<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>Lead inspector:</td>
<td>Catherine Rose Connolly Gargan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Liz Foley</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced Dementia Care Thematic Inspections</td>
</tr>
<tr>
<td>Number of residents on</td>
<td>80</td>
</tr>
<tr>
<td>the date of inspection:</td>
<td></td>
</tr>
<tr>
<td>Number of vacancies on</td>
<td>2</td>
</tr>
<tr>
<td>the date of inspection:</td>
<td></td>
</tr>
</tbody>
</table>
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>08 October 2018 09:30</td>
<td>08 October 2018 17:30</td>
</tr>
<tr>
<td>08 October 2018 09:30</td>
<td>08 October 2018 17:30</td>
</tr>
<tr>
<td>09 October 2018 09:00</td>
<td>09 October 2018 14:30</td>
</tr>
<tr>
<td>09 October 2018 09:00</td>
<td>09 October 2018 14:30</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider's self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Compliance demonstrated</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td>Compliance demonstrated</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Compliance demonstrated</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 08: Governance and Management</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Statement of Purpose</td>
<td></td>
<td>Compliant</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The inspection also followed up on progress with completion of the eight actions required in the action plan from this last inspection in September 2017. Six of the eight actions were satisfactorily completed. The remaining actions regarding the premises and residents rights to privacy and dignity were progressed with significant restructuring work carried out where possible. The Chief Inspector was notified by the provider that funding was
allocated for the construction of a new 130 bedded facility on a site behind the centre and building works were due to commence in January 2020. However the premises continues to provide significant challenges to the provision of person-centred care to residents including residents with dementia, that respected their privacy, dignity and independence.

Inspectors found that the management team and staff were committed to providing a quality service for residents with dementia in the eight bed dementia specific unit. Residents with dementia in this unit enjoyed an active and meaningful life in the centre. Residents with dementia residing in the three other units in the centre integrated with residents. The person in charge and staff worked to optimise the quality of life for residents with dementia in the three units outside of the dementia specific unit. However, inspectors' found that improvements were required in residents' social care provision and notwithstanding significant interim measures taken, the negative impact of the premises on their rights to privacy and dignity.

Residents with dementia had good access to interesting, safe outdoor areas and their access to communal areas within the centre was promoted and enabled. All residents who spoke with the inspectors expressed their satisfaction with improvements made and were generally contented with living in the centre.

Inspectors tracked the journey of a sample of residents with dementia within the service. Documentation was reviewed such as nursing assessments, care plans and medical records. Relevant policies, including those submitted prior to the inspection, were examined. Inspectors observed care practices and interactions between staff and residents who had dementia using a validated tool. Most care practices and interactions between staff and residents, as observed by the inspectors were person-centered, therapeutic, respectful and kind.

While improvements in resident's care documentation and records was necessary, their healthcare needs were met to a good standard and their good health and wellbeing was optimized. Supporting care documentation to inform assessments and care procedures for individual residents with dementia was generally person-centred and informative. Improvements were noted to be necessary to ensure residents had better involvement in their end-of-life care decisions. Behavior support care plans for residents with behaviours and psychological symptoms of dementia (BPSD) did not sufficiently inform the support procedures they required.

Staff knew residents and their individual needs well. A training programme facilitated staff to attend mandatory and professional development training. However, staff training needs were identified by inspectors in provision of suitable activities to meet the needs of residents with dementia. Staff training was also necessary in caring for residents with BPSD.

There were policies and procedures in place to safeguard residents from abuse. Staff were knowledgeable about the steps they must take if they witness, suspect or are informed of any abuse taking place. There were also policies and practices in place regarding the management of behaviours and psychological symptoms of dementia, and use of restrictive procedures as part of some residents' 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 Centre's for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016
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.

