found on this inspection that were not reflected in the centres' audits.
- The provider identified a small number of fire safety issues when addressing the improvements required in 2023; however, these improvements continued to be required in 2024.
- A review of the schedule of activities was required to ensure all residents across the centre had opportunities to participate in activities.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had a written contract of care agreed with the centre's registered provider. While the sample of contracts viewed contained the majority of regulatory requirements, the contracts did not include the terms related to the bedroom to be provided to the resident and the number of other occupants of that bedroom.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

As part of the application to renew the centre's registration, the provider had submitted an up-to-date statement of purpose containing the information in Schedule 1 of the regulations. At the time of inspection, this application was being reviewed.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had an up-to-date complaints management policy to guide staff. Clear records were available documenting how complaints were managed in accordance

with this policy. Staff were aware of how to respond to complaints. Residents and families stated that they felt comfortable raising a complaint.

Judgment: Compliant

Quality and safety

Inspectors observed that the staff were kind, considerate, and compassionate, treating the residents with dignity and respect. A good standard of evidence-based care and support was provided to residents to promote their health and well-being. While there was positive feedback from residents and families, inspectors observed that the design and layout of the premises had a significant detrimental impact on residents' dignity, right to privacy, and quality of life. Activity provision required review to ensure resident had opportunities to participate in activities in accordance with their interests and abilities. Action was also required in relation to infection control practices and a small number of outstanding fire safety issues.

The provider had processes in place to manage and oversee infection prevention and control practices within the centre. The centre had five infection control link nurses providing specialist expertise. Surveillance of healthcare associated infections and multi drug resistant organism colonisation was being undertaken and recorded. A targeted infection control auditing programme was undertaken. The centre used a tagging system to identify equipment that had been cleaned. Staff were observed to have good hygiene practices. The centre's interior was generally clean on the inspection day. Notwithstanding these good practices, some areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), as discussed under Regulation 27.

Concerning fire precautions, the centre has undergone significant building works over the past three years to improve fire safety. Preventive maintenance for fire detection and fire fighting equipment was conducted at recommended intervals, and staff had undertaken fire safety training. There were sufficient evacuation aids for each resident on the first floor to facilitate vertical evacuation. A small number of actions remained outstanding, to ensure evacuation routes were clear and safe. These findings are set out under Regulation 28: Fire precautions.

The design and layout of the premises did not meet the needs of residents and directly and significantly impacted their quality of life. Additionally, a number of areas required maintenance and repair to be fully compliant with Schedule 6 requirements. These matters will be outlined under Regulation 17: Premises.

Care records were seen to be of a high standard. They were based on validated risk assessment tools and were seen to be highly person-centred and reflected the residents' assessed needs, preferences and wishes. There was evidence that care plans were reviewed on a four-monthly basis or earlier if required. Furthermore,

these care plans were reviewed in consultation with the resident and, with the resident's consent, their family. The health of residents was promoted through ongoing medical review and access to a range of external community and outpatient-based healthcare providers such as chiropodists, dietitians, physiotherapy, occupational therapy, palliative care and mental health services.

Inspectors found that residents were supported in communicating freely and had specialist communication requirements recorded in their care plan. Residents also had access to specialist expertise to facilitate their communication and inclusion, including optical and hearing services and speech and language therapy expertise.

The centre provided high-quality end-of-life care to residents and their families. The centre had a designated end-of-life single en-suite bedroom for resident and family use. Staff were undertaking specialised training to provide supportive and compassionate care at the end of life, and the inspectors observed such interactions. Residents approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional and social needs. The resident's spiritual needs were also facilitated, with religious leaders visiting at the end of life. The centre's onsite chaplain also provided pastoral care and support to the resident and family. The centre's onsite chapel was available for quiet reflection and prayer if required.

It was clear that management and staff in the centre were striving to promote the rights of the residents in the centre. Religious leaders visited the centre aligned with the wishes of residents. The centre celebrated mass twice per week in the onsite chapel. The centre employed a chaplain on a 0.4WTE basis to provide pastoral care and support.

