

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Vincent's Hospital
Centre ID:	OSV-0000520
Centre address:	Athy, Kildare.
Telephone number:	059 864 3000
Email address:	helen.dreelan@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Brena Dempsey
Lead inspector:	Conor Brady
Support inspector(s):	Conor Dennehy, Louise Renwick
Type of inspection	Announced
Number of residents on the date of inspection:	108
Number of vacancies on the date of inspection:	8

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
17 February 2015 10:00	17 February 2015 17:00
18 February 2015 09:30	18 February 2015 17:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

As part of the inspection the inspectors met with residents, family members, the provider, the person in charge and director of nursing (DON), acting assistant director of nursing (ADON), specialist nurses, ward managers, staff nurses, care staff, chefs, kitchen staff, administration staff, household staff members and students. The inspector reviewed relevant documentation such as resident's care plans, assessments, audits, registers, accident and incident reports, staff files and training records and policies and procedures.

There were 108 residents on the day of inspection residing in this designated centre which was a large location spanning across 5 units on an institutional hospital based campus setting.

As part of this inspection the inspectors found evidence of positive outcomes for residents but also areas whereby improvement was required to ensure this designated centre was in compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The inspectors found evidence whereby the provider and person in charge had made significant improvements based on the recommendations of previous inspections and stated they were continuing to strive towards best practice in certain areas of care-giving. For example, skin integrity and wound management, falls prevention and management and food and nutritional recording.

However there were also a number of areas also requiring further improvement. For example,

- Garda Vetting of Staff
- Suitability of Premises
- Residents Rights, Dignity and Consultation
- Records and Documentation
- Information for Residents
- Health, Safety and Risk Management
- Notification of Incidents

Of significance, there have been some on-going issues requiring improvement in this designated centre. For example, the issues of the suitability of the premises to meet residents assessed needs and the area of ensuring all staff files comply with the Regulations. The inspectors found that both of these areas still required improvement to comply with the Regulations. These matters are further discussed in the main body of the report.

These areas will be discussed in more detail in the main body of the report.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 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:

The designated centre had a Statement of Purpose that complied with the Regulations.

Inspectors reviewed the Statement of Purpose and found that it was in line with the requirements of the Regulations. A slight omission was observed by inspectors however this was rectified promptly by the Person on Charge during the inspection.

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:

The inspectors found that good and clear lines of authority were in place within the designated centre.

The inspectors found that the centre was managed by an experienced person in charge

who was engaged in the effective governance, operational management and administration of the centre. The inspectors found a clearly defined management structure with good support systems in place for the person in charge in terms of an ADON, ADON (acting) and CNM posts also supporting the person in charge. The inspectors found that all staff were aware as to who was in charge and the rosters and documentation clearly signposted the person in charge. There were nurse managers in charge of the five wards who demonstrated good operational knowledge of the wards they managed and the residents they provided care for. Staff nurses and health care assistants' were aware of the lines of authority and accountability in the designated centre. Residents and families informed the inspectors they knew who was in charge and were happy with the care they received.

The inspectors found different personnel were utilised for specific areas of expertise such as specialist nurses who monitored wounds and tissue viability, infectious diseases, falls/risk assessments and dementia care. The inspector found systems in place for the management of all of these areas that were regularly reviewed. The inspectors found that the provider had made a lot of changes due to a recent pilot inspection on dementia care in the designated centre. For example, inspectors noted improvements made in the areas of health and social care needs, complaints procedures and food and nutrition based on findings of the previous inspection. The provider and person in charge demonstrated good knowledge of the governance and management of the centre and demonstrated a clear willingness to work with the Authority to ensure the designated centre was continually working towards compliance with the Regulations.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that signed contracts of care were not in place for all residents in the designated centre.

A review of contracts dated January 2015 seen by inspectors showed that a number of contracts for residents had not been signed by the resident or the next of kin. Staff spoken to confirmed that this list was up to date and accurate. Inspectors reviewed a sample of the contracts of care and found that signed contracts were in place for the residents as indicated in the review. The contracts of care read set out the details of the

services to be provided for residents and the fees to be charged.

Inspectors reviewed the residents' guide available in the designated centre. The guide had most recently been updated on 11 November 2014 and was found to be compliant with the Regulations.