<table>
<thead>
<tr>
<th>Outcome 01: Health and Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong></td>
</tr>
<tr>
<td>Safe care and support</td>
</tr>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
</tr>
<tr>
<td>No actions were required from the previous inspection.</td>
</tr>
<tr>
<td><strong>Findings:</strong></td>
</tr>
<tr>
<td>This outcome sets out the inspection findings relating to residents' healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3. There were 31 residents in the centre with a confirmed diagnosis of dementia and seven other residents with symptoms of dementia. Inspectors focused on the experience of these residents and tracked the journey of a sample of residents with a diagnosis of dementia. They also reviewed specific aspects of care such as nutrition, wound care, medicines management and end-of-life care in relation to these and other residents with dementia in the centre.</td>
</tr>
<tr>
<td>While some residents with dementia transitioned from respite to continuing care in the centre, the majority of residents with dementia were admitted from the local hospitals. The person in charge, her deputy or the clinical nurse specialist in dementia care assessed all residents with dementia prior to their admission. This gave prospective residents and their family information about the centre and also ensured that the service could adequately meet their care and support needs. Prospective residents and their families were also welcomed to visit the centre to assist them in making an informed decision about their admission.</td>
</tr>
<tr>
<td>Residents had a comprehensive nursing assessment completed and a care plan developed within 48 hours of admission based on their assessed needs. The nursing assessment process involved the use of validated tools to assess each resident’s risk of malnutrition, falls, level of cognitive impairment, skin integrity and their mobility needs. Inspectors’ found that while the medical and nursing needs of residents with dementia were met to a good standard, however improvements were necessary in residents’ care plan documentation to ensure the information described the person-centred interventions of care to meet each resident's individual needs, preferences and wishes. The centre had developed an assessment tool for use with residents who had dementia, however, it this tool did not effectively inform the ongoing capacity of some residents. Care plans were reviewed on an ongoing basis and at a minimum of every four months. There was documentary evidence that residents and relatives where appropriate had provided information and were involved in their assessments and care plans. However,</td>
</tr>
</tbody>
</table>
improvement was required to ensure residents were consistently involved in their care planning review process. All staff involved in providing care for residents who spoke with inspectors were knowledgeable regarding residents' individual care needs, preferences and wishes.

Residents with dementia were provided with timely access to health care. Two medical officers from local general practitioner (GP) practices visited the unit on a daily basis. This enabled some residents with dementia from the local community to retain the care services of the GP they attended prior to their admission to the centre. Residents also had access to out of hours medical services and to allied healthcare professionals including dietetic, speech and language, physiotherapy, occupational therapy, optician and chiropody services. Community psychiatry of later life services visited residents as necessary in the centre.

A working group attended by the speech and language therapist focused on quality initiatives for residents with communication needs in the centre including residents with dementia and initiatives to help residents with communication were implemented. For example, signage and color coordination of key areas. Systems were in place to optimise communications between residents, their families, the acute hospital and the centre. Files of residents who were transferred to hospital from the centre contained appropriate transfer information about their health, medications and their specific communication needs. Residents discharged back to the centre from hospital had information describing their care and treatment interventions during their hospital admission and directions regarding their ongoing care procedures.

Staff provided end-of-life care to residents with the support of their general practitioner and the community palliative care team. Residents had end-of-life care plans in place that described their physical, spiritual and psychological needs and their where this care would be provided. However, some residents with dementia had advanced decisions in place regarding their end-of-life care plans. While there was evidence that staff make efforts to get information that reflected residents’ wishes from their relatives, there was limited evidence that residents with dementia were involved in this decision making process. Residents were provided with good support to meet their spiritual needs and had access to a spacious oratory for their funeral services if they wished. Systems were in place to prevent unnecessary hospital admissions including subcutaneous fluid administration for residents at risk of dehydration. An intravenous antibiotic administration project was in the early stages of development and the person in charge was planning for implementation in 2019. Although measures were taken to ensure residents did not experience pain, monitoring assessments to inform effective pain management were not recorded.

The nutritional and hydration needs of residents with dementia were met to a good standard. Residents with dementia were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were monitored on a monthly basis to identify unintentional weight loss or gain at an early stage. A small number of residents' weights were being monitored on a weekly basis. This monitoring process was implemented to assess the effectiveness of treatment interventions recommended by the dietician to support them with reducing unintentional weight gain. A nutrition research project conducted by the department of nutrition in Trinity College in collaboration with residents and the centre’s catering department was completed. As an
outcome of this project, a healthy diet and exercise initiative was introduced for residents at assessed risk of gaining weight unintentionally. A small number of residents with dementia were taking supplements that had high sugar content and other residents were prescribed medications that caused their mouth to be dry. These residents had regular oral assessments completed and residents with their natural teeth had access to the dentist. However, their care plans did not contain enough information to adequately guide staff to meet their oral hygiene needs. Residents with diabetes were provided with appropriate diets and blood glucose monitoring reflected best practice standards. Residents with dementia who developed swallowing difficulties were referred and reviewed by a speech and language therapist. Nutritional care plans were in place and they outlined the recommendations of the dietician and the speech and language therapist where appropriate.

