

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Mont Vista Nursing Home
<b>Centre ID:</b>	OSV-0000070
<b>Centre address:</b>	Retreat Road, Athlone, Westmeath.
<b>Telephone number:</b>	090 647 2887
<b>Email address:</b>	seamusmori@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mont Vista Nursing Home
<b>Provider Nominee:</b>	Seamus Moriarty
<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>	16
<b>Number of vacancies on the date of inspection:</b>	4

## **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 to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
11 May 2016 12:00	11 May 2016 17:00
12 May 2016 09:00	12 May 2016 16:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Compliant
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 15: Food and Nutrition	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

The purpose of the inspection was to carry out a monitoring visit and assess progress in relation to the matters arising from the previous inspection which was carried out on 26 June 2014. These matters related primarily to management of risks and medicines, care planning documentation, the premises and staffing.

In addition, the inspector reviewed the plans in place following a notification to the Authority in respect of ceasing to carry on the business of the designated centre and close the centre. The decision to close the centre was taken because the design and layout of the centre was not suitable for its stated purpose and did not meet residents' individual and collective needs.

The inspector found that the governance and management of the centre was satisfactory and the matters arising from the previous inspection had been addressed. The centre was fully compliant with the outcomes inspected with the exception of the outcome for safe and suitable premises.

Residents, relatives and staff who communicated with the inspector confirmed that they had been made aware of the decision to cease operating and although sad about the closure they were satisfied with the transitional arrangements in place. Residents were complimentary about all aspects of their care and the support provided by staff and management. Throughout the inspection residents were involved in activities of their choice.

There was evidence during this transitional period that residents had good access to nursing, medical and allied health care and the administration of medicines was satisfactory. The inspector observed that the health and safety of residents, visitors and staff was promoted and protected.

Staffing levels were adequate to meet the needs of residents and staff who were familiar with the residents' needs were committed to work with the residents until they were settled in the accommodation of their choice.

The provider was aware of the regulations in respect of retention of records pertaining to the designated centre.

The above table highlights the judgements in respect of the outcomes inspected and the action plan at the end of the report relates to the premises.

**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 01: Statement of Purpose***

***There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

A copy of the statement of purpose was given to the inspector. The statement of purpose detailed the aims, objectives and ethos of the centre, outlined the facilities and services provided for residents and contained information in relation to the matters listed in schedule 1 of the Regulations.

**Judgment:**

Compliant

***Outcome 02: Governance and Management***

***The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there was a clearly defined management structure that identifies the lines of authority and accountability, specifies roles and details responsibilities for the areas of care provision. This was outlined in the statement of purpose and staff were familiar with their duty to report to line management.

Management had systems in place to capture statistical information in order to compile an annual review of the quality and safety of care delivered to residents. For example audits were carried out and analysed in relation to accidents, complaints, medication management and skin care. The Authority received a copy of the annual report prior to the inspection.

Interviews of residents during the inspection and satisfaction surveys from residents and relatives were positive in respect of the provision of services and care provided. However, some residents were aware of the limitations of the environment.

There was evidence of consultation with residents and their representatives in a range of areas, for example, the assessed needs of residents, the care planning and review process, involvement in social and recreational activities and the transitional arrangements as a result of the pending closure of the centre.

**Judgment:**

Compliant

***Outcome 04: Suitable Person in Charge***

***The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.***

**Theme:**

Governance, Leadership and Management

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

No actions were required from the previous inspection.

**Findings:**

The Authority received notification of the absence of the person in charge for a continuous period of 28 days. Two senior nurses are deputising in the absence of the person in charge. The provider is on site Monday to Friday and is available per telephone in the event of an emergency. Although the person in charge was on leave she made herself available per telephone to communicate with the inspector and was willing to visit the centre.

The person in charge and deputising staff members are suitably qualified and experienced nurses who have authority and are accountable and responsible for the provision of the service. They are registered general nurses, have experience of working with older persons. The person in charge is a full-time staff member and the two deputising staff nurses work a shared full-time position.

During the inspection the provider and management staff demonstrated that they had knowledge of the regulations and Standards pertaining to the care and welfare of residents in the centre.

They are supported by nursing, care, administration, maintenance, kitchen and housekeeping staff.

The management team facilitated the inspector to carry out the inspection by providing documents and having good knowledge of residents' care and conditions. Staff confirmed that good communications exist within the staff team and residents highlighted the positive interactions and support provided by the entire team.

**Judgment:**

Compliant

***Outcome 07: Safeguarding and Safety***

***Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

Measures were in place to protect residents from being harmed or suffering abuse. There was a policy which provided guidance for staff to manage incidents of elder abuse. This included information on the various types of abuse, assessment, reporting and investigation of incidents.

