

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Vincent's Care Centre
Centre ID:	OSV-0000483
Centre address:	Coosan Road, Athlone, Westmeath.
Telephone number:	090 647 5301
Email address:	pauline.lee@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Joseph Ruane
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	37
Number of vacancies on the date of inspection:	3

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 1 day(s).

The inspection took place over the following dates and times

From: 15 March 2016 09:30 To: 15 March 2016 00:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Non Compliant - Moderate
Outcome 03: Information for residents	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Substantially Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Major
Outcome 14: End of Life Care	Substantially Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Major
Outcome 17: Residents' clothing and personal property and possessions	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Non Compliant - Moderate

Summary of findings from this inspection

This monitoring inspection was unannounced and took place to monitor ongoing compliance with the regulations. The inspector also followed up on progress with completion of the action plans from the last inspection of the centre in November 2014 and details of a proposed refurbishment of three single bedrooms forwarded by the provider in September 2015 to be completed by the end of October 2015. The details of unsolicited information received by the Health Information and Quality Authority (HIQA) regarding visiting arrangements in January 2016 was also reviewed.

The inspector found that 12 of the 22 actions from the last inspection were satisfactorily completed. However, further non-compliances as discussed in this report were identified during this inspection indicating that substantial improvement

is required in governance and management arrangements to ensure the centre is compliant with the Regulations and the needs of residents are met as stated in the centre's statement of purpose and function.

The layout of the centre in terms of the multiple-occupancy bedrooms and communal space provided for residents was found on this inspection to continue to significantly impact on the privacy and dignity and quality of life of residents in the centre. A proposed plan to refurbishment three single bedrooms by end of October 2015, to reduce the number of residents in three multiple-occupancy bedrooms was not completed. Some parts of the premises occupied by residents was in disrepair.

While the inspector found that the systems in place to monitor the quality and safety of clinical care and the quality of life for residents had improved, this improvement was compromised by an absence of procedures to ensure that actions identified were completed and improvements sustained.

Residents had satisfactory access to healthcare, medical and allied health professionals and their care needs were generally met. However, improvement was required with documenting their end-of-life care needs and preferences.

Review was required to ensure staff skill sets provided were adequate to meet the needs of residents to ensure continuity of care for residents.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of 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.

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 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found on this inspection that audits comprehensively reviewed compliance in a number of key areas including medication management. There were action plans developed to address deficits found. However, there was no confirmation that planned actions were completed. There was also evidence of areas identified for improvement in audits not adequately addressed as they were identified as recurring in subsequent audits. For example, missing resident drill audits.

A copy of the annual review of the quality and safety of care delivered to residents as required by Regulation 23 (d) for 2015 was not available on this inspection. The inspector was advised that preparation of this information was in progress.

Staffing resources required review to ensure the skill set provided met the needs of residents in the centre. This finding is discussed and actioned in outcome 18. Actions proposed to improve the privacy and dignity of residents in three multiple occupancy bedrooms with refurbishment of three single bedrooms was not completed. The provider advised the Health Information and Quality Authority (HIQA) in September 2015 that this action would be completed by the end of October 2015. Although at an advanced stage, these bedrooms were not ready for occupancy by residents on the day of this inspection. This finding is discussed and actioned in outcome 12.

HIQA were notified that the person in charge was on leave for greater than 28 days. The inspector found there was a suitably qualified and knowledgeable senior staff member deputising for the person in charge on the day of inspection. However, this deputising arrangement was not accurately notified to HIQA.. This finding is discussed and actioned in outcome 6.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

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

Findings:

The residents' guide had been updated since the last inspection and sufficiently referenced the terms and conditions relating to residence in the designated centre as reflected by the contract for the provision of services including discharge from the centre.

All residents on this inspection had a contract of care agreement. The inspector reviewed a sample of contract agreements between the resident and the designated centre. Of the sample reviewed the inspector confirmed that the contract sufficiently outlined the terms in which the resident will reside in the designated centre and the fees to be paid by the resident. This documentation was maintained as part of residents' documentation at each unit level to ensure they had access to it, if they wished at all times.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

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

Findings:

The policies and procedures as required by Schedule 5 of the regulations were available on this inspection. A copy of each was available at unit level for ease of reference by staff. Records were available of staff signature sheets with policy documents, signed by them to confirm that they had read and understood the contents in each case. The policy document on admissions, transfers and discharge of residents was updated to account for residents' transfers to acute settings. Practices and procedures reflected that instructed by the relevant policy.

Procedures recording administration of PRN (as required) psychotropic were in place as required by Schedule 3 of the regulations.