The centre employed 3.2 WTE activity staff, and an activities programme and schedule were in place. Residents were observed watching television and reading newspapers and magazines. Internet services were now available for ground-floor residents, and the provider outlined arrangements to extend coverage to Mount Brandon on the first floor. Resident meetings were being held, and the person in charge outlined plans to roll out further staff workshops on residents' rights and promoting choice. Notwithstanding the efforts of staff and management, residents' rights were being directly and significantly impacted by their environment. Additionally, some further improvements were required concerning activities. These matters will be outlined under Regulation 9: Residents' rights.

Regulation 10: Communication difficulties

Staff were observed communicating appropriately with residents who were cognitively impaired and those who did not have a cognitive impairment. Inspectors found that residents with communication difficulties had their communication needs thoroughly assessed. The inspectors reviewed person-centred communication care plans, which described communication techniques to enable effective

communication between staff and residents and promote the resident's inclusion.

Judgment: Compliant

Regulation 13: End of life

Residents approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Residents' religious preferences were respected. Residents' families were informed of their condition in accordance with the resident's wishes and were permitted to be with the resident when they were at the end of their lives. The resident's preferred location for care and comfort at the end of life was facilitated.

Judgment: Compliant

Regulation 17: Premises

The premises were not appropriate to the needs of residents and directly and significantly impacted their quality of life. The daily experience for most residents in the centre involved a lack of privacy and dignity, both at the bedside and while using the toilet and shower facilities.

The bedside accommodation was not appropriate to the needs of residents, for example:

- Due to the open plan bay area layout of the bedroom accommodation, residents of Mount Brandon, St Mary's Garden and St Patrick's Villas could not hold a conversation or undertake personal care at the bedside without being overheard by other residents, staff, and visitors.
- Similarly, the noises and smells from the care routines of others could not be excluded from the resident experience.
- Other noises and disturbances from the daily routines of the centre impacted the residents' capacity to enjoy quiet reflection and peace at their bedside at a time of their choosing, which was of particular concern in the largest unit, Mount Brandon.
- As the bedside bay areas served as a thoroughfare, residents, staff and visitors were obliged to transit through these areas to access toilet and shower facilities, clinical and cleaning equipment, or to visit their loved one.
- Unless a resident chose to have the curtain surrounding their bed space closed at all times, the resident, their activities and possessions were fully viewed by other residents and visitors to these units.

The toilet and shower facilities were not appropriate to the needs of residents, for example:

- The showers in St Michael's Glen and St. Patrick's Villas and one of the two showers on Mount Brandon were located within a mixed-purpose room that was also used for storing clinical equipment. This meant that while a resident was using the shower, staff members may also have to access the same area to retrieve equipment to undertake their duties, directly and adversely impacting resident comfort, privacy and dignity.
- A small number of resident toilets did not have a wash hand basin.
- The residents' toilet closest to the bedroom areas in St Mary's Garden was locked in the afternoon, meaning this facility was inaccessible to residents without staff assistance to unlock the door.

In addition to these matters, there were several areas which required maintenance and repair to be fully compliant with Schedule 6 requirements, for example:

- There was paint peeling and exposed plaster creating dust in some areas throughout the centre for example, in the kitchen and sitting room of Mount Brandon.
- Several doors and their frames in the centre were observed to be physically damaged and requiring repair, for example, the kitchen door on Mount Brandon and the night entrance door adjacent to the passenger lift on the ground floor.
- Several floor surfaces were damaged.
- The frosted glass designed to provide privacy was partially missing in one of the shower facilities in Mount Brandon and the en-suite bedroom in St Mary's Garden.
- One of the showers on Mount Brandon was missing a shower door panel.
- The bath in St Mary's Garden was out of order and the provider was arranging its repair.
- Throughout the centre, several ceilings were in poor condition, with damaged or missing tiles, for example, in the visitors' room in Mount Brandon.
- The exterior of the windows was observed to be visibly dirty, particularly on the Mount Brandon Unit.
- The laundry area on the floor plans was no longer in use, and residents' clothing was laundered offsite. The laundry area, which was not accessible to residents, was in a dilapidated condition with peeling paint, plaster on the ground, exposed fibreglass insulation and several holes in the walls. This area appeared to be used as a maintenance shed with timber off cuts, ladders, trolleys, bins, chairs, fluorescent light panels and bulbs, and some resident equipment such as hoist slings and resident clothing in the room. It was also observed that there was a metal storage shelf resting against an enclosed metal box containing wiring. This area required risk assessment by a competent person to determine what controls are needed to be in place for staff to safely manage the risks within this area.