Judgment:

Non Compliant - Moderate

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 inspector found that the arrangements for the post of person in charge met the requirements of the Regulations. The person in charge was a registered nurse and had the relevant necessary experience to manage the designated centre.

The person in charge has managed the designated centre for 14 years and was also responsible for the management of another designated centre in addition to a local hospice service. The person in charge demonstrated a thorough knowledge of her role and responsibilities as outlined in the Regulations. The person in charge demonstrated good knowledge of the governance, management and operations within the designated centre.

The person in charge was very familiar with the residents who clearly knew her very well. For example, residents were observed speaking openly and approaching the person in charge over the duration of inspection. The person in charge demonstrated good organisational skills and a clear commitment to continually improving the service. Staff, residents and families interviewed were highly complimentary of the person in charge and inspectors noted she was a clear presence in the centre and presented as very accessible. The person in charge worked in the centre 4 days per week and spent the other day based in another location but was at all times contactable. The inspectors interviewed the ADON who assumed responsibility in the person in charges absence who presented as competent and capable. Throughout this inspection the person in charge demonstrated competence and good management regarding authority, accountability and responsibility for the provision of services to the residents in this designated centre.

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):

No actions were required from the previous inspection.

Findings:

The inspector found that there was policies and procedures in place and some good examples of documentation maintenance in this designated centre. However inspectors also found some areas that required improvement to ensure all records were maintained in a manner that is clear, accurate and consistent across the designated centre.

The inspectors found that in general there was good documentation maintained in the designated centre in terms of residents care plans, assessments and resident's personal information on file. Inspectors found that Schedule 5 policies were in place and appropriately reviewed. However inspectors did note some minor variance across the five wards within the designated centre in terms of the detail of care planning documentation, accuracy of assessment dates and recording of details. For example, some care planning was very detailed regarding supporting residents with specific behavioural support needs while other plan reviewed were not detailed and did not include adequate information to guide staff. In addition, inspectors noted room for improvement regarding documentation systems around resident's finances and receipts. In the majority of instances, inspectors found that records and documentation reviewed as part of this inspection was of a good standard.

The inspectors found that not all Schedule 2 documentation was in place regarding staffing. In particular Garda Vetting Disclosures were not available for all staff. This issue will be discussed further under Outcome 18: Suitable Staffing and is reflected in the accompanying Action Plan.

Judgment:

Substantially Compliant

***Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in***

charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Overall the inspectors found that there were arrangements in place regarding any proposed absences of the person in charge. The inspectors found that there were ADON positions in place within the designated centre who deputised in the person in charges absence. The inspectors found that the person in charge was aware of her responsibilities to notify the Chief Inspector in terms of periods of prolonged absence.

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):

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

Findings:

Overall the inspectors found that there were measures in place to protect residents being harmed or suffering abuse and that there were systems in place to ensure an appropriate response to and management of allegations, disclosures or suspected abuse. Inspectors found evidence that residents were supported in terms of a positive approach to behaviours that challenge and that any restrictive practices in operation were risk assessed and applied in accordance with national policy.

The inspectors found that since the previous inspection the person in charge had implemented further training in the prevention, detection and response to abuse for staff who were found not to have received training in this area, this was an action issued on the previous inspection. The inspectors found a lot of progress had been made in this regard and a clear plan in place to have all staff trained in this area by June 2015. The inspectors found that staff interviewed were aware of the types and forms of

abuse and demonstrated knowledge regarding the designated centres policies and procedures in reporting abuse. The person in charge was very aware of her professional responsibilities in this area.

The inspectors found that there were systems in place regarding the management of behaviours that challenge. For example, staff managing residents with dementia and residents who demonstrated difficult behaviours. The inspectors found some of the care planning recording required improvement regarding the management of behaviours that challenge, however this was found to be a documentation issue (as opposed to a safeguarding and safety issue) as staff were observed as being aware as to the approaches taken to manage difficult behaviours.

Judgment:

Compliant

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found that while the provider and person in charge had some measures in place regarding the health and safety of residents, visitors and staff, further improvements were required in this area.

