

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	St Oliver Plunkett Community Unit
<b>Centre ID:</b>	OSV-0000539
<b>Centre address:</b>	Dublin Road, Dundalk, Louth.
<b>Telephone number:</b>	042 933 4488
<b>Email address:</b>	kay.okeeffe@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Maura Ward
<b>Lead inspector:</b>	Siobhan Kennedy
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	50
<b>Number of vacancies on the date of inspection:</b>	13

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 13 April 2016 13:00 To: 13 April 2016 17:30

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate

**Summary of findings from this inspection**

The purpose of the inspection was to inform a decision in relation to an application to vary a condition of registration made by the provider. This related to the reconfiguration of the physical environment.

The inspector found that the building works had been completed and that the design and layout of the centre is suitable for residents. The refurbishment has increased the size of the bedrooms and communal facilities and the overall layout promotes residents' dignity, independence and well-being. There are adequate numbers of toilet, bathrooms and assisted facilities. However the bathroom in the refurbished dementia specific unit was too small to accommodate a hoist and did not have a toilet. Outdoor spaces were unsuitable for residents use as the landscaping work had not yet been undertaken at the time of inspection.

The person in charge informed the inspector that a plan has been drawn up to relocate residents from the current accommodation within the centre, to the newly refurbished dementia specific unit. The transfer will take place on 18 April 2016. Residents and their representatives had been informed and staff rosters have been devised to ensure sufficient staff will be on duty to assist residents to move in accordance with the schedule of admissions.

Residents were positive in their feedback to the inspector and expressed satisfaction about the new facilities, the services and the care provided.

The action required following this inspection is outlined in the action plan at the end of this report.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 12: Safe and Suitable Premises***

***The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

**Theme:**

Effective care and support

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The matters arising from the previous inspection related primarily to risks associated with the premises and these have been satisfactorily actioned by the refurbishment/building works which have been completed.

The designated centre is a single story building registered to accommodate 63 residents in 3 distinct unit, st. cecelias, St Josephs and a dementia specific unit.

Following refurbishment the inspector found that the overall design and layout of the centre is suitable to meet the needs of the residents. There is a mixture of single and twin bedrooms with a variety of communal facilities in each of the 3 units. In addition there is a large reception area which includes a lounge area, oratory, main kitchen and various administration offices. The accommodation is of a good standard with suitable furnishings and fittings and decorated to provide a warm and homely atmosphere. The contrasting colours are beneficial for residents with a cognitive impairment. Shared bedrooms have appropriate screening for residents' privacy. The environment provides residents with freedom of movement both in their individual bedrooms and in communal areas. Grab rails were in place throughout communal areas.

There are wash hand basins in each bedroom and communal toilets, bathrooms and showers. The inspector saw that there was a good supply of hot and cold water with anti-scalding protection valves in place. However the bathroom in the dementia specific unit was too small and it did not have a toilet facility. Staff in the unit could not support the choices of residents with mobility problems who preferred a bath to a shower. The inspector noted that additional space was available to create a suitable sized bathroom with a toilet.

The external grounds have not yet been made suitable and safe for use by residents. Builders portocabins had to be removed and landscaping works had not begun at the time of inspection.

The person in charge informed the inspector that a plan has been drawn up to relocate residents from St. Cecelia's to the newly refurbished dementia specific unit. This will take place on 18 April 2016. Residents and their representatives have been informed and staff rosters devised to ensure sufficient staff will be on duty to assist residents to move in accordance with the schedule of admissions.

Resident had access to appropriate equipment which was fit for purpose and staff had been trained in the use of the equipment, for example overhead hoists.

**Judgment:**

Non Compliant - Moderate

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Siobhan Kennedy  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	St Oliver Plunkett Community Unit
<b>Centre ID:</b>	OSV-0000539
<b>Date of inspection:</b>	13/04/2016
<b>Date of response:</b>	27/04/2016

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 12: Safe and Suitable Premises

#### Theme:

Effective care and support

#### The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The bathroom in the dementia specific unit was too small and it did not have a toilet facility. Staff in the unit could not support the choices of residents with mobility problems who preferred a bath to a shower.

The external grounds have not yet been made suitable and safe for use by residents. Builders portocabins had to be removed and landscaping works had not begun at the

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

time of inspection.

**1. Action Required:**

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**

Following consultation with the Design Team they confirm that an assisted bath has been provided as per Standard 25 of the HIQA National Quality Standards for Residential Care Settings for Older People in Ireland and in line with Regulation 17(2) of the Health Act 2007. -The requirement for a toilet inside the bathroom is not a requirement of the above Standard/Regulation.

The external grounds and landscaping works will be undertaken on completion of the final stage of the building project.

**Proposed Timescale:** 30/09/2016