Judgment: Not compliant

Regulation 27: Infection control

While the provider had processes in place to manage and oversee infection prevention and control practices within the centre and the environment was generally clean and tidy, some areas required attention to ensure residents were protected from infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018).

The oversight of cleaning practices required improvement, for example:

- The ward pantry on Mount Brandon was unclean. Food debris was on the worktops and on the floor, which was also stained, and the sink was visibly unclean.

The environment was not managed to minimise the risk of transmitting a healthcare-associated infection, for example:

- A number of resident toilet facilities did not contain a wash hand basin to facilitate resident hand hygiene after using the toilet.
- While there was racking for urinals and commodes in the sluice rooms, several bedpans were not stored inverted after disinfection, and the absence of a drip tray meant the residual fluid was dripping down onto the sink, into a bucket on the sink containing flat mop heads and also onto the floor behind the sink.
- Some surfaces throughout the centre were observed to be significantly rusted and damaged and, therefore, could not be effectively cleaned.
- Storage areas were noted to contain clean and dirty items, posing a risk of cross-contamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

While significant work had been completed to protect residents against the risk of fire, the oversight of fire safety within the centre required review to ensure resident safety. The provider had not identified and managed some of the risks found on inspection, for example:

- Batteries of clinical equipment were being charged within the multi-occupancy open-plan bay areas on Mount Brandon, introducing an unnecessary risk within residents' sleeping accommodation.
- Oxygen cylinders were stored in a stairwell lobby of an evacuation escape route on St Patrick's Villas.
- The fire door of the kitchen on Mount Brandon was propped open which

meant that when the fire alarm activated, the fire door would not close to contain smoke and fire.

- Several fire doors had visible signs of damage requiring maintenance and repair

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The care plans reviewed were based on validated risk assessment tools. They were seen to be highly person-centred and reflected the residents' assessed needs, preferences, and wishes. There was evidence that care plans were reviewed on a four-monthly basis, or earlier if required. Similarly, these care plans were reviewed in consultation with the resident and, with the resident's consent, their family.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical and healthcare based on their needs. A medical officer was in the centre Monday to Friday. Residents who require specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics, occupational therapy, and physiotherapy, could access these services in the centre upon referral. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the benefit of the residents.

Judgment: Compliant

Regulation 9: Residents' rights

While staff and management in St Columba's Hospital strived to promote and respect residents' rights, the residents' right to undertake personal activities in private was significantly adversely impacted by the premises, both at the bedside and while using the shower facilities, for example:

- Conversations and personal care at the bedside could be overheard.
- Noises and smells from the care routines of others could not be excluded from the resident experience.
- Unless a resident chose to have the curtain surrounding their bed space

closed at all times, the resident, their activities and possessions were fully viewed by other residents and visitors.

- As some of the showers were located within a mixed-purpose storeroom, residents using the shower may experience staff members accessing the same area to retrieve equipment.

Action was also required by the provider to ensure residents had opportunities to participate in activities in accordance with their interests and capacities, for example:

- Inspectors observed minimal activities taking place on inspection day. While arts and crafts were observed in St Patrick's Villas before lunchtime, there were no activities observed taking place on Mount Brandon Unit throughout the day.
- Inspectors visited St Mary's Garden in the afternoon and were informed by staff that no activities had taken place that day.
- Residents who spoke with inspectors stated their perception that activities took place once a week.
- The provider was taking action to ensure all residents could communicate freely and have access to internet services. Internet services were now provided on the ground floor of the centre, and the provider outlined arrangements for extending the coverage to Mount Brandon on the first floor which would address some resident concerns.

