

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	St. Vincent's Centre
<b>Centre ID:</b>	OSV-0003325
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	St Vincent's Centre Ltd
<b>Provider Nominee:</b>	Frank Stephens
<b>Lead inspector:</b>	Kieran Murphy
<b>Support inspector(s):</b>	Geraldine Ryan
<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>	10

## **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
- 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 well-being 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. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. 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 September 2016 08:30 To: 15 September 2016 17:00

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

Outcome 05: Social Care Needs
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This was the second inspection of this centre by the Health Information and Quality Authority (HIQA).

St Vincent's Centre was under the auspices of the Sisters of Charity and there was a voluntary board of management which provided oversight of the service. In March 2016 members of the board met with the Health Service Executive (HSE) as the funding provider. At that meeting the board outlined that it was concerned about continuing to provide this service and stated that they were considering another provider to take over the running of this service. Since that meeting the HSE had been providing support in an advisory capacity.

HIQA met with the interim director of services for the centre on 9 September 2016, this meeting was also attended by representatives of the HSE. The HSE outlined that it had commissioned a review of the service provided in the centre. This review identified shortcomings in the areas of governance, skill mix of staff, care needs of residents and some institutional practice.

The outcome of the review informed this inspection by HIQA with a focus on the quality of care being provided to residents. In particular the inspection reviewed the care being provided to 15 residents who had been identified as having significant healthcare needs.

#### Description of the service:

The centre is a congregated setting which has the capacity to provide residential care services for 60 residents. Many of the residents had been living in this centre for a significant period of time. On the date of inspection there were 50 residents, 36 living in the main building and 14 within a separate unit on site.

#### How we gathered our evidence:

Inspectors met and spoke with 15 residents currently living in this centre. The feedback from residents was generally positive with one resident saying that they "loved it here and felt really well looked after". Inspectors also met with the interim director of services, the person in charge of the centre and staff. Inspectors observed staff practices and interactions with residents and reviewed residents' personal plans, training records, meeting minutes and the complaints log.

#### Overall judgment of our findings:

There were examples of good practice. Staff were observed to treat the residents with respect and knew residents very well.

In the sample of resident healthcare records seen by inspectors each resident had access to a general practitioner (GP). There was evidence of good access to specialist care in psychiatry, with a consultant psychiatrist available to residents as required. There was evidence that residents were supported to attend appointments in acute general hospitals and had been referred to consultant specialists if required.

However, while some evidence of good practice was found, all five outcomes inspected against were found to be in major non-compliance with regulations and standards. Immediate actions plans were issued on the day of inspection in relation to safeguarding and lack of appropriate numbers, qualifications and skill mix of staff.

#### Non-compliances identified include:

- comprehensive assessments of healthcare needs were not available for all residents. For example the assessment and care planning in place to support a resident to manage pain. (Outcome 5)
- the assessed needs of residents were not being met. For example, clinical appointments were being "cancelled due to staffing numbers" (Outcome 5)
- no plan of care to guide and inform staff on how to manage wound care (Outcome 5)
- residents who were inappropriately placed in the service (Outcome 5)
- in July 2016 HIQA received a letter from the chairman of the board of St Vincent's centre outlining alleged financial irregularities in the centre. The letter outlined that an independent auditor had been appointed by the service to audit the centre's financial records. An interim director of services had also been appointed on 26 July 2016. Following the completion of the financial audit of the centre a second audit of resident finances was commissioned by the interim director of services. This audit of

resident finances had yet to be completed (Outcome 5)

- a disclosure from a resident in relation to an allegation of abuse had not been reported to the person in charge, or appropriately investigated, as required under the service policy. An immediate action plan was issued to address this failing (Outcome 8)
- recommended medical treatment was not being facilitated. For example recommendations for a resident's review by a clinical nurse specialist in epilepsy and a dietician (Outcome 11)
- management arrangements could not ensure effective governance, operational management and administration of the designated centre (Outcome 14)
- the provider had not carried out unannounced visits to assess the safety and quality of care and support provided in the centre. There was no formal annual review of the quality and safety of care of the service which was a requirement of the regulations (Outcome 14)
- the numbers, qualifications and skill mix of staff was not appropriate to the assessed needs of residents. An immediate action plan was issued to the provider on the day of inspection to address this failing (Outcome 17)

The reasons for these findings are explained under each Outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

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

**Findings:**

Each resident's wellbeing and welfare was not being maintained. There was an absence of evidence based care and support for identified healthcare needs. In addition, the service could not meet the assessed needs of all residents.