Arrangements were in place to communicate recommendations made by the dietician and speech and language therapist regarding individual resident's dietary and meal preparation needs. Residents fortified diets to the centre's catering team. Residents with dementia who required modified consistency diets and thickened fluids received the correct diet and their modified meals were presented in an appetizing way. Residents were provided with assistive eating equipment to stabilize and prevent food slipping off their plates. These measures positively promoted residents independence with eating. Mealtimes in the dining rooms were social occasions and staff sat with residents while providing encouragement or assistance with the meal. Residents with dementia were provided with choice regarding their menus, protective clothing and when and where they ate their meals. Residents in the dementia unit were supported on a regular basis to assist staff with preparing their tea-time meal of choice in the dementia unit kitchen. Alternatives to the menu, regular snacks and finger food were made available for residents with dementia. All residents with urinary catheters and receiving nutrition by means of a percutaneous endoscopic gastrostomy (PEG) tube had their fluid intake monitored on an ongoing basis to ensure their hydration needs were met.

A small number of residents had developed pressure ulcers either before admission or since admission to the centre. Each resident had their risk of developing pressure related skin breakdown assessed regularly. Tissue viability nursing specialists and the dietician were supporting nurses with expert advice and guidance to manage wounds effectively. The inspectors were told that all wounds were positively responding to interventions implemented and were healing. Repositioning schedules were in place and residents at assessed risk were nursed on pressure relieving mattresses. Occupational therapy services assessed residents for appropriate seating as necessary and were provided and in use. Treatment and monitoring wound care plans were in place and reflected best practice procedures.

There were arrangements in place to review accidents and incidents within the centre and residents were regularly assessed for their risk of falling. There was a low incidence of residents falling in the centre. Care plans were in place to inform residents' support and supervision needs. Residents' risk assessments, medications and care plans were reviewed and updated to include interventions to mitigate risk of further falls. While each resident's independence was promoted by staff, there was opportunity for increased input by physiotherapy services in risk assessment procedures and post fall reassessment.
There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Residents were protected by safe medicines management procedures and practices. Inspectors found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff practices reflected professional guidelines. Residents had access to the pharmacist responsible for dispensing their medicines. The pharmacist completed regular audits, reviewed medicine prescriptions and communicated findings with residents’ GPs and the person in charge. The pharmacist was also involved in staff education on medicine management and was available to advise staff as necessary. Medicines controlled by misuse of drugs legislation were stored securely and the balances were checked by two staff at each staff changeover. Medicines that required refrigerated storage were stored appropriately and storage temperatures were checked daily. Multidose medicine preparations were dated on opening to ensure use did not exceed timescales as recommended by the manufacturers. Procedures were in place for return of unused or out-of-date medicines to the pharmacy.

Judgment:
Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
The safeguarding policy titled ‘safeguarding vulnerable persons at risk of abuse’ had been updated to reference the National Policy. Training records viewed by inspectors indicated that all staff were facilitated to attend training on the prevention, detection and response to abuse. Staff who spoke with inspectors 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 incidents or allegations. There were no safeguarding issues being processed at the time of this inspection. All staff interactions with residents were observed by inspectors to be respectful, courteous and kind. Residents who spoke with inspectors confirmed these observations and stated they felt very safe in the centre.

Some residents with dementia were predisposed to episodes of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There was a policy and procedures in place that promoted a positive approach to behaviours and psychological symptoms of dementia (BPSD). Residents were well supported with managing their responsive behaviours and no episodes were observed by inspectors.
Staff were very aware of the triggers to residents’ responsive behaviours and the strategies to prevent or deescalate any adverse behaviours. However, some residents’ behaviour support care plans did not reflect this valuable information. This was particularly evident in the behaviour support care plans examined for residents in areas of the centre other than the dementia specific unit. Staff training was ongoing in managing BPSD and dementia care. However, inspectors found that outside the dementia specific unit, input from specialist staff in dementia care was not optimised to support staff with caring for residents with BPSD. Residents had access to mental health of later life services and from the cases tracked it was evident that physical or chemical restraint was

Use of restraint, especially restrictive bedrails was closely monitored by the person in charge. Efforts were made to promote a restraint free environment and there was evidence that less restrictive devices were used such as low-low beds and crash mats. Assessment of need for bedrails was completed and they were only put in place when alternative equipment and care procedures failed. Modified bedrails were on order as they were deemed more suitable for a number of residents currently with full-length bedrails in use. The period of time full-length restrictive bedrails were in use for individual residents was minimized with regular removal schedules in place. Incidents of physical and chemical restraint were used only as a last resort and were appropriately notified to the Chief Inspector.

Residents had a lockable space in their rooms for personal valuables. Residents’ financial transaction records were signed and witnessed by two staff and subject to regular audits. Receipts were retained for all purchases made on behalf of residents. The provider was a pension agent for some residents’ social welfare pensions and the procedures as described to inspectors reflected best practice and legislative requirements. Access to the centre was controlled by staff. A record of all visitors to the centre was maintained.

