<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Vincent’s Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000520</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Woodstock Street, Athy, Kildare.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>059 864 3000</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:anne.mcdonnell@hse.ie">anne.mcdonnell@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>Lead inspector:</td>
<td>Nuala Rafferty</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Angela Ring</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>96</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>8</td>
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</table>
About monitoring of compliance

The purpose of regulation in relation to designated centre’s 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 centre’s 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 1 day(s).

The inspection took place over the following dates and times
From: 24 January 2018 10:00
To: 24 January 2018 19:30

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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</thead>
<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<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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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</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 - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Compliant</td>
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<td>Outcome 17: Residents’ clothing and personal property and possessions</td>
<td>Compliant</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
<td>Compliant</td>
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Summary of findings from this inspection
This was an announced inspection and formed part of the assessment of the application for renewal of registration by the provider. The inspection took place over one day.

As part of the application for renewal of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (HIQA). All documents submitted by the provider, for the purposes of application to
register, were found to be satisfactory. The fitness of the nominated person on behalf of the provider and the person in charge were assessed through an ongoing fit person process. They demonstrated knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland throughout the inspection process.

As part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents, relatives and staff members of the centre were also sought.

Information in the form of notifications and other information brought to the attention of HIQA were also considered as part of the inspection process.

Recent changes to the clinical management team within the centre were found on this inspection, with a senior nurse manager commencing in a temporary capacity in recent months. During the inspection process, the senior nurse manager nominated to replace the person in charge if absent, demonstrated satisfactory knowledge of their role and responsibilities and sufficient experience and knowledge as required by the legislation.

A number of resident's and relatives' questionnaires were given to the inspectors during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with services and facilities provided. In particular, they were very complimentary on the manner in which staff delivered care to them, commenting on their patience, good humour and respectful attitude.

Some risks were identified by inspectors which were brought to the attention of the senior management team and were satisfactorily mitigated before the end of the inspection, however further measures were identified as required in order to ensure that these risks are fully, and regularly, assessed and managed going forward.

Residents' healthcare needs were met and they had access to medical officers and consultant geriatrician services within the centre. Access to allied health professionals, such as physiotherapy and speech and language therapists, and to community health services were also available. However, improvements were found to be required in some areas, including, premises, staff personnel files, risk management and contracts of care. The Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) 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 Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
A written statement of purpose was available that broadly described the service provided in the centre and contained all of the information required by Schedule 1 of the Regulations.

Copies of the document were available in the centre. Some minor amendments to the document were required, to reflect the full address of the centre, the parts of the building in use as the designated centre and all of the conditions of registration. The inspectors were given assurances that these amendments would be made and a revised copy forwarded to HIQA.

**Judgment:**
Compliant

**Outcome 02: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was evidence that there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. There was a clearly defined
management structure that identified the lines of authority and accountability as outlined in the statement of purpose. The senior management team included the provider representative who is the general manager for the area, the person in charge and an acting assistant director of nursing. Additional supports were available to the management team and included a business manager, practice development team, clinical nurse managers, administration team, maintenance and human resources. The governance structure remained unchanged during the last registration cycle and the management systems continued to be implemented effectively. These included regular management team meetings to review all aspects of service delivery. Auditing processes to review clinical care practice and ensure improved outcomes for residents were ongoing. Improvements in care practices were maintained in areas such as falls management, promoting a restraint free culture and pressure area care.

An annual review of the safety and quality of care delivered in the centre as required by the regulations was completed. The report identified quality care indicators to indicate the standard of and safety and quality of service being delivered. It also identified areas where improvements were required. The report included the processes in place for consulting with residents and relatives. This included a satisfaction survey during 2017 and regular resident meetings facilitated by an independent advocacy service.

**Judgment:**
Compliant

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### 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 centre maintained a residents' guide which described the facilities and services provided by the centre and a description of the specialities of each unit. There was information for residents posted regarding matters such as facilities available, visiting arrangements, activities and the complaints procedure.

Each resident had a written contract of care signed in agreement with the provider which clearly stated the regular fee payable, the resident's contribution and the services to be provided under that fee. However, the contract did not identify additional fees that may be charged or include the terms of residency for each resident, in that, it did not specify whether the room to be occupied was a single or shared room. Inspectors were told that the contract is under revision nationally by the Health Service Executive and new contracts were being formulated.