This inspection focused on the quality and safety of care being provided to 15 residents who had been identified as having significant healthcare needs.

Four of the 15 residents had been identified as having diabetes. There was evidence that their assessed needs were not being met. For example, one resident had been due to attend a diabetic podiatry appointment in an acute general hospital. On the day prior to the appointment it was recorded in the resident's notes that they had a foot ulcer which was "oozing purulent exudate". However, the appointment was "cancelled due to staffing numbers". The nursing records also noted that a second appointment in September 2016 was cancelled "due to staffing".

As part of the management of residents with diabetes there was a regime of blood sugar level checks in place. However, inspectors reviewed a sample of residents' records and found:

- one resident was to have a blood sugar check on Saturday afternoons; there was no record that it was checked since the 20 August 2016
- one resident was to have a blood sugar check on Wednesdays; it was not checked on the 3 August 2016, 10 August 2016 and 17 August 2016
- another resident had no blood sugar check between the 27 August 2016 and 10 September 2016

In addition, a GP attended the centre during the inspection and stated that blood sugar checks were being reduced during the preceding month. The staff who spoke to inspectors was not aware of this and there was no record of this information in the residents' files/care plans or blood sugar records.

Improvement was required in relation to the assessment of residents healthcare needs. One resident's medication prescription record showed that she had prescribed a particular medication which was for the treatment of severe pain. However, there was no assessment available in relation to her pain management and no care plan in place to support the resident to manage her pain.

Inspectors reviewed the records of three residents who had been identified as having wounds which required treatment. There was no plan of care to guide and inform staff on how to manage the wound. Inspectors found that wounds were not measured regularly to ascertain progress or deterioration of the wound. While dressings were being applied, there was no guidance available to nurses on the type of dressing to be applied to appropriately treat each wound. One resident was to be repositioned two hourly to prevent deterioration of the wound. However, records reviewed indicated that this was not complied with. For example, gaps of four and five hours were noted on the 4, 11, 13 and 14 September 2016.

In relation to clinical risks, there were assessments in place for residents. However, in relation to an assessment in relation to falls risk there was contradictory information available, with one stating the resident was at low risk of falls and the other stating that the resident was at high risk of falls. This contradictory information could potentially lead to injury to the resident and staff. In relation to a wound care assessment inspectors noted that in the healthcare records for one resident who had a wound there had been a number of photographs taken of this wound. However, one of these photographs did not protect the privacy and dignity of the resident. None of the residents' had an oral care assessment completed and inspectors observed some residents' mouths had not been cleaned.

In addition, a risk assessment had not been completed for all clinical risks. For example, residents with mobility needs did not have an assessment of specific tasks that involved moving and handling in place. The absence of this assessment could potentially lead to injury to the resident and staff.

The person in charge outlined that there were two residents who were inappropriately placed in the service. The first of these residents had lived in the centre for approximately 10 years and had significant support needs around managing behaviour. The provider had submitted a formal request to their funder (HSE) outlining that the service was not in a position to safely cater for her needs without additional support. The service had formally requested that the resident would be considered for alternative placement by the HSE. However, at the time of inspection the resident was still living in the designated centre.