**Judgment:**
Substantially Compliant

---

**Outcome 03: Residents’ Rights, Dignity and Consultation**

**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:**
Overall, residents with dementia were consulted with and were encouraged and supported to participate in the organisation of the centre. The residents’ action group (RAG) meetings were held regularly in each unit in the centre and were attended by
residents with dementia and their relatives where appropriate. Minutes of the RAG meetings were made available to residents unable to attend. There was evidence that issues raised were followed up by management and implemented. Residents were supported to make choices regarding their care procedures, meals and if well enough where they spent their day in the centre. However, residents’ choice was impacted on by having to share television viewing in some multiple occupancy bedrooms and access to individual discreet listening equipment was not available. Independent advocates were available and contact details were displayed.

With the exception of the dementia specific unit, the privacy and dignity needs of residents with dementia residing in bedrooms with four beds in St Anne's and St Paul’s units on the ground floor were not met to a sufficient standard. There were no en-suite facilities provided and residents on both floors had to cross the circulating corridors to access bathrooms or toilets. This arrangement necessitated residents having to travel some distance and did not promote their dignity or continence. A window in one bedroom with four beds provided limited natural light and the high location of the window did not provide residents with opportunity to view the outside. Not all residents were well enough to leave this bedroom to spend some time in other parts of the centre during the day. Staff made efforts to respect residents’ privacy and dignity in multiple occupancy bedrooms by closing screen curtains around beds and closing bedroom doors during personal care procedures. Staff were also observed knocking on bedroom and bathroom doors, and privacy locks were in place on all communal bathroom and toilet doors. Staff used ‘do not disturb’ signs attached to the bed screens or bedroom doors when delivering personal care. A single bedroom was kept available in St Anne’s, St Paul’s and St Mary Theresa’s units for end-of-life care or care of residents with episodes of responsive behaviours during the night, so as to reduce disturbance of other residents in multiple occupancy bedrooms. However, these measures did not adequately dissipate the negative impact posed by noise and odours on the privacy and dignity of residents with dementia living in multiple occupancy bedrooms.

Opportunities for residents with dementia in St Anne’s, St Paul’s and St Mary Theresa’s units required improvement to ensure they were supported to participate in activities that suited their interests and capabilities. Residents in the dementia specific unit were supported to participate in meaningful activities that suited their individual interests and capabilities. Residents’ activities were facilitated by three activity staff in a recreational room on the ground floor over six days each week. Addressing the social needs of residents was also integral to the role of nurses and multi-task attendants. There was good evidence of assessment of residents’ activity needs in terms of their interests and capabilities. Review if records maintained for residents who were able and interested in attending the activities in the diversional therapy room provided assurances that they were engaging in meaningful activities. The activity staff facilitated one-to-one activities for several residents with dementia who did not attend activities in the communal diversional therapy room. These one-to-one activities were provided in the early morning and the records maintained did not provide sufficient assurances that residents’ interests or capabilities were met. A review at regular intervals was also not completed to ensure their needs were met. Although many of these residents’ assessments indicated that sensory based activities best suited their needs, sensory equipment was not made available to them. For example, tactile blankets and rummage boxes. These residents with dementia also did not have access to accredited activity techniques such
as ‘Imagination Gym’ or ‘Engaging dementia’. Residents on the ground floor had free access to secure well maintained gardens with outdoor seating. Raised planting beds and patches were in use by some residents interested in gardening. Several residents were observed using the gardens on the days of inspection. Residents from St Mary Theresa’s unit on the first floor were also assisted downstairs by staff to attend divisional therapy and to sit in the garden.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected. Staff sought the permission of residents before undertaking any care tasks. Residents were satisfied with opportunities for religious practices. Arrangements were underway to facilitate residents to vote in the upcoming presidential election and some residents discussed their views on the candidates with inspectors. Some residents said they would like to meet the presidential election candidates before deciding on their preferences.

There were no restrictions on visitors and there was a visitor’s room on the ground floor and a number of other comfortable areas where residents could meet their visitors in private. The centre was located close to the town centre and some residents were active in the local community. Residents’ wishes were prioritised when planning activities and excursions. A number of residents attended local events and local areas of interest. Family members were encouraged to take residents out and maintain contacts with their community. Residents had access to national and local newspapers.