**Judgment:**
Substantially 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 qualified and experienced nurse as required by the legislation. The person in charge held authority, accountability and responsibility for the provision of the service.

Through an assessment process, it was noted that there was daily engagement in the governance, operational management and administration of the centre. The person in charge facilitated the inspection process by providing documents and having good knowledge of residents’ care and conditions.

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:
Records set out in Part 6 of the Regulations were available and kept in a secure place. The Statement of Purpose and Residents’ Guide were complete and available. A copy of the state indemnity protection in place, which meets the requirements of the Regulations, was viewed.
The directory of residents was checked and was found to meet the requirements of the Regulations. It was up to date, with records of admissions, discharges and transfers maintained.

General records as required under Schedule 4 of the Regulations were maintained, including key records such as appropriate staff rosters, accident and incident records, nursing and medical records. Planned rosters were in place in all units, and an actual working rota was maintained. All of the operational policies and procedures as required by Schedule 5 of the Regulations were available and were reviewed on a regular basis and within the three year timeframe as required by the regulations. However, the risk management policy was not fully implemented as evidenced under Outcome 8 Health & Safety and Risk Management.

It was found that all records listed in Schedule 3 of the regulations were maintained in terms of accuracy, were updated regularly and were safe and accessible. However, the inspectors found that not all of the information required under Schedule 2 was in place on some staff files. In a sample of personnel files checked by inspectors, some did not contain photographic identification, qualifications or evidence of on-going training.

Judgment:
Non Compliant - Moderate

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:
Suitable arrangements were in place for periods of absence of the person in charge, and the provider complied with their responsibilities to notify HIQA when a change occurred to both the person in charge and the nominated person to replace them. The fitness of the senior nurse manager to replace the person in charge in the event of an absence was determined through observation and discussion during the inspection and had the qualifications and experience required by the legislation.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or
suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

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

**Findings:**
Staff had received training on the prevention of elder abuse and all staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse. Procedures to protect residents, such as a robust recruitment system, staff induction and training were also in place and implemented.

In conversations with them, residents spoken with, told the inspectors that they felt safe and secure in the centre and relatives also confirmed that they did not have any concerns for the safety of their loved ones.

Assessment of risks, associated with the use of restraints such as bed rails and lap belts, were in place and regularly reviewed. The use of bed rail restraint had reduced since the last inspection, and the use of alternative measures such as low-low beds, mat and bed alarms had increased.

Falls management systems included appropriate supervision of residents by staff and incident and accident records indicated a low falls rate.

Inspectors reviewed the system in place to manage residents' money and found that reasonable measures were in place to ensure residents' finances were fully safeguarded. The provider acted as pension agent for a number of residents and satisfactory systems were put in place to ensure they were managed appropriately with regular checks and audits in place.

**Judgment:**
Compliant

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

**Theme:**
Safe care and support

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

**Findings:**
Inspectors found that the building's fire and smoke containment and detection measures were appropriate to the layout of the building, and exits were free of obstruction. Emergency lighting, fire fighting equipment and directional signage were available throughout the building. Completed logs were maintained on daily, weekly, monthly and quarterly tests and checks of fire equipment, doors, exit routes and emergency lighting. Certification of testing and servicing of extinguishers, fire retardant materials and the alarm system were documented.

However, inspectors noted that a review of fire protection measures in place were required:

- Containment measures required review where some of the fire doors did not close fully, or closed very slowly, and gaps were visible between the double doors when closed.
- All final exit doors, identified by directional signage as an exit door during an emergency evacuation, required the use of a key to open them when locked. Most had a spare key located in a break glass unit adjacent to the door. One door, that was unlocked, contained a printed sign informing staff that the door was to remain locked at all times for safety reasons. However, a break glass unit, containing a spare key, to open the door in the event of an emergency, was not located nearby. A second door, providing a secondary escape route from the physiotherapy department, was also key locked without an emergency key adjacent to it. Inspectors found that staff did not carry a master key to open these doors in the event of an emergency. Inspectors reminded the person in charge and the business manager, that guidance on best practice in fire safety recommends that fire exits should be fitted with fastenings, which are readily operated without the use of a key.