The inspector reviewed a sample of auxiliary staff employment records. Each file contained a completed vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Adults) Act 2012 and as required by Schedule 2 of the regulations.

Judgment:

Compliant

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was absent for greater than 28 days on this inspection. This absence was notified to HIQA as required. The member of staff deputising in the role on the day of this inspection worked in a senior position and participated in the management of the centre on an ongoing basis. However, the member of staff deputising for the person in charge was not referenced in the notification details to HIQA of arrangements for the running of the centre during the absence of the person in charge.

Judgment:

Substantially 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):

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

Findings:

The registered provider has a policy in place for the prevention, detection and response to abuse. All staff had received training in the recognition and response to elder abuse. Staff spoken to were aware of the types of abuse and the response to same. Residents spoken to stated that they felt safe. The Inspectors followed up on allegations of abuse and found they had been notified to HIQA and were managed in line with the policy. All allegations of abuse were thoroughly investigated and arrangements were in place to ensure residents were safeguarded during the investigation process. However, improvement was required in timelines maintained in order to bring the investigation process to completion. For example, investigation of an allegation of abuse in November 2015 was still in progress on the day of this inspection.

Since the last inspection procedures for managing residents' finances had additional control measures implemented to ensure residents were safeguarded and consented to use of their personal money for purchasing items on their behalf. The inspector found no evidence of financial abuse, all financial transactions reviewed were transparent and clearly recorded. Records including receipts of purchase were maintained referencing any purchases made on behalf of residents.

The inspector found that improvements were made since the last inspection regarding response and care provided to residents who exhibited behaviours that challenge. Staff received training in crisis intervention and residents had been referred to psychiatric services for the older person. Proactive and reactive strategies were stated for individual residents in a personalised intervention plan. Procedures for administration of medication on an 'as required' basis to support residents who experienced agitation or confusion was reviewed since the last inspection. The outcome of review since the last inspection included implementation of a protocol to inform decision-making. Procedures were in place for overview of decisions made to administer this medication. The deputy person in charge informed the inspector that no residents were prescribed for PRN 'as required' psychotropic or anxiolytic medications for behaviours that challenge. Bedrail use was in line with the National Restraint Policy and their use was risk assessed and monitored. Since the last inspection, a room on each floor was designated as a quiet area where residents could go to reduce stimulation and noise which was a factor identified as being a trigger to agitation for some residents. However, the layout of

multi-occupancy bedroom accommodation did not meet the needs of residents. Some residents told the inspector that their sleep was disturbed on an ongoing basis by residents with dementia who became restless and agitated at night. This finding is discussed and actioned in outcome 12.

Judgment:

Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was a policy in place for the health and safety of residents, staff and visitors and the management of risk. There was also a centre specific risk management policy in place. The inspector observed that the learning from review of serious accidents and incidents involving residents was implemented.

On the last inspection, improvements were required to the identification of the level of risk and the effectiveness of the control measures implemented to minimise the risk. The inspector found on this inspection that the control measures stated for a number of identified risks did not reference the safety measures implemented since the last inspection to ensure residents' safety. For example, following an incident, all residents were individually assessed by the occupational therapy service to ensure the hoist sling they used was the correct type and size to meet their needs. Staff training in the use of hoists was also in place as part of the safe manual moving and handling procedures but was not documented as a control to mitigate risk.

All fire exits were clear of obstruction on the day of inspection. All staff had completed fire safety training as confirmed by the training records, however the records did not confirm that all staff had participated in a fire evacuation drill.

Improvements were found to be required on this inspection regarding completion of night-time fire evacuation drills and completion of residents' day and night evacuation risk assessments to ensure their health and safety needs were met. Fire safety documentation confirmed completion of recent simulated day-time evacuation drills. There was a record of a simulated night-time evacuation completed in January 2015 with none completed since to account for changing resident profiles and needs and staffing resources. The inspector also observed that there were some gaps in fire safety management checking records. For example, there were no records of checks done on fire exit doors.

Judgment:

Non Compliant - Moderate

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 inspector found that the health care needs of residents were met on this inspection. Each resident had an assessment completed on admission by a registered nurse. From this assessment plans of care were completed to address the identified needs of residents. Care plans were created that referenced the interventions required to address each residents' care needs. The inspector reviewed a sample of care plans for residents who experienced confusion or agitation as part of their medical condition and found that they clearly advised the care interventions to be implemented. There was evidence that care plans were created in consultation with the resident or their representative. There was no documentary evidence that residents or their families were consulted when care plans were reviewed.

Residents had access to a General Practitioner of their choice and specialist medical services including psychiatry of older age and palliative care. Residents could also access and were referred to Allied Health Professionals if required.