The inspectors found good policies, procedure and practices in the areas of health, safety and risk management. However the risk management policy required updating to reflect all elements of the Regulations. For example, there was not appropriate reference to the management of accidental injury to residents, visitors and staff.

The inspectors found that the designated centre had suitable systems in place regarding the management of risk and staff were completing risk assessments in line with policy and reviewing and updating same. Staff demonstrated risk awareness over the course of inspection and the inspectors viewed a risk register highlighting the risks within the designated centre. For example, residents at risk of falls and resident's displaying behaviours of concern. The inspectors found an accident and incident log that was maintained and effectively monitored by the person in charge. The inspectors found evidence whereby action learning was taking place in this regard. For example, two residents who showed signs of aspirating were reassessed, risk assessed and their care plans were updated.

The inspectors found the designated centre was kept clean and there were measures in

place to control and prevent infection. Clinical waste was managed and stored safely. The inspectors found some good practice in place regarding fire safety, evacuation procedures, fire equipment maintenance and auditing for fire safety. The inspector noted appropriate assessment for residents requiring the use of hoists and there was appropriate hoisting equipment available in the designated centre. The person in charge had numerous checklists and safeguards in place. For example, the inspectors viewed fire panel checks, inspection of escape routes checks, hoist checks, lighting checks, servicing of equipment checks, fire extinguisher checks and evacuation checks. However the inspectors did find that not all staff were up to date with fire training which was not in line with organisational policy or the requirements of the Regulations.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Overall the inspectors found that residents were protected by the designated centres policies and procedures regarding medication management.

The inspectors found the designated centre had a medication management policy that was up to date and appropriately reviewed. The inspectors found that written operational policies were evident across all five wards in this designated centre and the procedures for the ordering, prescribing, storing and management of medication were found to be appropriately implemented. Staff were found to be knowledgeable in terms of their role and function regarding the management of medication. The inspectors found clear protocols in place regarding the administration of PRN (as required) medication with clear rationales and protocols observed. Inspectors found evidence of medication audits and reviews taking place within the designated centre and also found instances whereby learning had taken place from internal auditing and the necessary changes were seen to have been implemented. Inspectors found medication storage and refrigeration practices were safe and in line with regulatory requirements.

Judgment:

Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and,

where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspectors found that while a log of incidents, accidents and matters requiring notification existed in the designated centre not all incidents occurring were being notified to the Chief Inspector, where required. For example, reporting incidents whereby residents were absent without staff knowledge. The person in charge dealt with this issue immediately on inspection and reported all matters retrospectively to the Authority following inspection.

Judgment:

Non Compliant - Moderate

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

Overall inspectors found that each resident's well being and welfare was maintained by a good standard of nursing care and appropriate medical and allied health care. Inspectors found that the provider and person in charge had implemented (or were in the process of implementing) the actions highlighted on the previous most recent pilot thematic inspection.

The inspectors examined a number of care plans and found that resident's health and social care needs were being provided in a professional and structured manner in line with appropriate care planning. Inspectors found that plans were being formed, implemented and reviewed on a regular basis and found that nursing staff and health care staff were appropriately familiar with resident's plans. From a healthcare perspective the provider had made further developments to the provision of

occupational therapy assessments, dental assessments, audiology assessment and access to appropriate psychiatric assessment, since the previous inspection. The inspectors found good evidence of access to appropriate healthcare services for residents within the designated centre and found that nursing staff were promoting residents to enjoy best possible health. Inspectors found that the care plans reviewed were very much live documents and were guiding staff practice.

Residents were observed as having the opportunity to participate in social activities like bingo, music, art, social events and entertaining visitors. The inspector spoke with a number of residents who stated they enjoyed the activities in the centre. The inspector saw evidence of linkages made by the person in charge with the local community whereby local groups or musicians would come into the designated centre. The inspector saw evidence whereby residents spouses (where applicable) were invited into the designated centre to enjoy a Valentines night dinner. Staff were observed to know residents needs and preferences very well and were observed treating residents with dignity and respect at all times throughout the inspection.

Judgment:

Compliant

Outcome 12: Safe and Suitable Premises

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

Theme:

Effective care and support

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

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

Findings:

While continued deficiencies in the layout and design of the premises were noted some progress has been made to work towards compliance with the requirements of the Regulations.