The second resident who was inappropriately placed had been admitted to the centre in 2015. The person in charge outlined to inspectors her concerns that the statement of

purpose had been altered to admit this resident who was under the age of 21 at the time of the admission. Previously the statement of purpose outlined that the service catered for people over the age of 21. The statement of purpose did outline that "as part of our admission policy we do not accept residents with challenging and violent behaviour as we do not have a behaviour unit.....". However, this resident did require support to manage their behaviour. In addition, the person in charge outlined that the resident required 1:1 support when they were in the centre and the service was not in a position to provide these resources.

Inspectors noted that three further residents had applied to be admitted to this centre in 2016. The acting director of services and the person in charge outlined that there would be no further admissions to this centre.

**Judgment:**

Non Compliant - Major

**Outcome 08: 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 assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

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

**Findings:**

There was evidence that all incidents, allegations, or suspicions of abuse were not being investigated appropriately. An immediate action plan was issued by the inspectors to address this deficiency. Prior to the inspection HIQA had received a notification outlining alleged financial irregularities in the centre. The investigations into these allegations had not yet been completed.

The inspectors saw documentation relating to an incident regarding a disclosure of allegations of abuse that had been made by a resident. A staff member had written an account of this disclosure on a loose sheet which was in the resident's healthcare information. However, this allegation had not been reported to the person in charge since the allegation was made in April 2016. In addition, a formal referral of the allegation had not been made to the designated officer, as required by the service policy on reporting allegations of abuse. An immediate action plan was issued by inspectors on the day of inspection to address this deficiency. In response, the service outlined that since the inspection the allegation had been reviewed by the designated officer.

In July 2016 HIQA received a letter from the chairman of the board of the centre outlining alleged financial irregularities in the centre. The letter outlined that an independent auditor had been appointed by the service to audit the centre's financial records. This audit had identified a significant shortfall in residents' private property accounts (RPPA). During the inspection the interim director of services outlined that this RPPA account was a collective account of residents' money used to fund things like funeral expenses. The interim director of services said that residents had not been informed of the shortfall in their private property account.

Following the completion of this financial audit of the centre a second audit of each resident's finances had been commissioned by the interim director of services. This audit of resident finances had yet to be completed.

The provider is obliged to notify HIQA on a quarterly basis of any occasion on which restraint was used (such as physical, environmental or chemical). HIQA was notified in April 2016 that two residents had lapbelts in place as a restraint and three residents had bedrails in place. There was no evidence that the person who was subject to the restrictive procedures was being closely monitored to evaluate the risks to their physical, psychological and emotional wellbeing and to ensure the procedures were minimal in time and in extent.

**Judgment:**

Non Compliant - Major

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

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

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

**Findings:**

All residents were not being supported on an individual basis to achieve and enjoy the best possible health.

In the sample of resident healthcare records seen by inspectors each resident had access to a GP. There was evidence of good access to specialist care in psychiatry, with a consultant psychiatrist available to residents as required.

There was evidence that residents were supported to attend appointments in acute general hospitals and had been referred to consultant specialists if required. For example, one resident was under the care of a consultant surgeon since 2003 in relation

to a particular condition. The service had facilitated the follow up of this condition since then.

However, there were examples where recommended medical treatment was not being facilitated. One resident with a diagnosis of diabetes had a letter on file from a consultant specialist clinic stating that as the "patient (sic) has cancelled one or more appointments she was being discharged back to the care of the GP". Staff spoken with were not aware that the resident had been discharged from the consultant clinic and the person in charge was not aware of this also.

Another resident had been discharged from an acute general hospital in July 2016 with instructions that the resident was to have a particular blood test, one week post discharge. While this was noted in a "communication diary", there was no evidence that the resident had the blood test or the results were sought. There was no record in the resident's files referencing the blood test.

Residents had been seen by healthcare professionals like physiotherapist and the speech and language therapist. However, there was an example of one resident who had been recommended for review by a clinical nurse specialist in epilepsy and a dietitian. Up to the time of inspection these reviews had not been facilitated as staff were of the opinion that it was the responsibility of the hospital to arrange these reviews.

