<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Vincent's Community Nursing Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000533</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Irishtown, Mountmellick, Laois.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>057 864 4782</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:paulaA.phelan@hse.ie">paulaA.phelan@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Jude O'Neill</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Sheila Doyle</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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<tr>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
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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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
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 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: 12 September 2017 10:30  To: 12 September 2017 18:30
12 September 2017 09:30  13 September 2017 14:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
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<td>Outcome 04: Suitable Person in Charge</td>
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<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
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<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
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<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Major</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Substantially Compliant</td>
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Summary of findings from this inspection
As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as care plans, medical records, policies and procedures and staff files.

The inspector also reviewed resident and relative questionnaires submitted to the Health Information and Quality Authority (HIQA). In total 20 questionnaires were returned. The questionnaires were mainly positive. Residents stated that staff were very good to them with one resident saying they were spoiled. They were also very complimentary about the food.

Relatives were also very complimentary. One stated they were impressed by the
cleanliness of the centre and the friendliness of the staff. Several said they had peace of mind with complete confidence in the staff. Another remarked that there was always a listening ear.

Some relatives questioned whether there was enough staff at mealtimes and this will need to be monitored by the person in charge.

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. Safe medication management practices were observed. Actions required from the previous inspection in relation to both outcomes had been addressed.

The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services. Fire procedures were robust.

The inspector found that appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames were available and there was suitable and sufficient storage for equipment.

The inspector noted some issues that require action to ensure that each resident had opportunities to participate in activities in accordance with their interests and capacities.

The inspector was unable to confirm if Garda Síochána (police) vetting was in place for all staff. In addition the premises continued to pose difficulties which will need to be addressed. Privacy and dignity issues were also still evident.

While a reasonable amount of space was provided for residents' possessions including a lockable space, some residents required additional storage space.

These are discussed further in the report and included in the action plan at the end.
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 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):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the quality and safety of care delivered to residents was monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was defined in the statement of purpose.

An audit plan was in place and the inspector saw that audits were completed on several areas such as care planning, meals and mealtimes, medication management and wound care. The results of these audits were shared with all staff at team meetings. Where necessary, action plans were put in place which included details of the person responsible for completing the action and the date for completion.

There was evidence that the annual review as required by the regulations was being carried out. The inspector saw that the provider used this as an opportunity to benchmark the service against the standards and put plans in place for continued improvements.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre was managed by a suitably qualified and experienced nurse with clear lines of authority, accountability and responsibility for the provision of service.

Although recently appointed to the post in this centre, the person in charge had many years experience in a similar position in a different centre. The person in charge was employed full time and was suitable qualified and experienced. She was aware of her responsibilities under the regulations.

The person in charge provided evidence of ongoing professional development appropriate to the management of a residential care setting for older people, including courses in health services management and older persons’ care. She was currently undertaking additional training in dementia care while also attending clinical courses such as falls management and wound care.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
This outcome was not inspected against. Action required from Outcome 18 is included here.

The inspector reviewed a sample of staff files and noted that two of four reviewed did not contain evidence of garda vetting.

**Judgment:**
### 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 provider was aware of the regulatory requirement to notify HIQA should the person in charge be absent for more than 28 days.

The assistant director of nursing (ADON) deputises for the person in charge in her absence. The inspector spoke with the ADON during the inspection and found that she was aware of her responsibilities and had up to date knowledge of the regulations and standards.

**Judgment:**
Compliant

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### Outcome 07: Safeguarding and Safety

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

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector found that systems were in place to protect residents from being harmed or suffering abuse.

Staff had received training on identifying and responding to elder abuse. There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff who spoke with the inspector were...
knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place. The person in charge and her deputy were familiar with their roles in investigating any allegation. There were no abuse allegations being processed at the time of inspection.

Residents said they felt safe in the centre with one resident saying she did not feel worried anymore while another said they could live there forever.

The inspector reviewed the use of restraint and noted that although usage remained high, appropriate risk assessments had been undertaken. Detailed care plans were in place and two hourly safety checks were being completed in line with the policy in place.

Additional equipment such as sensor alarms and low beds had also been purchased to reduce the need for bedrails. There was documented evidence that other alternatives had been tried prior to the use of restraint. This was a policy in place to guide practice and staff had received training.

The inspector was satisfied that when needed, residents were provided with support that promoted a positive approach to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Staff had received training and there was a policy in place to guide practice. Detailed care plans were in place. Possible triggers and appropriate interventions were recorded. Staff spoken with told the inspector the possible triggers and what they would do to ease the situation.

Residents benefitted from the psychiatry of later life services that provided ongoing reviews, support and advice.

The centre currently acts as pension agent for 37 residents. The inspector saw that the pensions were lodged into an account separate to the business accounts and managed in line with the relevant guidelines. External and internal audits were regularly carried out.