Inspectors observed interactions between staff and residents using a validated observational tool to rate and record, at five minute intervals, the quality of interactions between staff and residents. The observations were done in a sitting/dining room and diversional therapy room on the ground floor, the dementia specific unit and the sitting/dining room on St Mary Theresa’s unit on the first floor. All the interactions observed were positive and consisted of good examples of positive connective care between staff and residents. The interactions observed in St Mary Theresa’s unit were mainly task oriented or neutral. This finding was discussed during the feedback meeting with the person in charge.

For the most part, staff engaged therapeutically with individual residents and worked to make the centre homely and an interesting place for them to live in. Residents with dementia were encouraged to personalise their bed space and several residents had family photographs and possessions of importance to them displayed. Clocks and orientation notice boards to were available to support residents with a cognitive impairment. Directional signage and coloured doors on key areas such as toilets was in place to support residents with dementia with accessing the centre.

**Judgment:**
Non Compliant - Moderate

---

**Outcome 04: Complaints procedures**
### Theme:
Person-centred care and support

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

#### Findings:
There was a system in place to ensure that the complaints of residents with dementia or their representative were listened to and acted upon, and they had access to an appeals procedure.

The complaints procedure was displayed in prominent positions throughout the centre since the last inspection in September 2017 and was summarised in the residents' guide made available to each resident. There was a nominated complaints officer in the centre and their name with their photo was displayed in the reception area of the centre. Inspectors found that residents and their families knew how to make a complaint. Complaints were recorded with evidence of investigation and consistent recording of satisfaction of complainants with the outcome.

There was evidence that complaints were taken seriously and feedback was welcomed. Learning from investigation of complaints informed improvements in service provision. There was a nominated person appointed to review the process to ensure complaints were appropriately managed in line with the policy.

#### Judgment:
Compliant

### Outcome 05: Suitable Staffing

#### Theme:
Workforce

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

#### Findings:
Based on observations, reviews of the roster and the inspection findings, inspectors were satisfied that the staff numbers were appropriate to meet the assessed needs of residents with dementia. Staff training needs were identified to ensure residents with dementia had access to accredited sensory activation programmes as appropriate. Although staff training in dementia care was ongoing, staff training and guidance needs were identified in supporting residents with BPSD.

Staff were supported to care for residents' diverse needs through ongoing supervision and access to training and education. However, improvements were required to ensure
staff could effectively care the social and recreational needs of residents with dementia. With the exception of the dementia specific unit, improvements were necessary to ensure staff were familiar with caring and supporting residents with responsive behaviours. Inspectors discussed opportunities not fully utilised with the person in charge to optimise the role of staff with specialist expertise and responsibilities in dementia care in supporting and guiding staff with assessment and care for residents with dementia and BPSD.

Staff training records examined by inspectors provided assurances that staff were facilitated to attend professional development training to ensure they were skilled in meeting the care needs of residents. Mandatory staff training requirements were met and all staff had up-to-date training in safeguarding residents from abuse, fire safety training and training in safe moving and handling procedures. Staff training in safe moving and handling procedures was an action completed since the last inspection in September 2017.

There was a minimum of one registered nurse on duty in each of the units in the centre at all times and a record was maintained of the current registration details of nursing staff. A lead nurse was identified each night on the staff duty roster and a senior on-call system was in place.

Some volunteer and agency staff were employed in the centre. Appropriate vetting procedures were in place and their role and responsibilities were set out in a written agreement as required by the regulations. Inspectors examined a sample of staff files and all information as required by schedule 2 of the regulations, including evidence of completed vetting done by the National Vetting Bureau was available on-site. Appropriate staff vetting was an action completed since the last inspection.

Judgment:
Substantially Compliant

Outcome 06: Safe and Suitable Premises

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:
Residents’ accommodation consisted of four separate units within the centre and included a dementia specific unit, St Anne’s unit provided accommodation for 26 residents in six bedrooms with four beds in each, without full en suite washing and toilet facilities and a palliative care suite with two single full en suite bedrooms. St Paul’s units on the ground floor provided accommodation for 24 residents in six bedrooms with four beds in each
without en suite washing and toilet facilities. St Mary Theresa’s unit on the first floor provided accommodation for 24 residents in 12 twin bedrooms without en suite washing and toilet facilities.

The dementia specific unit provided accommodation for eight residents. The layout and design of this unit met the needs of residents to a good standard. Each resident in the unit resided in a single bedroom with full en suite toilet and shower facilities. Resident had sufficient varied communal spaces available to meet their needs. The unit had a kitchenette which was used to support residents’ activation and supplementary nutrition needs.