This premise is an old hospital campus building set over five wards and while the numbers of multi-occupancy rooms has decreased there were still a number of multi-occupancy rooms in operation across this designated centre. While screening was in place to promote privacy for residents the inspector found that the layout and design of some parts of this premise did not promote residents privacy and dignity. For example, the multiple-occupancy rooms with the highest number of residents. Inspectors observed a resident in a state of undress in their multi-occupancy rooms in full view of

other residents. This will be discussed further under Outcome 16 from a privacy perspective.

The inspectors found that this large campus type setting was quite open and residents who were mobile were observed moving around with ease. Residents and families spoken to stated they were happy with the centre. Staff were aware of the limitations of the centre and highlighted multi-occupancy rooms and suitable storage space as an on-going issue. Regarding recreational facilities the inspectors observed day rooms/activation areas and a local church on-site. The premises was found to be clean and inspectors found appropriate measures in place regarding infection control.

Inspectors were informed that plans were in place for a complete redevelopment and building of a new purpose built designated centre on this site. Inspectors were informed by the provider that the building of a new designated centre would commence next year.

Judgment:

Non Compliant - Moderate

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:

Overall the inspectors found that there was a complaints policy and procedure in place that was accessible to each resident and/or their families, advocate or representative. Inspectors found evidence of a transparent and open approach to complaints and the person in charge was accessible in this regard.

Inspectors found that a new complaints log had been implemented in one of the wards (as was a requirement of the previous inspection). Inspectors spoke with residents and families in this ward who were aware of the policy and protocols for making a complaint. The inspector reviewed a number of complaints that had been made and found appropriate measures were in place to deal with complaints in line with the requirements of the Regulations.

Judgment:

Compliant

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:

Overall the inspectors found that each resident received appropriate care at the end of life stage whereby provision was made to meet resident's physical, emotional, social, psychological and spiritual needs and inspectors found that resident's wishes and autonomy were respected in this area.

- Inspectors found that there were written operational policies and protocols in place that staff were familiar with.
- Inspectors reviewed a number of end of life care plans and found residents received end of life care in a manner that was person centred which promoted dignity and respect.
- Inspectors found that resident's cultural and religious practices were facilitated.
- Inspectors found that resident's had access to specialist palliative care services where appropriate.
- Inspectors found specific linkages with hospice foundations and best practices informed initiative's involving end of life care.
- Inspectors found that resident's families were facilitated to be with their loved ones who were at end of life stage and appropriate facilities were provided in the designated centre.

The inspectors found that staff were very aware of their professional role regarding the provision of professional and sensitive care giving to residents and families in terms of end of life care.

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 discrete and sensitive manner.

Theme:

Person-centred care and support

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

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

Findings:

The inspectors found that each resident was provided with food and drink at defined times and in quantities adequate to their needs. Inspectors found that food was properly prepared, cooked and served to residents in a manner that was respectful.

Regarding food and nutrition the inspectors observed the provision of a varied and balanced diet to residents. The inspectors met with the chef and kitchen staff and observed a variety of choice and rotation of menus within the designated centre. The inspectors found residents with specific dietary requirements were provided with modified diets that were assessment led in line with resident's needs. The inspectors found evidence of food and nutrition auditing whereby learning was made and change was implemented. The inspector found there was good communication between the kitchen and staff delivering care to residents. The inspectors found a reflective review had been carried out (Dec 2014) by speech and language therapist regarding food and nutrition. The inspector found experienced kitchen staff who knew residents needs well and were very open to facilitating residents requests on any given day regarding the provision of meals. Residents and families informed the inspector they were happy with the quality and quantity of food they received in the designated centre.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that residents were consulted with and were offered the opportunities to contribute to their care plans and the activities within the designated centre. The inspectors found that staff demonstrated good awareness of the importance of promoting respect, choice and control for residents to maximise independence. As outlined in Outcome 12 inspectors noted improvement was required in the area of the promotion of residents privacy needs.

The inspectors noted that:

- Resident's forums operated in the designated centre
- Resident's were offered choice regarding areas such as food and activities.
- Staff were aware of residents needs, wishes and abilities and independence was promoted.
- Good communication existed with resident's families and next of kin regarding consultation.