Judgment: Not 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	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Columba's Hospital OSV-0000552

Inspection ID: MON-0043498

Date of inspection: 17/05/2024

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
Registration Regulation 4: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 4: Application for registration or renewal of registration: Estate management contacted on 24/06/24. Floor plans updated and amended and sent in on 27/06/24.</p> <p>Action Complete 27/06/2024</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • IPC Team contacted on 26/06/2024 to arrange IPC walkabout. Subsequent walkabout undertaken 02/07/24 with centre's IPC link nurse. Report recived on 01/08/2024 and action plan to be drafted. • Internal audit process agreed and in place to ensure rotation of staff for the purpose of audit. Commenced 04/07/2024 • IT supports with audit - training undertaken – commencement date 30/08/24 • Health and safety officer on site 27/06/2024 undertook walkabout in relation to placement of oxygen cylinder and battery charging <p>Agreed action more suitable location to be identified in conjunction with fire officer – Completion date agreed as – 16/09/2024</p> <ul style="list-style-type: none"> • Fire Safety Officer contacted on 26/06/24 to conduct a fire safety walkabout (previous undertaken on 14/02/ 2024) Fire Officer subsequently conducted a fire safety walkabout 	

on 26/ 07/2024 and feedback report issued.

- Maintenance dept. contacted re repair of fire doors on 17/05/24
- Medical Gas Auditor on site 27/06/24. Postive verbal feedback received post on sie audit and subsequent written report recived on 01/08/2024. An action plan will be developed with relevant personnel to address conerns.
- Resident satisfaction survey and Activities survey completed on 14/07/2024 and results to analysed with associated action plan.
- Activity training delivered by ANP dementia on 30/05/24. Action complete
- Inhouse Activity training for all staff grades to commence on 06/08/24 and ogoing refresher training to continue.
- Human rights training planned for 04/09/24.
- Consent and ADM training request on 02/07/2024- Date now confirmed as 16/10/2024
- Safeguarding team to provide workshops and onsite training with a date tbc
- Enabling and enhancing training on going,next training date is scheduled for 09/2024.
- Site visits undertaken and completed on 23/072024 by activities staff team relating to review of timetable and range of activities available.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:
 Meeting held 25/06/24 and contract of care revised to now include Room Number/ number of residents in bays. All contracts going forward will be updated with this information going forward.
 Action completed.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

- Environmental walkabout with technical services undertaken on 23/07/24 with agreement to make and install a solid doors in St Michael’s unit and Mount Brandon unit to the areas adjacent to the showering area that lead to the storage area thus creating a separate room which eliminates views of the household storage. Aim for completion 26/09/2024
- A hospital residents and family forum meeing was held in July. Wherby a number of topics were discussed in relation to the new CNU project and sebsequently discussion surrounding the current envirnment. The DON outlined plans submitted by the technical services team to remedy the current situation to provide greater privacy as an

improvement measure and therefore improving the quality provision in respect of dignity. As an outcome the agreed actions were approved –

- Agreed actions: to install sliding doors to the shower, creating a private space for residents to receive their shower with dignity and respect.
-Expected completion date 09/09/24
- Signage erected on the entrance door to shower area and storage area advising staff not to enter if closed thus removing the risk of staff entering the area to gain access to the storage area whilst the resident is in the shower area. Action completed on 29/07/2024
- Frosted glass to be replaced in St Mary's ensuite window thus ensuring Resident's privacy. Action completed 29/07/2024
- Gaps in the frosted glass in the shower areas escalated to technical services on 23/07/24 on walkabout - Expected completion date 09/09/24
- Removal of Key code access toilet area in St Mary's Action completed on 1/08/24
- All areas requiring environmental upgrade have been identified Awaiting costing approval. Funding approved and expected Completion date 18/10/2024
- Quotation for damaged floor surfaces has been obtained, awaiting costing from Technical Services.
- Maintenance Dept. on 27/07/24 contacted re damaged doors and frames. Process in this area has commenced.
- New bath in St Mary's Garden approved and currently awaiting delivery . Planned installation date 30/08/24
- Window Cleaning Quotation obtained and approved for all outside window cleaning and internal window cleaning in main building. Awaiting date be confirmed.
- Old Laundry area not in use relating to service delivery. Health and safety site visit 05/06/24 and assessment completed on 06/06/2024.
- New Community Nursing Unit in progress and scheduled for occupation on 2nd quarter of 2025 which will address open plan bay area layout of the bedroom accommodation which impacts on residents rights, dignity and privacy, will provide alternative areas for residents to relax and overall the quality of their day as unit will provide individual ensuite bedroom in addition to private sitting areas.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