The management team demonstrated their knowledge of the designated centre's policy and was aware of the necessary referrals to external agencies, including the Health Service Executive (HSE) designated officer responsible for the protection of residents from abuse.

The training records identified that staff had opportunities to participate in training in safeguarding. Staff were fully knowledgeable regarding reporting procedures and what to do in the event of a disclosure about actual, alleged, or suspected abuse.

Great emphasis was placed on residents' safety and the inspector saw that a number of measures had been taken to ensure that residents felt safe while at the same time had opportunities for maintaining independence and fulfilment.

For example there was a keypad lock on the main entrance of the centre but internally all other communal areas were accessible to residents. The inspector saw that there were facilities in place to assist residents to retain their mobility for example hand and grab rails in all areas.

During interviews with the inspector residents confirmed that they felt safe in the centre due to the support and care provided by the staff team.  
There was a policy and procedure in relation to behaviour that challenges, however, staff informed the inspector that none of the residents displayed behaviours that were challenging.

A comprehensive system was in process regarding the management of residents' monies and this was audited by an external company on a yearly basis.

The inspector saw that a restraint free environment was promoted and that 3 residents required the use of bedrails and 3 residents required code alerts. Documentation in relation to the use of restraint was detailed and showed evidence that alternatives had been trialled and where appropriate residents and relatives were involved in the consultation process.

**Judgment:**  
Compliant

***Outcome 08: Health and Safety and Risk Management***  
***The health and safety of residents, visitors and staff is promoted and protected.***

**Theme:**  
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
From a review of the risk management documentation in the centre, the inspector found that the centre had relevant policies in place relating to risk management. During the previous inspection it was found that all risks had not been identified. The inspector saw that there was a comprehensive risk register which identified the risks and put controls in place either to minimise or fully control the risks.

There was an up to date health and safety statement and related policies and procedures.

The inspector reviewed the emergency plan and found it to be sufficient to guide staff and management in their roles and duties in the event of an emergency evacuation.

There was a personal emergency evacuation plan (PEEP) for each resident that clearly identified the resident's cognitive and mobility levels and requirements for assistance in the event of an emergency evacuation either during the day or night time. The inspector reviewed logs of daily, weekly, monthly, quarterly and annual checks and tests by the staff and by external organisations and found them to be well recorded. Certification and inspection documents were available on fire fighting equipment service and emergency

lighting tests. Emergency exits and fire assembly points were clearly indicated.

During the previous inspection it was identified that simulated fire drills had not taken place. The inspector saw that six-monthly fire drills were conducted as part of staff fire safety training. It was noted that all staff working in the centre had received fire safety training in the past 12 months.

Infection control precautions within the centre were satisfactory. The centre was clean and household staff were able to describe the infection-control procedures in place.

**Judgment:**

Compliant

***Outcome 09: Medication Management***

***Each resident is protected by the designated centre's policies and procedures for medication management.***

**Theme:**

Safe care and support

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

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

**Findings:**

A matter arising from the previous inspection related to reviewing the medication policy and procedures to include auditing and learning from medication errors. This had been satisfactorily actioned.

Prior to administering medicines to residents the inspector observed the staff nurse consulting with residents, seeking approval from residents for the inspector to accompany the staff nurse while administering medicines and performing good hand hygiene.

Medicines were contained in a trolley. Prescription and administration sheets were available. The inspector saw that the administration sheet contained the necessary information for example the medication identified on the prescription sheet, a space to record comments and the signature of the staff nurse corresponded to the signature sheet.

There was evidence of general practitioners (GPs) reviewing residents' medicines on a regular basis. The inspector was informed and saw that an audit of the system had been carried out in order to highlight and subsequently control any risks which may be identified by staff operating it.

The system for storing controlled drugs was seen to be secure. Controlled drugs were stored safely in a double locked cupboard and stock levels were recorded at the beginning/end of each shift in a register in keeping with the Misuse of Drugs (Safe

Custody) Regulations, 1982. The inspector randomly examined medicines available and this corresponded to the register.

**Judgment:**

Compliant

***Outcome 11: Health and Social Care Needs***

***Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.***

**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 centre provides care primarily for residents with long-term nursing needs.

The matter arising from the previous inspection related to the assessed needs of residents. From an examination of a sample of residents' care plans, discussions with residents, and staff, the inspector was satisfied that the nursing and medical care needs of residents were assessed and appropriate interventions/treatment plans implemented. For example, there was information which detailed residents' choices with regard to daily routines, risk assessments such as dependency, moving and handling, falls, use of bed rails, nutrition and continence. The care plans were up-to-date and had been audited.