The inspectors found that staff were caring and considerate in their interaction with residents throughout the inspection.

Regarding resident's privacy as outlined earlier in the report the inspector found that residents privacy was compromised within the multi-occupancy rooms within this designated centre. Residents were observed as not having their privacy and dignity needs met in this regard. For example, residents requiring personal/intimate care and residents receiving visitors. Although screening was observed in rooms based on observations on this inspection, this was ineffective in the promotion of resident's privacy and dignity needs.

Judgment:

Non Compliant - Moderate

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents' personal property was appropriately provided for and laundry services within the designated centre were satisfactory.

A policy on resident's property and possessions dated January 2015 was in operation in the designated centre. The policy outlined how residents' belongings were to be managed and provided for the recording of a resident's goods and valuables. Inspectors reviewed such records and found them to be well maintained and stored.

There was sufficient space for residents to store their belongings. Each resident had a bedside locker and press while built in wardrobes were also in residents' rooms. From

speaking to laundry staff and observing the return of residents' clothing to the ward inspectors were satisfied that adequate systems were in place to ensure the safe return of clothing to residents. All clothes were identifiable by clear markings which was done within the designated centre. Residents stated they were happy with the laundry service and expressed no issues with same.

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):

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

Findings:

While the inspectors found an appropriate number and skill mix of staff on the inspection dates, inspectors were not satisfied that all staff files met the requirements of Schedule 2 of the Regulations. Of particular concern inspectors found that a high percentage of staff in this designated centre did not have evidence of a Garda vetting disclosure.

Inspectors found that despite the fact that this issue had been highlighted in reports and action plans to the provider on previous inspections, a significant number of staff did not have a Garda vetting disclosure in place. This did not ensure that all residents were protected by the provider's recruitment and vetting practices and does not comply with the requirements of the Regulations. The person in charge made immediate steps to address this matter and evidenced same following this inspection. This matter is highlighted in the accompanying action plan under Outcome 5.

Judgment:

Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Conor Brady
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	St Vincent's Hospital
Centre ID:	OSV-0000520
Date of inspection:	17/02/2015
Date of response:	14/05/2015

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

Not all residents had a contracts of care.

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 shall reside in the centre.

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

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

All residents are issued with a Contract of Care within 28 days of admission to St. Vincent's Hospital.

Proposed Timescale: 30/04/2015

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

Governance, Leadership and Management

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

All requirements as per Schedule 2 were not complied with and there was no that staff had been appropriately Garda vetted.

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 staff employed at St. Vincent's Hospital have completed a HSE Garda Clearance Authorisation Form. 92% of nursing staff and 89% of healthcare support staff have Garda Clearance Forms on their files. The outstanding Garda Clearance Forms are currently being processed in the Garda Central Vetting Unit of the HSE.

Proposed Timescale: 30/06/2015

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

Safe care and support

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

Policy did not reflect the requirements of the Regulations in full.

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 Risk Management Policy is currently under review and will be amended to include the measures and actions required to control accidental injury to residents, visitors and staff.

Proposed Timescale: 15/06/2015

Theme:

Safe care and support

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

All staff were not provided with up to date training in fire prevention and emergency procedures.

Action Required:

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

A review of Fire Training attendance records for 2014 was undertaken. The staff who had not received appropriate training in 2014 have been facilitated with the relevant training.

Proposed Timescale: 15/06/2015

Outcome 10: Notification of Incidents

Theme:

Safe care and support

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

Not all incidents requiring notification were notified to the Chief Inspector.

Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

The Person-in-Charge will report all incidents requiring notification to the Chief Inspector as required under Regulation 31(1).

Proposed Timescale: 28/02/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

All provisions of Schedule 6 were not in place within the designated centre.

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:

Funding has been secured to replace the existing facility. The schedule of accommodation has been completed. A design team will be appointed shortly

Proposed Timescale: 30/09/2018

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Residents privacy and dignity needs were not met in all parts of the designated centre.

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:

The proposed new building will provide for individual rooms for 80% of residents. All staff have been made aware through the relevant policies of the importance of supporting and preserving the privacy and dignity of all residents.

Proposed Timescale: 30/09/2018