Judgment:
Compliant

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

Theme:
Safe care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector was satisfied that the provider and person in charge had prioritised the safety of residents. Some improvement was required to ensure that all staff had attended mandatory training in manual handling procedures.

The inspector reviewed the training records and saw that a small number of staff had not attended mandatory refresher training in manual handling within the accepted timeframe. This was discussed with the ADON who confirmed that additional training had been planned and the required staff were scheduled to attend. Action required in relation to this is included under Outcome 18.

There was a health and safety statement in place. The environment was kept clean and was well maintained and there were measures in place to control and prevent infection.

The risk management policy met the requirements of the regulations.

Procedures for fire detection and prevention were in place. Servicing records were up to date. Fire drills were carried out on a regular basis and when required action plans were put in place. The inspector saw that personal emergency evacuation plans (PEEPs) were developed for all residents.

An emergency plan was in place and provided sufficient detail in order to guide staff in the event of an evacuation or other emergency. Alternative accommodation was also specified should it be required.

**Judgment:**
Compliant

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**Outcome 09: Medication Management**
*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

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

**Findings:**
The inspector was satisfied that medication management practices were safe.

The inspector read a sample of completed prescription and administration records and saw that they were in line with best practice guidelines. Written evidence was available that three-monthly reviews were carried out. Action required from the previous inspection had been addressed. The inspector saw that the centre now had access to pharmacy services who were also involved in medication reviews. Plans were in place to ensure that when required residents also had access to support and advice from the pharmacist.
Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet in keeping with professional guidelines. Nurses kept a register of MDAs. The stock balance was checked and signed by two nurses at the change of each shift. The inspector checked a sample of the balances and found them to be correct.

Secure fridges were provided for medications that required specific temperature control. The inspector noted that the temperatures, which had daily checks, were within acceptable limits at the time of inspection.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident’s wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care.

The inspector saw that the arrangements to meet each resident’s assessed needs were set out in individual care plans. There was documented evidence that relatives and residents were involved at care plan development and review.

The inspector reviewed the management of some clinical issues and found they were well managed. The inspector reviewed the procedure for wound management and found that assessment and treatment plans were in place. Additional advice and support was available from tissue viability nurses if required. Appropriate equipment was also available.

The inspector reviewed diabetic care and saw that the action required from the previous inspection relating to access to specialist services and the use of glucometers had been
An evidence-based assessment tool was used to assess residents' risk of falls on admission and monthly thereafter. The incidence of falls was monitored on an ongoing basis. Following a fall, residents were re-assessed and a full review was undertaken including physiotherapy and medication reviews.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and weekly when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dietitians and speech and language therapists where appropriate. When required food and fluid intake records were appropriately maintained.

The inspector noted that the centre was involved in several initiatives to support the early detection of change in a resident's condition and reduce unnecessary admissions to acute care. In addition, the person in charge told the inspector of plans afoot to facilitate early discharge from the acute service by administering medications intravenously in the centre.

Residents were satisfied with the service provided. Residents had access to GP services and out-of-hours medical cover was provided. A full range of other services was available on referral including speech and language therapy (SALT), and occupational therapy (OT) services. Increased access to physiotherapy services was now available and the action required from the previous inspection in relation to this had been addressed.

Chiropody and optical services were provided in house. Dental services were also available which was an action required from the previous inspection. The inspector reviewed residents' records and found that some residents had been referred to these services and results of appointments were written up in the residents' notes. Where appropriate care plans were put in place to address the recommendations.

**Judgment:**
Compliant

**Outcome 12: Safe and Suitable Premises**

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

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Although significant improvements were made, the inspector found that improvements were required to ensure that the 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.

In 2016, HIQA was formally notified that funding had been ring fenced for the construction of a new facility. Building work scheduled to begin in January 2020 was due for completion by July 2021. The inspector saw that the available options with plans and costings were at an advanced stage of planning at the time of inspection.

St. Vincent’s Community Nursing Unit is a two storey building on the outskirts of the town. It is currently registered for 82 beds. A passenger lift and stairs provide access between the floors.

The majority of residents are in four bedded rooms. The multi-occupancy rooms made it difficult for staff to ensure that residents’ privacy and dignity were maintained at all times. In addition, although the number of beds had been reduced, some of the rooms had not been reconfigured to increase the resident’s individual personal space. For example in some rooms, the screening was still in place for six beds and residents could not use the additional space for their personal possessions. In addition it was not possible for staff to maintain residents' privacy and dignity in shared rooms. Many residents required assistive equipment and staff were challenged to maintain residents’ privacy when operating hoists in the tight space behind the bed screens. As described at the previous inspection, the hand-washing sink was positioned behind the screen within a resident’s bed space in all the multi-occupancy rooms.