Improvements were made to the layout and design of the other parts of the centre premises since previous inspections. These improvements were interim measures pending completion of plans forwarded to the Chief Inspector on 17 October 2017 for refurbishment of the centre by December 2021. Interim improvements made included;

• reconfiguration of the bedrooms in St Mary Theresa’s unit to reduce occupancy to two residents in each and creation of a snug area,
• curtain screen fittings were aligned around beds in the four bed multiple occupancy bedrooms in St Anne’s and St Paul’s units to give residents increased personal space around their beds.
• the security of the centre premises was upgraded with secure doors fitted in the reception area which ensured all access to the centre was controlled and monitored by designated staff.
• single bedroom accommodation was provided on St Anne’s and St Paul’s units for temporary alternative accommodation for residents in four bedded rooms with increased care needs such as acute episodes of responsive behaviours or end-of-life.

As discussed in outcome 3, the layout and design of the multiple occupancy bedrooms in St Anne’s and St Paul’s units were not suitable for their stated purpose, due to the negative impact on the privacy and dignity of residents, including residents with dementia residing in them.

While there were adequate numbers of bathrooms and toilets, their location did not meet the needs of residents or promote their privacy, dignity, well-being and independence. The majority of residents in St Anne’s and St Paul’s units resided in multiple occupancy bedrooms with four beds and without en suite facilities. The twin bedrooms in St Mary Theresa’s unit also did not have en suite washing or toilet facilities. This arrangement necessitated residents having to access toilets and bathrooms located off circulating corridors. As reported in outcome 3 and in previous inspection, toilets and bathrooms were located some distance from residents' bedrooms. Some toilets were of a cubicle design.

Many residents' in St Anne’s and St Paul’s units required assistive equipment and inspectors observed that staff were challenged to maintain some residents' privacy when operating this equipment within the space that the bed screens provided in one of the bedrooms on St Anne’s unit. In the absence of sufficient storage for a residents' equipment, it was stored in the multiple occupancy bedroom they resided in.

The creation of seating areas referred to as ‘snugs’ off circulating corridors on the ground and first floor improved the variety and seating areas available to residents.
Residents on the ground told inspectors that the snug area was very welcome and they loved to meet there for morning refreshments together. The 24 residents, including residents with dementia residing in St Mary Theresa's unit on the first floor were provided with a small communal room, used to meet their sitting and dining needs. Although homely and very comfortable, the space available in this room was insufficient to meet all residents’ sitting and dining needs or to facilitate residents with dementia to rest and relax in a quiet environment as an alternative to their bedroom. Although reconfiguration of a snug area and a spacious communal room were not completed, they were at an advanced stage. Completion of reconfiguration of these communal facilities should be prioritised to optimise the quality of life of residents with dementia residing in this unit.

All areas of the centre were cleaned and maintained to a high standard. Accessibility for residents with dementia around the centre was optimised with handrails in contrasting colours to surrounding walls along all corridors. Toilet seat fittings and grab rails were also in contrasting colours. The doors of key areas such as toilets and bathrooms were painted in a contrasting colour throughout. Good use of directional signage and signage on key communal rooms also supported residents with independently access in the centre. Some residents used motorised wheelchairs which promoted their independence. Functioning call bells were accessible to residents 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. However, storage arrangements for residents’ assistive equipment in St Paul’s and St Anne’s units required review. A bathroom was used to store a bulk waste bin which did not reflect best practice in waste management procedures.

**Judgment:**
Non Compliant - Moderate

**Outcome 08: Governance and Management**

**Theme:**
Governance, Leadership and Management

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

**Findings:**
There was a clear governance and management structure in the centre. Staff roles and responsibilities were defined and sufficient resources were provided to meet the needs of residents. There was evidence that significant interim improvements were made and were ongoing to the layout and design of the premises since previous inspections. Funding was assured by the provider to ensure the centre premises was reconfigured to meet the needs of residents by 2021 and plans were underway to commence this work at the end of 2019.
Systems were in place to monitor the quality and safety of the service and the quality of life in the centre for residents. Key performance care indicators were monitored on a weekly basis by each unit and contained rich information on the health status of residents’, for example, pain, responsive behaviours, psychotropic medication use, falls, infections, complaints, pressure sores, weight loss and significant events. Systems were in place to ensure this information was updated on a continuing basis and also ensured the person in charge had up-to-date information on any incidents or issues of significance involving residents in the centre. This information together with audits to inform the quality and safety of the service were analysed and informed action plans to address areas needing improvement. The person in charge reviewed the quality and safety of the service with the general manager of older persons services on a monthly basis.

Residents were consulted with and were involved with the quality and safety of the service provided for them. A report detailing annual review of the quality and safety of the service and quality of life for residents was available.