There was evidence of appropriate medical and allied health care for example, referrals to the dietician, occupational and physio therapists and speech and language therapists.

There were arrangements in place to manage and monitor wounds. During the course of the inspection the staff nurse on duty was dressing a resident's wound. The resident's care plan was person centred and had been reviewed. Wound assessment charts were in place and an improvement was evident. There was documentary evidence that residents were reviewed by tissue viability specialist services.

Aids such as pressure relieving mattresses and specialist cushions were in place for those residents at risk of developing pressure ulcers. There was a procedure in place to regularly check the correct functioning of these aids and to ensure settings were correctly set.

The inspector examined a care plan of a resident who was losing weight. The resident

had been seen by her general practitioner and the dietician. Monitoring charts for fluid and nutritional intake were available and the resident was prescribed supplements.

**Judgment:**

Compliant

***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):**

No actions were required from the previous inspection.

**Findings:**

The design and layout of the centre was not suitable for its stated purpose.

The centre was originally designed for another purpose and although reconfiguration/refurbishment work had been carried out since the initial registration of the centre to comply with the legislation, the size of some of the bedrooms still did not meet residents' individual needs in a comfortable way.

Having regard to the high dependency needs of residents and the equipment required to care for such residents such as hoists and specialised seating it was evident that the bedrooms and some of the sanitary facilities, did not conform to the matters set out in legislation.

A decision was taken by the proprietors and senior management team in consultation with significant key personnel to initiate a planned closure of the centre. The Authority was informed on the 5 May 2016 and the provider informed the inspector that a detailed and comprehensive written plan of action in respect of the transition of residents and the closure of the designated centre would be forwarded to the Authority following the inspection.

**Judgment:**

Non Compliant - Major

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**Outcome 15: Food and Nutrition**

***Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Residents were provided with food and drink at times and in quantities adequate for their needs. The food was properly served and presented in an appetising way.

Menus showed a variety of choices at mealtimes and each table was attractively set.

There were sufficient staff on duty to offer assistance to residents in a discreet and sensitive manner. There was an emphasis on residents' maintaining their own independence and appropriate equipment was provided to support this. Residents confirmed their satisfaction with mealtimes and food provided.

Residents informed the inspector that they were satisfied with the dining experience.

Documentation showed that staff were knowledgeable of the nutritional care needs of the elderly. This included weight loss and gain, what to do when changes occur, dysphagia and the completion of food and fluid records.

Staff members and records of staff meetings confirmed that there was good communication between catering and care staff so as to ensure that appropriate meals which met residents' needs were served.

There was a policy on food, nutrition and hydration management.

Snacks and beverage were offered to residents at intervals between main meals and visitors to the centre were offered refreshments and/or a meal. Fresh fruit was available.

**Judgment:**

Compliant

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**Outcome 18: Suitable Staffing**

***There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.***

**Theme:**

Workforce

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

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

**Findings:**

The inspector found staffing levels and skill mix of staff to be sufficient to meet the needs of the residents in the centre. There were appropriate numbers of healthcare assistants and nurses on shift at all times of day and night and the planned and actual staff rosters clearly identified staff by name, role, area of duty and shift times. The service did not utilise agency staffing.

All staff were up to date with mandatory training, for example, fire safety, manual handling, infection prevention and control, challenging behaviour and protection of residents from abuse. The majority of staff had received training in dementia care and falls management. Some staff had received specialised training such as wound care, diabetes care, venepuncture and continence care.

Staff who communicated with the inspector demonstrated that they had a good knowledge of the residents in the centre and were familiar with procedures of emergency evacuation and moving and handling residents.

Residents and representatives were full of praise for the staff team and spoke highly of their competencies, friendliness and delivery of care.

The inspector observed staff on the floor being patient and friendly towards residents, and being respectful towards their privacy and dignity for example knocking on residents' bedroom doors and waiting for permission to enter.

A suitable recruitment policy was maintained in the centre.

A matter arising from the previous inspection related to the supervision of staff. The inspector saw that the arrangements for supervision and development of staff were satisfactory. These included induction training, probationary period, an annual appraisal system, communication meetings and observation of care practices.

Systems were in place for vetting, supervising and establishing the level of involvement for volunteers and persons on work experience in the centre.

**Judgment:**

Compliant

### **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>	Mont Vista Nursing Home
<b>Centre ID:</b>	OSV-0000070
<b>Date of inspection:</b>	11/05/2016
<b>Date of response:</b>	20/05/2016

### 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 design and layout of the centre was not suitable for its stated purpose.

#### 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.

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

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

An NF 35 form was sent to the Authority informing them the centre was to close.

**Proposed Timescale:** 30/06/2016