There was a policy on nutrition and hydration. A number of residents had up to date swallow care plans and dietary reviews. All meals were prepared in the kitchen on site. The main meal was served at lunchtime with choices offered to residents. A copy of the menu was available on the notice board. Staff in the kitchen were knowledgeable about residents likes and dislikes and also knew which residents were on special diets.

From a review of one resident's healthcare records it was noted that their nutritional intake was greatly reduced since the 4 September 2016 but that a record of the resident's intake of food was not commenced until 10 days later. The resident's fluid intake was not recorded and it was evident from the nursing records that the resident's fluid intake was insufficient. For example, one record on the 8 September 2016 noted that the resident 'tolerated yogurt and 7up', with no other intake noted for the day.

There were records relating to another resident who had a food chart since 15 August 2016. However, there was no rationale documented as to why the food chart was in place. In addition, it was not completed post every meal and in the records seen by inspectors no quantity of food consumed was recorded on eight days and there was no evidence that the food record charts were checked.

**Judgment:**

Non Compliant - Major

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the*

*delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The management arrangements could not ensure effective governance, operational management and administration of the designated centre concerned.

This centre was owned by the Sisters of Charity and there was a voluntary board of management board which provided oversight of the service. In March 2016 members of the board met with the HSE as the funding provider of the service. At that meeting the board outlined that it was concerned about continuing to provide this service and stated that they were considering another provider to take over the running of this service. Since that meeting the HSE had been providing support in an advisory capacity to the centre.

HIQA met with the interim director of services on 9 September 2016. This meeting was also attended by representatives of the HSE. The HSE outlined that it had commissioned a review of the service provided in St Vincent's centre. This HSE review identified shortcomings in the areas of governance, skill mix of staff, care needs of residents and some institutional practice.

At an operational level, an interim acting director of services had been appointed on 26 July 2016 with the agreement of the HSE. There was also a person in charge who was the acting coordinator of services. The person in charge was a registered general nurse with 27 years experience of healthcare provision.

There were no clear lines of accountability or responsibility. The HSE review of service identified that there was no job description available for either the role of director of services or coordinator of services. In practice, the person in charge was responsible for clinical care including the rostering of staff. The interim director of services was responsible for management of the service including finance and payroll. There was one administrative assistant to support the management and operational functions. The interim director of services outlined to inspectors particular difficulties with an "out of date information technology (IT) system" which was prone to frequent "breakdown".

The person in charge had completed an audit of resident falls in 2015 and a medication audit in August 2016. However, there was no formal annual review of the quality and safety of care of the service which was a requirement of the regulations. In addition, the service had not carried out unannounced visits to assess the safety and quality of care and support provided in the centre. During the inspection clear deficiencies were

identified in areas including assessment and management of healthcare needs, investigations of allegations of abuse and staffing. There was little oversight of the quality and safety of care being provided at an operational/clinical level or at the board of management level.

St Vincent's centre facilitated placements for community employment scheme support workers. There were 11 such support workers on placement and their duties included providing direct support to residents and cleaning. There were no effective arrangements in place to manage and supervise these support workers as the person in charge did not supervise or arrange rosters for the support staff. The support staff reported to their own supervisor who arranged their rosters and hours of duty.

**Judgment:**

Non Compliant - Major

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. 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.*

**Theme:**

Responsive Workforce

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

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

**Findings:**

The numbers, qualifications and skill mix of staff was not appropriate to the assessed needs of residents. An immediate action plan was issued on the day of inspection to remedy this failing.

On the day of inspection there was one registered nurse supervising the management and care of the 50 residents.

The nurse on duty was based in the unit caring for eight residents with high dependency need. However, nursing staff were responsible for the administration of medication to all residents and this was a duty for the nurse during the day of inspection. This meant she had to leave the unit to administer medication. Seven residents' medication prescription and administration charts were reviewed and there was evidence that medication management practices required review including numerous gaps where it was not documented if the resident had or had not received the medication.

The board of St Vincent's centre at a board meeting on 12 April 2016 had identified "a crisis in nursing staff". Following a further board meeting on 17 May 2016 a decision

was taken to write a letter to the HSE as the funding provider regarding the difficulties around the level of staff available to meet the needs of residents properly.