Individual evacuation plans were available for all residents. These identified the level of mobility and level of assistance required to evacuate. Fire training was provided on a regular basis and had been delivered within the last 12 months. Staff spoken with were familiar with the actions to take in the event of a fire alarm activation. Staff were also familiar with the principles of evacuation responses based on the individual plans in place for residents. Some evidence, that simulated fire drill practices were held, was found, and records were available in some units to detail learning that arose, but this was not consistent in all areas.

Risk management processes, that included appropriate arrangements for investigating and learning from serious incidents or adverse events, which identified residents who were at risk of falls, were in place. Systems, to review accidents and incidents within the centre, and to review falls risk assessments and update care plans, were also in place. A risk register was established which was regularly reviewed and updated. However, environmental risks were identified on this inspection that were not included in the risk register, and required additional risk management measures to be instigated. These included:

- measures to restrict access to parts of the building not in use were not implemented.
- doors containing notices that they were to remain locked at all times, but some were unlocked, and in one case open
- an internal courtyard was not maintained in an appropriate manner and posed a health & safety risk to any person with access to it.
The inspectors found the designated centre was kept clean and there were measures in place to control and prevent infection. Although the centre was experiencing an outbreak of infection at the time of the inspection, this was being managed in accordance with guidance from the department of public health. Good infection control measures were fully implemented which had contained the infection and prevented it from spreading to other units in the centre.

**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Outcome 09: Medication Management</th>
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<tbody>
<tr>
<td>Each resident is protected by the designated centre’s policies and procedures for medication management.</td>
</tr>
</tbody>
</table>

**Theme:**
Safe care and support

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

**Findings:**
Overall the inspectors found that residents were protected by the policies and procedures in place regarding medication management.

The inspectors found that the written operational policies and procedures for the ordering, prescribing, storing and management of medicines were appropriately implemented. Staff knew their role and function regarding the management of medication. The inspectors found clear protocols in place regarding the administration of PRN (as required) medicines with clear rationales and protocols in place. Inspectors found evidence of medication audits and reviews taking place within the designated centre and there were instances where learning from the audits had resulted in improved practice and outcomes for residents. In particular this was evident in the administration of as required anti-psychotic and anxiolytic medicines. Inspectors found the use of these medicines had reduced considerably throughout the centre. Medicine storage and refrigeration practices were safe and in line with regulatory requirements.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 10: Notification of Incidents</th>
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<tbody>
<tr>
<td>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</td>
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</tbody>
</table>

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.
Findings:
A record of all incidents occurring in the designated centre was maintained and, where required, notified to the Chief Inspector.

Judgment:
Compliant

Outcome 11: Health and Social Care Needs
Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s assessed needs are set out in an individual care plan, that reflect his/ her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/ her changing needs and circumstances.

Theme:
Effective care and support

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

Findings:
Residents had access to medical care, an out of hours services and a full range of other services available on referral, including occupational therapy, speech and language therapy, dietician, chiropody, dental services and optical services. Evidence of referral and review were available and viewed. Inspectors found that residents' healthcare needs were met through a good standard of nursing care and allied health professional monitoring.

Systems were in place for the assessment planning implementation and review of healthcare needs. This included nursing assessments, care plans and clinical risk assessments. A sample of clinical documentation and medical records were viewed. The systems in place to make sure healthcare plans reflected the care delivered and were amended in response to changes in residents' health were implemented by the nursing team. In a small sample of care plans viewed, they were detailed enough to guide staff, on the appropriate use of interventions to manage the identified need. Efforts to plan and deliver care in a person centred manner were noted.

The inspectors noted that the standard of nursing documentation was coordinated sufficiently to provide a clear picture of residents overall condition.

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,
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 designated centre is located in an old hospital style building on a large campus setting. Residents’ bedrooms and communal facilities are set over five separate units. Most of the bedrooms are multi-occupancy rooms containing between three and four beds. Three of the units have only one single bedroom. The reduction in bed numbers in the multi-occupancy rooms was found to have improved the space available to provide care in a manner that respects residents’ privacy. The availability of en suite shower and toilet facilities also improved the ability of staff to meet residents’ personal care needs in a dignified manner. However, limitations persisted in these rooms in terms of adequate storage space and negative impacts of the environment on rest and privacy. For example, some feedback from residents stated that noise at night time occasionally disturbed them.