**Judgment:**
Compliant

---

**Outcome 09: Statement of Purpose**

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The statement of purpose was recently revised and was forwarded to the Office of the Chief Inspector. The revised document detailed the information as required by schedule 1 of the regulations.

**Judgment:**
Compliant

---

**Closing the Visit**

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

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

*Report Compiled by:*

Catherine Rose Connolly Gargan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
**Health Information and Quality Authority**  
**Regulation Directorate**

**Action Plan**

**Provider’s response to inspection report**

<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>Date of inspection:</td>
<td>08/10/2018</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16/11/2018</td>
</tr>
</tbody>
</table>

**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 01: Health and Social Care Needs**

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The centre had developed an assessment tool for use with residents who had dementia, however, it did not effectively inform the ongoing capacity of some residents.

1. **Action Required:**
Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
a resident or a person who intends to be a resident immediately before or on the person’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
A new capacity assessment tool is currently being introduced in line with best practice and the Assisted Decision Making (Capacity) Act 2015, along with input from the multidisciplinary team.

An information booklet which is a step by step guide for staff in effective participation in decision making by people with dementia is currently being disseminated to staff with training into its application.

Advance Care Planning and Advance Care Directives training and Communicating with People with Dementia has been organised with The Irish Hospice Foundation to assist staff in developing plans.

Proposed Timescale: 31/01/2019

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Improvements were necessary in residents’ care plan documentation to ensure the information described the person-centred interventions of care to meet residents individual needs, preferences and wishes.

While, residents had regular oral assessments completed and residents with their natural teeth had access to the dentist, the care plans did not contain enough information to adequately guide staff to care for residents’ oral hygiene needs.

2. Action Required:
Under Regulation 05(3) you are required to: Prepare a care plan, based on the assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident's admission to the designated centre.

Please state the actions you have taken or are planning to take:
(a) Care Plans are being reviewed by each Clinical Nurse Manager in association with training being provided to staff. All care plans will reflect each resident’s preferences and wishes.

(b) Oral assessment care plan with specific interventions have been developed and are now in use in each ward.

Proposed Timescale: 01/12/2018

Theme:
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Involvement of residents with dementia in their care plan reviews needed improvement.

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

Please state the actions you have taken or are planning to take:
An audit on the care plans of residents with dementia has taken place and as a result the following action plan is in place:

A new communication tool for staff is being developed with our Speech and Language Therapist to assist staff in communication with residents with dementia re: their wishes and capacity.

Communicating with People with Dementia training has been organised with the Irish Hospice Foundation.

**Proposed Timescale:** 01/02/2019

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
While there was evidence that staff make efforts to get information that reflected residents' wishes from their relatives, there was limited evidence that residents with dementia were involved in advanced decisions regarding their end-of-life care.

4. **Action Required:**
Under Regulation 13(2) you are required to: Following the death of a resident make appropriate arrangements, in accordance with that resident's wishes in so far as they are known and are reasonably practical.

Please state the actions you have taken or are planning to take:
A review is under way of all end of life care plans for residents with dementia to ensure their wishes are documented.

Advance Care Planning and Advance Care Directives training and Communicating with People with Dementia has been organised with The Irish Hospice Foundation to assist staff in developing plans.
Proposed Timescale: 31/01/2019

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
A signed and dated nursing record of each resident’s health and condition and treatment given was not completed on a daily basis by the nurse on duty in accordance with relevant professional guidelines.

5. 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:
All nursing staff have been instructed to complete a daily narrative note as well as the daily flow chart.

Proposed Timescale: 31/10/2018

Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Input from specialist staff in dementia care was not optimised to support staff in the centre with caring and managing residents with responsive behaviours to optimise their quality of life especially in the areas outside the dementia unit.

6. Action Required:
Under Regulation 07(1) you are required to: Ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.

Please state the actions you have taken or are planning to take:
The Clinical Nurse Specialist in Dementia is now allocated specific time to work in each ward on a weekly basis to assist and mentor staff on caring for residents with responsive behaviours.

The Clinical Nurse Specialist in Dementia will develop with staff in each ward a specific programme for each resident with dementia and those with responsive behaviours to improve their quality of life. This will be documented in each care plan and will include their wishes and interests to inform staff on how to maximise their capabilities.
Triggers and specific interventions for responsive behaviours will also be documented with the support of the Clinical Nurse Specialist to inform staff practice and ensure a person centred approach.

**Proposed Timescale: 31/01/2019**

### Outcome 03: Residents' Rights, Dignity and Consultation

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

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:  
Opportunities for residents with dementia in St Anne’s, St Paul’s and St Mary Theresa’s units required improvement to ensure they were supported to participate in activities that suited their interests and capabilities.