On the last inspection, the policy regarding the temporary absence of a resident from the designated centre did not address a resident's transfer to an acute setting. The inspector saw that this policy had been updated to reference this information and was available for reference to staff.

Judgment:

Substantially 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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The inspector found on this inspection that the layout of the premises continued to negatively impact on the quality of life and privacy and dignity of residents in multi-occupancy bedrooms in the centre. The layout of the centre premises in terms of multi-occupancy bedrooms and communal space for residents has been identified for improvement in all previous inspection reports. Since the last inspection, refurbishment of the communal sitting/dining room on the ground floor has been completed to a good standard. This refurbished room provided residents with safe access to a secure garden but did not comfortably accommodate all residents on this unit to rest or dine comfortably. The inspector also observed that the communal/dining room on the first floor was crowded and did not meet the needs of residents in the Auburn unit. An area previously used by another service was at an advanced stage of refurbishment and will provide residents' with access to a designated dining room on completion. The provider advised HIQA in the action plan from the last inspection that refurbishment of this area would be completed by December 2018.

The communal space available to residents was also compromised by the arrangement where all communal activities such as recreational and dining took place in the same space. The privacy and dignity of residents was compromised due to inadequate partitioning that sub-divided multi-occupancy bedrooms. Since the last inspection, the glass panels had been covered with opaque contact to improve privacy. The inspector also recognised that staff had attempted to make bedrooms homely by supporting residents to have family pictures in their rooms. However, the facilities available for residents' to display personal possessions in their personal bed-spaces were also limited.

Plans were submitted to HIQA by the provider on 14 Sept 2015 to be completed by end of October 2015 detailing refurbishment of the internal structure to reduce the number of beds in multi-occupancy bedrooms by providing three single bedrooms on the ground floor. Although at an advanced stage none of the three single refurbished bedrooms were ready for occupancy by residents on the day of this inspection. There had also been efforts made to address the privacy and dignity issues identified in the previous

report and in outcome 16 of this report.

Floor covering on communal corridors in both units had been replaced since the last inspection. However floor covering in some resident areas was stained and damaged. Although not occurring on the day of this inspection, the deputy person in charge told the inspector that painting of walls in corridors and some resident areas had commenced to address chipped and missing paint found on the last inspection in November 2014.

Judgment:

Non Compliant - Major

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was no residents in receipt of end of life care on the day of this inspection. Palliative care services were supporting staff with management of one resident's pain. An accredited pain assessment tool was used to inform management of residents' pain. There was a policy in place to advise staff on end-of-life care procedures and management.

The inspector reviewed a sample of residents' end-of-life care plans. There was evidence that residents and or their representatives were involved in development of end-of-life care plans. However, documentation in some care plans did not support their involvement in review thereafter. This finding is addressed and actioned in outcome 11. Care plans were specific and accounted for the physical, emotional, spiritual and psychological needs of residents. There was evidence that residents were supported in their end-of-life preferences to die in the centre and where possible to die in their family home. However, as found on the last inspection some care plans did not reference residents' choice of place of death including going back to their family home.

Judgment:

Substantially Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Residents had opportunities to engage in activities which were in line with their interests and capacities. Residents had access to media through newspapers, television and radio. The inspector reviewed minutes of residents' meetings which demonstrated that residents were consulted in the running of the designated centre.

The designated centre had a visitors' policy and a visitors' log was maintained. Access to centre was controlled by a member of security personnel during the day and by staff on the units outside of office hours. The system for alerting staff of visitors wishing to enter the centre was upgraded to ensure waiting for entry was avoided where possible following investigation of a complaint received.

There was a restriction in place for visiting at mealtimes with the aim of promoting the dignity of residents who required support. There was a system of risk assessment in place to ensure that appropriate control measures were in place for visits which could pose a risk to residents. There was a room available on each unit for residents to meet with visitors in private if residents chose to.

The layout and design of multioccupancy bedrooms and insufficient communal space negatively impacted on the privacy and dignity and quality of life of residents in the centre. While provision of additional communal space to be completed by end of December 2018 was at an advanced stage, interim arrangements were required to address ongoing findings of insufficient communal space to ensure residents quality of life needs were met. Refurbishment of three single bedrooms aimed to reduce the number of residents in three multi-occupancy bedrooms was not completed in November 2015 as proposed by the provider. While at an advanced stage, the inspector observed that the current provisions were inadequate and additional immediate improvements were required.