Feedback in the form of questionnaires’ highlighted the lack of sufficient wardrobe space. This was confirmed on the inspection. Inspectors found that the wardrobes in the multi-occupancy rooms were very small and did not enable residents to retain many personal possessions. Relatives were required to bring clothing from home on an ongoing basis due to the lack of wardrobe space. In one instance it was found that the clothes and personal belongings of a resident continued to be stored in a single bedroom, some in large plastic bags, despite the transfer of the resident from the room some months earlier. It was also noted that residents were not encouraged to bring any items of furniture to the centre to personalise their bedrooms if they wished.

Efforts to improve the centre premises were visible. Staff and the management team were found to be consciously trying to create a warm comfortable and aesthetically pleasing living environment for residents. Small areas of diversion and interest were created in alcove areas on some of the corridors with comfortable seating where residents could sit and relax together or with visitors. Coffee and tea-making facilities were located close to some of these areas.

The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. Suitable and sufficient communal space such as a large sitting room and dining room were available on each unit. All walkways were clear and uncluttered to ensure resident safety when mobilising. However, there were a number of ramps on corridors outside communal areas such as the chapel and reception area. Inspectors were told by some wheelchair users that they were unable to travel independently to these areas as the ramp incline was too steep. Other facilities that residents could enjoy included large activity rooms, chapel, coffee dock and pleasant internal walkways.
There were a number of small secure and enclosed gardens, directly accessible from the individual units in the centre. The centre was located on extensive grounds which were pleasantly laid out, with paved grounds and seating areas. Appropriate assistive equipment was available and reports were viewed that confirmed they were recently serviced and were in good working order.
Some improvements to signage were required to identify the purpose and function of each room in the centre.
The provider entity is aware of the deficiencies of the premises. A commitment to provide more suitable premises has been given to HIQA and the centre is part of a prioritisation and review process up to 2021.

**Judgment:**
Non Compliant - Moderate

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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:**
Policies and procedures which comply with legislative requirements were in place for the management of complaints. Residents were aware of the process, which was displayed.

On review of the record of complaints, there was evidence that all complaints were documented and investigated and that the outcomes were recorded. Complainants were notified of the outcomes, and a review was conducted to ascertain the satisfaction of the complainant further to issues being resolved.

There was evidence that any resident who made a complaint had not been adversely affected by reason of the complaint being made

**Judgment:**
Compliant

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

Findings:
Evidence of a good standard of medical and clinical care with appropriate access to specialist palliative care services was found. Inspectors also found there was an holistic and person-centred approach to end-of-life or comfort care provision. Staff were aware of the policies and processes guiding end-of-life care in the centre and were implementing them in a respectful manner. Families were notified in a timely manner of deterioration in residents’ condition and were supported and updated regularly during the end of life phase. Some evidence was available that residents will or preference was sought in relation to issues such as emotional, social and spiritual needs, place of death or funeral arrangements.

Judgment:
Compliant

Outcome 15: Food and Nutrition
Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discreet and sensitive manner.

Theme:
Person-centred care and support

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

Findings:
Residents were provided with food and drink at times and in quantities adequate for their needs. Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by all staff. The dining experience was conducive to conversation. Those residents on modified diets were offered the same choices as people receiving normal diets. A rolling menu was in place to offer a variety of meals to residents. Food was served directly from the kitchenette on each unit by a team of staff and was well presented. Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. Drinks such as water, milk, tea and fresh drinking water at all times were available. Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified with weight loss or at risk of malnutrition.

Judgment:
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:**
Evidence that residents were consulted with, and participated, in the organisation of the centre was found. Regular resident meetings were held, where residents were consulted about future activities or outings and facilitated to give feedback on how the centre was run. There were no restrictions to visiting in the centre and inspectors observed a constant stream of visitors throughout the inspection. Choice was respected and residents were asked if they wished to attend Mass, activities, or exercise programmes. Control over their daily life was also facilitated in terms of times of rising or returning to bed and whether they wished to stay in their room or spend time with others in the communal rooms.