**7. 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:  
Training has been organised for staff in St. Mary/Theresa’s, St Anne’s and St. Paul’s with a specialised Activity for Dementia training provider to improve activities in each ward. This is two days of training over a 6-8 week period.

An extra 30 hours per week has been allocated to the activities department to assist staff in each of the three wards to develop meaningful activities for residents with dementia.

A full review of activities assessments is currently taking place, ensuring that the activities residents with dementia engage in are relevant and meaningful, including the purchase of dementia specific activity equipment as required.

As stated above the Clinical Nurses Specialist in Dementia will be allocated to each area to assist staff in developing programmes for activities.

**Proposed Timescale: 28/02/2019**

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

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:  
Residents’ choice of television viewing and listening was impacted on by having to share televisions in some multiple occupancy bedrooms. Discreet listening equipment was not provided.
8. **Action Required:**
Under Regulation 09(3)(a) you are required to: Ensure that each resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.

**Please state the actions you have taken or are planning to take:**
Discreet listening devices have been purchased for residents use.

**Proposed Timescale:** 31/10/2018

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

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The privacy and dignity of residents in St Anne's, St Paul's and St Mary Theresa's units were compromised by the layout and design of multiple occupancy bedrooms and the location of toilets and washing facilities.

9. **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:**
A new build of 130 beds has been approved and works have commenced in the process with the architects appointed, the first 50 beds to be in place by 2021. The purpose built unit will meet the requirements for dignity and privacy for residents.

**Proposed Timescale:** 01/07/2021

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

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The interactions observed in St Mary Theresa’s unit were mainly task oriented or neutral.

10. **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 Person Centred Care workshop which will be facilitated by the Quality Improvement Facilitator, HSE for staff on St Mary’s/Theresa’s and other staff where necessary has been organised for the 05 December 2018, a second day has been requested.
There is a plan for two senior staff members to attend the following course in 2019 “National Programme to Enable Cultures of Person Centredness”.

Clinical Nurse Specialist in Dementia will assist staff on wards to promote more person centred interactions while waiting for training.

**Proposed Timescale:** 28/02/2019

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff training needs were identified to ensure residents with dementia had access to accredited sensory activation programmes as appropriate. Although staff training in dementia care was ongoing, staff training and guidance needs were identified in supporting residents with Behavioral and Psychological Symptoms of Dementia (BPSD).

11. **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 has been organised for staff in St. Mary/Theresa’s, St Ann’s and St. Paul’s with an Activity Dementia Specific training provider to improve activities in each ward as outlined above.

Increased training in regards to BPSD has being organised and will be facilitated by a CNS in Activities who has a Masters in Dementia Care in conjunction with our CNS in Dementia Care.

Triggers and specific interventions for responsive behaviours will also be documented with the support of both CNS’s to inform staff practice and ensure a person centred approach.

**Proposed Timescale:** 28/02/2019

### Outcome 06: Safe and Suitable Premises

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The layout and design of the multiple occupancy bedrooms in St Anne’s, St Paul’s and St Mary Theresa's units were not suitable for their stated purpose due to the negative impact on the privacy and dignity of residents with dementia residing in them, the location of toilets and washing facilities and insufficient communal space for residents in St Mary Theresa’s unit.

12. **Action Required:**
Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

**Please state the actions you have taken or are planning to take:**
A new build of 130 beds has been approved and works have commenced in the process with the architects appointed, the first 50 beds to be in place by 2021. The purpose built unit will meet the requirements for dignity and privacy for residents.

**Proposed Timescale:** 01/07/2021

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Some residents' toilets were of a cubicle design.

Sufficient storage for residents' assistive equipment was not provided.

The location of a window in one multiple occupancy bedroom did not meet residents' needs.

A bulk waste bin was stored in a communal bathroom for residents.

Residents in St Mary Theresa's unit did not have sufficient dining and sitting facilities

13. **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:**
A new build of 130 beds has been approved and works have commenced in the process with the architects appointed, the first 50 beds to be in place by 2021. The purpose built unit will meet the requirements for dignity and privacy for residents.

Storage throughout the unit is under review to maximise space for equipment in use and removal of all unnecessary equipment.
A review with the maintenance manager is taking place to see if the window in question can be lowered or an alternate solution found. If a solution is possible funding will be applied to rectify the situation.

Bulk waste bin has been removed.

As part of our environment improvement project, a large dining/sitting room is being upgraded to meet resident’s needs. This is being discussed by the residents as part of the Resident Action Group to inform the decor.

**Proposed Timescale:** 01/02/2019