As previously reported, toilets and bathrooms were located some distance from residents’ bedrooms. Some residents had difficulty walking that distance. The inspector noted and staff and residents confirmed that commodes and bedpans were regularly used as residents were unable to access the toilets in a timely manner. Screens did not protect fellow residents and visitors from related sounds and malodours. One relative felt there was a need for more toilet facilities.

In addition the day space on some of the units was insufficient. A small room was in use upstairs for 25 residents. It was also suggested in a pre-inspection questionnaire that the sitting room should be made more homely.

The inspector also had concerns regarding the security of the premises. This was highlighted at previous inspections and there was an undertaking that it would be addressed. There is no reception area and the inspector found that the front door which remained open during day time hours, led into a large foyer and then down corridors to resident areas. The inspector felt that this posed a risk to residents.

The inspector found that the premises were clean and well maintained. Ongoing improvements were noted and in as far as were possible, staff had worked to make the
resident areas homely and comfortable. Contrasting colours were in use to aid orientation. For example all toilet and bathroom doors were painted a red colour for easy identification.

Circulation areas, toilet facilities and shower rooms were adequately equipped with hand-rails and grab-rails. Functioning call bells accessible in all areas.

The inspector found that appropriate assistive equipment was available such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames and there was suitable and sufficient storage for equipment.

There was a good size kitchen and the laundry was located in a separate building to the side of the centre. Adequate arrangements were in place for the disposal of general and clinical waste. Maintenance contracts were in place for equipment in use.

There were several secure internal gardens which were well maintained. Adequate parking was available at the front and side of the building.

The design and layout of the centre was not suitable for its stated purpose and due to the impact of multi-occupancy rooms on the privacy and dignity of residents and so this outcome merited a judgment of major non-compliance.

**Judgment:**
Non Compliant - Major

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**Outcome 13: Complaints procedures**
*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**
Person-centred care and support

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

**Findings:**
The complaints' policy was in place and the inspector noted that it met the requirements of the regulations.

The inspector saw that the complaints' log contained details of the complaints, the outcome of the complaint and the complainants' level of satisfaction with the outcome.

It was noted at the previous inspection that the complaint's procedure was not displayed prominently in the centre. This action had been completed. In addition there was a photograph and contact details of the complaints officer in several locations throughout the centre.
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):
No actions were required from the previous inspection.

Findings:
This outcome was not inspected in its entirety. However the inspector noted that the design and layout of the premises did not support the aims and objectives set out in the centre's statement of purpose: 'It is the policy of St. Vincent's Community Nursing Unit to respect the privacy and dignity of all residents. Each resident is allocated their own bed space or room and can personalise this area according to their own wishes'.

The inspector saw that many residents were accommodated in multi-occupancy rooms with limited personal space and the layout did not support them to personalise their bedrooms. The inspector also noted that the distance that residents had to travel to the bathroom did not support continence promotion and necessitated the use of commodes and bedpans in shared bedrooms. The limited bed space behind curtains made it impossible for staff operating a hoist to meet the standards set out in the statement of purpose that 'All staff and visitors are requested not to compromise the privacy of residents especially when personal care is being carried out.' This is discussed further under Outcome 12.

There was an extensive activity programme available. However the inspector noted this was not specifically suited to the needs of some younger residents.

Some residents told the inspector that they had very little to do during the day. One resident with very complex medical needs was anxious that he have additional opportunities to undertake some activities outside of the centre. Currently he had access to a personal assistant for six hours per week. However this did not allow him to engage in suitable community activities outside of the centre.

Another resident told the inspector that she was unable to go out to activities in the community because of transport difficulties. She also stated that she did not like to take part in the activities on offer in the centre.
The inspector was not satisfied that one resident's communication needs were met. The inspector noted that because of complex needs, one resident seemed unable to press the call bell on occasions when he required assistance. The standard system was in use which was not consistently suitable for his needs.

The standard of social care provided was not consistent with the centres' statement of purpose which stated that 'Management and staff are committed to the provision and delivery of excellence in standards of care, which will meet or exceed resident's expectations and continuously strive to achieve quality in health and social gain, for all'.

**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):**
No actions were required from the previous inspection.

**Findings:**
Residents could have their laundry processed in the centre. The inspector visited the laundry which was organised and well equipped. The staff member spoken with was knowledgeable about the different processes for different categories of laundry.

There was a reasonable amount of space for residents' possessions including a lockable space. However the inspector noted that some residents required additional storage space as they liked having their clothes and shoes available to them.

**Judgment:**
Substantially Compliant

### 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):**
No actions were required from the previous inspection.

**Findings:**
There was a planned roster in place. Based on observations, a review of the roster and these inspection findings, the inspector was satisfied that the staff numbers and skill-mix were appropriate to meeting the assessed needs of the complement of residents accommodated.

There was a registered nurse on duty at all times and a record was maintained of current registration details of nursing staff.