Staff were observed speaking with residents in a respectful and patient manner, especially with residents expressing confusion or agitation. There was a varied activities programme for both physical and mental stimulation. These included arts and crafts, bingo, puzzle games, videos and music. There were also a mix of group and individual sessions including nail care and hand massage. Therapies and activities to reflect the needs of those with dementia were also included such as reminiscence and sensory stimulation techniques and dementia specific activities such as Sonas were also available. All those spoken with praised the staff for the cheerful, professional and respectful manner in which they delivered care. Relatives were also very happy with how staff kept them informed of any changes in their loved ones health condition and on the warm and friendly atmosphere in the centre.

Actions required from the last inspection to address the deficiencies in the environment to uphold residents’ rights to privacy and dignity were partially addressed. The reduction of beds in the multi-occupancy rooms had improved the amount of space available to each resident but some negative impacts persisted as referenced in Outcome 12 of this report. An action to address these issues is also contained under Outcome 12.

**Judgment:**
Compliant

**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
Theme: Person-centred care and support

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

Findings:
There were arrangements in place for regular laundering of linen and clothing and the safe return of clothes to residents. A policy on residents' personal property was in place and implemented to monitor clothes and valuables belonging to residents. However, there was limited space available to residents to store their clothing as referenced and actioned under Outcome 12.

Judgment: 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:
On the day of inspection, inspectors found that the staffing levels, qualifications and skill mix were appropriate for the assessed needs of the current number of residents. Inspectors were informed that due to the number of vacant staff posts the number of residents being admitted to the centre was limited to a maximum of 104 at any one time. This was to ensure that there were sufficient staff to meet the needs of residents and to fill planned shifts and meet unexpected absences. Agency staff were also used to fill staffing gaps, but not excessively so.

A clinical nurse manager was responsible for supervising care for each of the five units. The clinical nurse manager was supported by the person in charge. In practice, the clinical nurse manager, staff nurses and healthcare assistants provided direct care, and each unit had a daily handover outlining the residents’ health and social care status and their changing needs.
On-going training was in place for all staff. This included, infection control, first aid, dementia care, food hygiene, pressure ulcer prevention, assessment and care planning and person centred care. Mandatory training in safeguarding, fire safety and moving and handling was also in place.

Staff meetings that discussed areas of practice and issues arising were held on a regular basis at unit level by each clinical nurse manager and also with the person in charge.

A formal staff appraisal system that discussed the continuous performance and training of staff was not established. This was discussed with the person in charge, who informed inspectors that a clinical practice competence development programme is being planned which would be linked to a formal staff appraisal and development review plan.

**Judgment:**
Compliant

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**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:**

Nuala Rafferty  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider's response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St Vincent's Hospital</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000520</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>24/01/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16/03/2018</td>
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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 03: Information for residents

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The current contract of care does not specify whether the room to be occupied was a single or shared room.

1. Action Required:
Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident

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

**Please state the actions you have taken or are planning to take:**
An appendix has been added to the existing Contract of Care in St Vincent’s Hospital since the inspection stating the ward, room number and the type of the room that the resident has been allocated. This has been put in place for all new residents from 12th February 2018.

A draft of the new standardized Contract of Care in Community Health Organisation (CHO) 7 which incorporates St Vincent’s Hospital, has been sent to the Health Service Executive (HSE) legal team for review. This new Contract will include the above details.

**Proposed Timescale:** 31/08/2018

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The contract did not identify additional fees that may be charged.

2. **Action Required:**
Under Regulation 24(2)(a) you are required to: Ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned.

**Please state the actions you have taken or are planning to take:**
The appendix which has been added to the existing Contract of Care in St Vincent’s Hospital now contains a list of charges that may be incurred by the resident for example, hair dressing.

**Proposed Timescale:** 12/02/2018

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The risk management policy was not fully implemented as evidenced under Outcome 8 Health & Safety and Risk Management.

3. **Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.
**Please state the actions you have taken or are planning to take:**
The area has been secured from 23rd of January 2018.