The inspector observed frosted glass utilised as partitions to split some multi-occupancy bedrooms had been covered with opaque contact since the last inspection. While this measure prevented visibility through the frosted glass panels, it had no effect on management of noise or smells. There was also glass panels in residents' bedroom

doors covered by a net curtain. The inspector observed that residents were clearly visible in their bedrooms by looking through these glass panel inserts. Some residents told the inspector that their sleep was disturbed at night and one resident said that he/she needed to catch up with lost sleep during the day and no was no longer able to enjoy activities he/she used to pursue during the day.

Judgment:

Non Compliant - Major

Outcome 17: Residents' clothing and personal property and possessions Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.

Theme:

Person-centred care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

Residents had the opportunity to maintain control over their personal possessions and finances in the designated centre. Processes and procedures for managing residents' money kept in safekeeping by the provider was reviewed and strengthened since the last inspection. The inspector reviewed a sample of residents financial transactions including transactions on their behalf and found them to be transparent and accurate. Residents could access their money kept in safekeeping for them as they wished.

There was a laundry on site and residents reported that their clothing was laundered regularly and returned to them. Some residents' families choose to take clothes home for laundering. While, wardrobes provided were narrow, the inspector observed that additional furniture was provided for storage of some residents' clothing since the last inspection. However, residents in multi-occupancy rooms had limited space for displaying their personal photographs and ornamental items. The inspector observed that some residents used window sills for this purpose.

Judgment:

Non Compliant - Moderate

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):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The findings from this inspection did not support assurances that staff levels were appropriate having regard to the layout of the designated centre and the assessed needs of residents at night. The provider was requested to complete an internal review to evidence assurance that an appropriate staff set was in place to meet the needs of residents.

From a review of a sample of rosters given to the inspector, the inspector observed that a registered nurse was on duty in each unit at all times.

The inspector was told by the deputy person in charge that three to four whole-time equivalent (WTE) staffing hours were replaced by an external provider. While the person in charge ensured there was a registered nurse on duty in each unit at all times and made every effort to ensure continuity in the personnel recruited from the external provider, continuity of staff was not always feasible. In addition, there were occasions where staff nurse grades were not available to replace unplanned leave or vacant staff nurse positions and were replaced by carer grades. Residents told the inspector that they alerted staff to the needs of residents during the night.

The inspector confirmed that staff had access to appropriate training such as Manual Handling, Fire Safety training and Protection of Vulnerable Adults. However, the records maintained did not support evidence that all staff had participated in a night-time fire evacuation drill. Additional staff training had also been provided, such as hand hygiene, wound care and nutrition. There was evidence that staff had annual reviews to identify areas for development and training needs.

Staff employment files were reviewed and found to be complete with inclusion of a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Adults) Act 2012.

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:

Catherine Rose Connolly Gargan
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 report¹

Centre name:	St Vincent's Care Centre
Centre ID:	OSV-0000483
Date of inspection:	15/03/2016
Date of response:	06/05/2016

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

Some quality improvement action plans in audit reports were not satisfactorily closed out as there was evidence of recurrence of the same deficits in subsequent audits.

1. Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

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

A schedule of audits is in place in the Unit

All results will be discussed at regular staff meetings and communication diaries.

With immediate effect outstanding actions will be completed under the supervision of the Nursing Management

Times lines for completion to be documented and signed off when completed.

Proposed Timescale: 19/04/2016

Theme:

Governance, Leadership and Management

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

A copy of the annual review of the quality and safety of care delivered to residents as required by Regulation 23 (d) for 2015 was not available on this inspection.

2. Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

Annual review will be completed .

Proposed Timescale: 30/05/2016

Outcome 06: Absence of the Person in charge

Theme:

Governance, Leadership and Management

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

The member of staff deputising for the person in charge was not referenced in the notification details to HIQA of arrangements for the running of the centre during the absence of the person in charge.

3. Action Required:

Under Regulation 33(1) you are required to: Give notice in writing to the Chief Inspector of the procedures and arrangements that will be in place for the management of the designated centre during the absence of the person in charge, setting out the matters contained in Regulation 33(2).

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

Notice has been submitted to HIQA Chief Inspector on NF20 form identifying the Person acting in charge in the absence of the PIC
NF31 forms have also been sent in relation to two members of staff who are acting as PPIM

Proposed Timescale: 20/04/2016

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Improvement was required to timelines maintained in order to complete on investigation into allegations of abuse of residents.

4. Action Required:

Under Regulation 08(3) you are required to: Investigate any incident or allegation of abuse.

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

Awaiting report following preliminary screening, from senior management.
Recommendations /actions will be implemented.

Proposed Timescale: 12/05/2016

Outcome 08: Health and Safety and Risk Management

Theme:

Safe care and support

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

Control measures stated for a number of identified risks did not reference the safety measures implemented since the last inspection to ensure residents' safety.

5. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The Risk Register for the Centre will be fully reviewed to ensure that all additional control measures and actions are fully documented in the risk assessments and are closed when fully actioned.

Proposed Timescale: 30/06/2016

Theme:

Safe care and support

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

The inspector also observed that there were some gaps in fire safety management checking records. For example, there were no records of checks done on fire exit doors.

6. Action Required:

Under Regulation 28(1)(c)(i) you are required to: Make adequate arrangements for maintaining all fire equipment, means of escape, building fabric and building services.

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

All exists are now included in weekly fire checks which are maintained and documented. These checks include fire fighting equipment, fire doors and exit doors.

Proposed Timescale: 20/04/2016

Theme:

Safe care and support

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

Fire drills had occurred however they did not evidence that residents with the highest needs could be effectively reflect testing of evacuation procedures to reflect night-time conditions.

The records did not confirm that all staff had participated in a fire evacuation drill.

7. Action Required:

Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

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

A simulated night time evacuation fire drill has been carried out on Tuesday 26th of April at 23.00hours.

Following this a schedule of drills are to be drafted to ensure that all staff members will have the opportunity to participate in an evacuation drill.

Fire Evacuation methodology has been updated for all residents' profile 20/04/2016

Proposed Timescale: From 26/04/2016 to 31/12/2016

Proposed Timescale: 31/12/2016

Theme:

Safe care and support

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

Improvements were found to be required regarding residents' day and night evacuation risk assessments to ensure their health and safety needs were met.

8. Action Required:

Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

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

There is an evacuation plan in place for residents requiring evacuation in the event of a fire. This plan identifies areas which will ensure safe placement for residents should the same be required.

Proposed Timescale: 20/04/2016

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The inspector was told that residents or their representatives participated in four monthly care plan reviews, there was no documentary evidence of this occurring.

9. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

All care plans being formally reviewed on a four monthly basis or more often if necessary will ensure that both resident and /or their next of kin are involved in the review.

Memo has been circulated to all staff to advise them of the requirement to involve resident/next of kin in all reviews.

Audit to be carried out to monitor compliance.

Proposed Timescale: 20/07/2016

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 layout of multi-occupancy bedrooms and communal space in the centre was not appropriate to the number and needs of the residents and was not in accordance with the centre's statement of purpose.

10. Action Required:

Under Regulation 17(1) you are required to: 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.

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

A new dining room has been completed for one unit which will improve the experience for all residents using it.

Another area has been identified for the other unit which will provide an area for dining which will be separate from the current sitting room area.

The Statement of Purpose to be updated to reflect the changes

Currently 3 rooms on Sonas Unit were undergoing upgrade works, same are now completed.

Proposed Timescale: 31/05/2016

Theme:

Effective care and support

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

Parts of the premises did not conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

11. 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:

Plans have being submitted to HIQA in relation to a purpose built new unit. HSE funding has been approved for this project with an expected completion date of 2020.

In the mean time the issue of multi-occupancy rooms has been somewhat addressed as a result of three new single bedded rooms becoming available. This has facilitated the reduction in the number of occupants in all of the multi-occupancy rooms affording more space for residents.

The Statement of Purpose to be updated to reflect the changes

Proposed Timescale: 30/07/2020

Outcome 14: End of Life Care

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some end-of-life care plans did not inform residents' preferences regarding their choice of place of death.

12. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

Staff will continue to engage with residents to identify their End of Life wishes. Where possible this will reflect where resident wishes to die, be that in the centre in their own home.

Proposed Timescale: 30/06/2016

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Multiple occupancy rooms and bedrooms with glass panel inserts in doors did not facilitate residents to undertake activities in private.

13. Action Required:

Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

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

Glass panels on all bedroom doors have had privacy contact applied in order to ensure privacy for residents wishing to undertake personal activities in private.

Proposed Timescale: 22/04/2016

Outcome 17: Residents' clothing and personal property and possessions

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Some residents did not have space to display their photographs within their personal bed space in multi-occupancy bedrooms.

14. Action Required:

Under Regulation 12(c) you are required to: Provide adequate space for each resident to store and maintain his or her clothes and other personal possessions.

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

All residents have been provided with private storage for clothing and also a lockable space for private items

Shelving has been provided a number of residents who required extra space for personal items

Proposed Timescale: 19/04/2016

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

There was limited evidence that the staffing levels were appropriate to meet the needs of residents.

15. Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Rosters will be reviewed regularly by PIC /Deputy to ensure that the appropriate skill mix of staff are rostered in line with the dependency levels of the residents at any given time.

When use of external providers is required all efforts are made to ensure continuity of staff

Proposed Timescale: 30/06/2016