Staff training records were reviewed and there was evidence of ongoing education and training by staff. This included training in safeguarding, infection control and the use of restraint. Some staff had not attended manual handling refresher training as described under Outcome 8 and the action required is included here.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. The inspector saw that all had been vetted appropriate to their role and their roles and responsibilities were set out in a written agreement as required by the regulations.

The inspector reviewed a sample of staff files and noted that two of four reviewed did not contain evidence of garda vetting. Action in relation to this is included under Outcome 5.

Assurance was not available that Garda Síochána (police) vetting was in place for all staff.

**Judgment:**
Substantially Compliant
**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Provider’s response to inspection report¹

<table>
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<tr>
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<td>OSV-0000533</td>
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<tr>
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<td>12/09/2017</td>
</tr>
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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 05: Documentation to be kept at a designated centre

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Two of four staff files reviewed did not contain evidence of garda vetting.

1. Action Required:
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

¹The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
2 Staff members disclosures not presented as the GVLO advised us their documentation was shredded under Data Protection rules:

Section 7 of the Data Protection Act 1988 provides for the rules regarding retention of records for the purpose provided. The GVLO were provided with those records in 2009 for the purpose of providing vetting/disclosure details. Attached please find a copy of the "Guidance Note: Data Protection considerations when vetting prospective employees" which was provided to the GVLO by the Data Protection Commissioner for the purpose of vetting requirements.

Section 3 (c) Advises as follows; "The Office of the Data Protection Commissioner recommends that vetting disclosures should be routinely deleted one year after they are received except in exceptional circumstances". The GVLO advised that they were complying with this recommendation.

They further advise that as per their records the dates of vetting as declared by this office being 27.05.09 and 07.05.09 for the staff concerned are accurate.

The only course of action available to the GVLO is to process a re-vetting of which we advised is currently in process.

The disclosures for both will be made available as soon as possible and we regret any inconvenience caused on the matter. Revetting submitted on the 20/09/17 for both members of staff.

Proposed Timescale: 30/11/2017

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 security of the premises was inadequate to ensure residents' safety.

2. 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:
At this time a detailed plan has been submitted to HSE Estates in regard to improving security within the building. This plan will be progressed in the context of available funding and the replacement of the centre. Management team will work with national office to agree an achievable resolution within current available resources.
Proposed Timescale: 30/09/2017

**Theme:**
Effective care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Although significant improvements were made, the inspector found that improvements were required to ensure that the 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. This included but was not limited to:

* Access to suitable toilet facilities.
* Insufficient communal space
* Inadequate personal space in multi-occupancy bedrooms.

3. **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:
At this time a detailed plan has been submitted to HSE Estates in regard to improving design and layout of the building. This plan will be progressed in the context of available funding and the replacement of the centre. Management team will work with national office to agree an achievable resolution within available resources.

Proposed Timescale: 01/07/2021

**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:**
The inspector noted that the distance that residents had to travel to the bathroom did not support continence promotion and necessitated the use of commodes and bedpans in shared bedrooms.

The limited bed space behind curtains made it impossible for staff operating a hoist to meet the standards set out in the statement of purpose.

4. **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:
1. St Vincent’s Community Nursing unit is on the HSE capital plan to be replaced with a new build. The inspector reviewed the plans and costing.
2. A review of all curtain spacing between beds is currently taking place to optimise dignity and privacy space for residents.

Proposed Timescale: 1. 01/07/2021 2. 31/10/2017

Proposed Timescale: 01/07/2021

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Action is required to ensure that each resident had opportunities to participate in activities in accordance with their interests and capacities.

5. Action Required:
Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

Please state the actions you have taken or are planning to take:
A Multidisciplinary team meeting has taken place to discuss and address issues raised and thereby improve access to suitable activities for all residents. Additional specific activities will be provided where required to meet residents more complex needs, especially those under 65 years.

Proposed Timescale: 31/12/2017

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
One resident seemed unable to press the call bell on occasions when he required assistance

6. Action Required:
Under Regulation 10(1) you are required to: Ensure that each resident, who has communication difficulties may communicate freely, having regard to his or her wellbeing, safety and health and that of other residents in the designated centre.

Please state the actions you have taken or are planning to take:
A referral has been made to OT and will be discussed with her on the 28/09/17. Staff are looking at assistive technology methods. Several options have been trailed and failed to meet this resident’s needs in the past.
### 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 required additional storage space for their clothing and personal belongings.

7. **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:**
Additional storage has been supplied to resident concerned. A review of all storage space is being conducted at present.

**Proposed Timescale:** 06/10/2017

### Outcome 18: Suitable Staffing

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A small number of staff had not attended mandatory refresher training in manual handling.

8. **Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
Training dates have been given to staff and will be completed by the 31/10/17

**Proposed Timescale:** 31/10/2017