The risk register is being updated to reflect hazards and risks associated with unused parts of the building and grounds. The risk management policy is being updated to reflect this.
Individual risk assessments for any maintenance staff that need to access these areas in the building for specific maintenance issues are also being completed.

**Proposed Timescale:** 28/02/2018

**Theme:**
Governance, Leadership and Management

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
All of the information required under Schedule 2 was not in place in some staff files.

4. **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.

**Please state the actions you have taken or are planning to take:**
Employee files are currently being updated, and a check list has been developed with all the information under schedule 2 of the Heath Act 2007 (Care and Welfare of Residents in Designated centres for Older People) regulations 2013.

**Proposed Timescale:** 30/05/2018

**Outcome 08: Health and Safety and Risk Management**

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Hazards and risks associated with unused parts of the building and grounds were not identified in the risk register.

5. **Action Required:**
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
The area has been secured from 23th of January 2018.

The risk register is being updated to reflect hazards and risks associated with unused parts of the building and grounds. The risk management policy is being updated to reflect this.

**Proposed Timescale:** 28/02/2018

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Measures in place to manage hazards and risks associated with unused parts of the building and grounds were not identified in the risk register.

**6. 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 area has been secured from 23th of January 2018.

The risk register is being updated to reflect hazards and risks associated with unused parts of the building and grounds. The risk management policy is being updated to reflect this.

**Proposed Timescale:** 28/02/2018

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Additional measures were required to control risks associated with access to unused parts of the building and grounds.

**7. Action Required:**
Under Regulation 26(1)(c)(iii) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control accidental injury to residents, visitors or staff.

Please state the actions you have taken or are planning to take:
The upstairs area has been secured from 23th of January 2018.

Thumb turns have been fitted to the doors that were previously identified as requiring
The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A review of fire precautions was required in respect of:
Containment measures where some of the fire doors did not close fully, or closed very slowly, and gaps were visible between the double doors when closed.
Some key-operated final exit doors, identified by directional signage as an exit door during an emergency evacuation, did not have an emergency key adjacent to it.
Guidance on best practice in fire safety recommends that fire exits should be fitted with fastenings, which are readily operated without the use of a key.

8. Action Required:
Under Regulation 28(1)(c)(ii) you are required to: Make adequate arrangements for reviewing fire precautions.

Please state the actions you have taken or are planning to take:
Since the inspection staff are undertaking a comprehensive fire door check, to visually confirm the following:
The door is in good condition general with no sign of obvious damage
- The door closes fully under its own power and closes against the latch.
- Intumescent strips and smoke seals are present and in good condition around the sides and top of the door or frame
- Gaps are not excessive (4mm is the maximum) between the door and the frame
- Any issues noted are itemised and reported to maintenance for action.
- The checks are repeated at regular intervals (not longer than bi monthly)
The doors identified as having direct signage as an exit door during an emergency evacuation has had the signage removed.

Thumb turns have been fitted to the doors that were identified as requiring same.

Outcome 12: Safe and Suitable Premises

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Adequate space and suitable storage was not available to enable every resident retain their personal possessions, clothing and toiletries in their bedrooms.
Suitable adaptations to enable wheelchair users to independently access all areas of the designated centre were required. The negative impacts of the multi-occupancy bedroom environment on residents persisted.

9. 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:
St Vincent’s are currently in the process of identifying the number of wardrobes required to provide adequate space and suitable storage for each resident’s personal possessions. To be completed by 30th June 2018.

A plan is in place since the HIQA inspection whereby, a member of staff will assist any resident who uses a wheelchair to access all areas of the designated centre. This process will remain in place until these residents are accommodated as a priority in the first phase of the new community care unit. In the interim, an application has been made to HSE Estates for funding in order to implement the recommended actions enabling wheelchair users to independently access all areas of the designated centre.

Funding has been prioritised to develop a new Community care Unit in Athy in 2020/2021. Construction works on the first phase should begin in 2020. The design team has been appointed and Stage (i): Preliminary has been completed.

Proposed Timescale:
Wardrobe space for residents: 30th June 2018
Independent Assistance with wheelchair users: 5th February 2018
New build: 30th December 2022

Proposed Timescale: 30/12/2022