- IPC Team contacted for IPC walkabout on 26/06/24
- IPC Walkabout undertaken 2/07/24 with centre's IPC team and IPC link nurse at time of writing awaiting feedback to address lack of hand basins in some toilet areas, sluice rooms, appropriate storage areas for clean and dirty items, and damaged or rused areas that posed a risk for cross contamination. An expected completion date has been agreed for October 2024.
- Environmental walkabout on 16/07/2024 with all relevant stakeholders.
- Switch of Auditors from other units commenced to ensure audits are impartial

commenced 4/07/24

- IT supports provided Vi clarity training undertaken. Expected Completion date 30/08/2024.
- The Unused pantry area allocated onto the Household cleaning schedule 28/06/24.
- Daily walkabout commenced at ward level 26/06/2024. Action complete
- Education IPC Session organised for 22/08/24.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Environment walkabout with H/S& Fire officer scheduled for 18/07/24 re alternative position for Oxygen Cylinder placement and charging batteries of clinical equipment .
- Health and safety officer on site 27/06/2024 undertook walkabout in relation to placement of oxygen cylinder and battery charging Agreed action more suitable location to be identified in conjunction with fire officer – Expected Completion date – 16/09/2024
- Fire Safety Officer contacted on 26/06/24 to conduct a fire safety walkabout (previous undertaken on 14/02/24) Actioned and completed on 16/07/2024
- Maintenance dept. re repair of fire doors commenced on 27/05/24 - No agreed completion date at time of submission
- Medical Gas Auditor on site 27/06/24. Report recived on 01/08/2024 and action plan to be drafed post same.
- Daily walkabouts , with staff education in relation adherence of fire doors onging and continuing as part of daily routines.
- External fire training orgainised for 30/09/2024
- Online Fire training 95% aim to achieve 100% compliance by 01/09/2024.
- Ongoing weekly Fire Drills on that unit to emphasize importance of door closure. To discuss with fire safety officer and maintenance Dept. on 16/07/24 if Magnetic self-closure suitable. Actioned and awaiting response from Fire Safety Officer

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Resident satisfaction survey and Activities survey undertaken on 14/07/24 and results to be analysed with associated action plan for implemenatation. Activity training delivered by ANP dementia undertaken on 30/05/24.
- Inhouse Activity training for all staff grades commenced 14/07/24
- Human rights training scheduled for 04/09/24
- Enabling and enhancing training of dementia staff ongoing.
- Human rights training planned for 04/09/24.

- Consent and ADM training request on 02/07/2024- Date now confirmed as 16/10/2024
- Communication with Maintenance dept in relation to expanding the WIFI service on 20/05/24 & 05/06/24 and escalated up to technical services 24/06/24 and again 01/08/24.
- New Community Nursing Unit in progress and scheduled for occupation on 2nd quarter of 2025 which will address open plan bay area layout of the bedroom accommodation which impacts on residents rights, dignity and privacy, will provide alternative areas for residents to relax and overall the quality of their day as unit will provide individual ensuite bedroom in addition to private sitting areas.
- New Community Nursing unit will promote the resident's will and preference in participation of group or person centred activities in area of their choice

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
Registration Regulation 4 (1)	A person seeking to register or renew the registration of a designated centre for older people, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	01/08/2025
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	01/08/2025
Regulation 17(2)	The registered	Not Compliant	Orange	01/08/2025

	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.			
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.	Substantially Compliant	Yellow	01/09/2024
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	01/07/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the	Substantially Compliant	Yellow	01/10/2024

	prevention and control of healthcare associated 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.	Substantially Compliant	Yellow	01/09/2024
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.	Substantially Compliant	Yellow	01/09/2024
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	01/09/2024
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/09/2024
Regulation 9(3)(b)	A registered	Not Compliant	Orange	01/08/2025

	provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.			
Regulation 9(3)(c)(ii)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may communicate freely and in particular have access to radio, television, newspapers and other media.	Substantially Compliant	Yellow	01/09/2024