The impact of inappropriate skilled staff and inadequate numbers of staff was seen in how care was being provided. For example, on the day of inspection there was one nurse and two support workers in one of the units caring for eight residents with high dependency needs. During the morning the nurse had to leave the unit to administer medication. At that time the eight residents were left in the care of two support workers. During this time one of the residents was heard by an inspector to be in pain and staff were called twice to attend to her. During this time another resident was observed by an inspector to be coughing and in distress. This resident asked an inspector to call staff to help her.

In relation to cleaning, there were limited housekeeping services (cleaning). The current arrangements were from Monday to Friday only. On the date of inspection several areas of the premises, and in particular the bathroom areas were noted to be unclean. The interim director of service outlined that additional cleaning staff would be employed on a 9am to 5pm basis seven days a week.

In relation to catering, cooks were not available after 3 pm which meant that hot meals and snacks were not available after that time. The interim director of service outlined that additional catering staff would be employed each day from 3 pm to 7pm.

**Judgment:**

Non Compliant - Major

## 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:***

Kieran Murphy  
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>	A designated centre for people with disabilities operated by St Vincent's Centre Ltd
<b>Centre ID:</b>	OSV-0003325
<b>Date of Inspection:</b>	15 September 2016
<b>Date of response:</b>	21 October 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 Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

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 05: Social Care Needs

**Theme:** Effective Services

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

The designated centre did not meet the assessed needs of all residents and in particular there were two residents who were inappropriately placed in the service.

**1. Action Required:**

Under Regulation 05 (3) you are required to: Ensure that the designated centre is

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

suitable for the purposes of meeting the assessed needs of each resident.

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

The timescale provided in the action plan is estimated for the residents as a group and there are a range of uncertainties which impact on providing a precise date of completion of this task. The Centre is doing all in its power to move the process along. Geriatrician assessment is awaited and I understand this will now be carried out before Wednesday 26th next.

Private Nursing Homes will not manage the financial affairs of residents and for those residents who have not capacity to manage their funds, Ward of Court proceedings will be commenced immediately for them once this is confirmed by the Geriatrician. Interim financial arrangements are being considered with the Nursing Homes pending completion of wardship proceedings.

I am attaching a table which sets out the actions to be completed in respect of each resident and the status to date. I will send you a progress report at fortnightly intervals.

**Proposed Timescale:** 31/03/2017

**Theme:** Effective Services

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

Assessed healthcare needs of residents were not being met in relation to the management of diabetes, wound care and pain.

**2. Action Required:**

Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

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

Each resident in the Centre has a Personal Care Plan which are reviewed and updated on an ongoing basis every year.

A suite of assessments have been completed on all 15 residents, ie Barthel, Braden, Mental Test Score, Frase, Must and Oral health assessments.

The review of Nursing Care Plans for the residents in the Infirmary and Elder Care Units has been prioritised and has commenced. New templates are being used and care plan reviews are being undertaken. The care plans for these residents will be completed by the 30th November next.

**Proposed Timescale:** 30/11/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

There was no evidence that the person who was subject to the restrictive procedures was being closely monitored to evaluate the risks to their physical, psychological and emotional wellbeing and to ensure the procedures were minimal in time and in extent.

**3. Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

The Centre has a training schedule which outlines when all training programmes are due for renewal on a rolling basis and the Centre will adhere to this.

Protection for vulnerable adults training is scheduled for 32 staff on the 26th October next and training for the remaining staff will be scheduled for completion before end of the year.

**Proposed Timescale:** 31/12/2016

**Theme:** Safe Services

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

There was evidence that all incidents, allegations, or suspicions of abuse were not being investigated appropriately. An immediate action plan was issued to address this deficiency.

**4. Action Required:**

Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

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

- Preliminary screening completed and sent to safeguarding team.
- Safeguarding plan complete and sent to safeguarding team.
- Training for staff on protection of vulnerable adult and abuse policy will be provided.
- Reporting procedure for allegations of abuse will be reinforced with staff.
- Clear guidelines on investigation of allegations or suspicion of abuse will be reinforced with staff.
- Outcome of all investigations will be audited.

**Proposed Timescale:** 31/01/2017

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Access to required allied health professionals was not always facilitated.

#### **5. Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

Memorandum of understanding to be developed with HSE regarding timely access to Community based allied health professional services especially in the disciplines of Physiotherapy, Speech and Language, Occupational Therapy and Psychology.

**Proposed Timescale:** 31/12/2016

**Theme:** Health and Development

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

Required medical treatment was not always facilitated. One resident with a diagnosis of diabetes had a letter on file from a consultant specialist clinic stating that as the "patient (sic) has cancelled one or more appointments she was being discharged back to the care of the GP". Staff spoken with were not aware that the resident had been discharged from the consultant clinic and the person in charge was not aware of this also.

#### **6. Action Required:**

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

- Have adequate staff available to the service to ensure that residents are taken to appointments.
- Clear guidelines to staff in respect of the management of appointments and rearrangement of appointments where necessary

Proposed Timescale:

- Staffing proposal to HSE as already outlined at Outcome 5

- Development of Guidelines 21st October 2016.

**Proposed Timescale:** 31/03/2017

**Theme:** Health and Development

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

One resident's fluid intake was not recorded and it was evident from the nursing records that the resident's fluid intake was insufficient

**7. Action Required:**

Under Regulation 18 (2) (d) you are required to: Provide each resident with adequate quantities of food and drink which are consistent with each resident's individual dietary needs and preferences.

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

All MUST assessments to be reviewed

Accurate food and fluid intake charts will be maintained

Review and update of current nutrition policy

Dietary requirements will be recorded in care plans

Proposed Timescale:

MUST assessments completed.

Food and Fluid intake charts completed.

Nutritional Policy update by 30th November 2016

Recording of dietary requirements to be completed with Care Plans 15th December 2016.

**Proposed Timescale:** 15/12/2016

**Outcome 14: Governance and Management**

**Theme:** Leadership, Governance and Management

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

During the inspection clear deficiencies were identified in relation to quality and safety of the care provided. The service had not carried out unannounced visits to assess the

safety and quality of care and support provided in the centre. There was no formal annual review of the quality and safety of care of the service which was a requirement of the regulations.

**8. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Unannounced visit by Management will be undertaken before end of November.

Management will complete Annual review of quality of safety will by Jan 31st 2017

Outcome of Review will be made available to residents

Proposed Timescale:

Unannounced visit to be undertaken before end of November 2016.

Annual review to be completed by 31st January 2017.

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**Proposed Timescale:** 31/01/2017

**Theme:** Leadership, Governance and Management

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

There were no effective arrangements in place for St Vincent's centre to manage and supervise support workers.

**9. Action Required:**

Under Regulation 23 (3) (a) you are required to: Put in place effective arrangements to support, develop and performance manage all members of the workforce to exercise their personal and professional responsibility for the quality and safety of the services that they are delivering.

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

Establishment of Management Team and regular weekly meetings.

Develop Team Working as a means towards performance development and quality improvement.

Proposed Timescale:

Establish Management Team 1st November 2016

Team working facilitator to be identified by 30th November.

**Proposed Timescale:** 30/11/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

The numbers, qualifications and skill mix of staff was not appropriate to the assessed needs of residents.

**10. Action Required:**

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

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

All Recruitment Agencies have been contacted since September regarding Nursing Staff.

Proposals regarding staffing needs submitted to HSE for Approval and funding, including CNM2, Staff Nurse \*2 and Healthcare Assistant \* 6.

Additional Catering support already put in place.

Additional Cleaning staff(2) already put in place.

Additional Healthcare Assistants already put in place on night duty.

Proposed Timescale:

Staffing proposal submitted to HSE by 14th October 2016.

**Proposed Timescale:** 14/10/2016