

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St. Vincent's Centre
Centre ID:	OSV-0003325
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	St Vincent's Centre Ltd
Provider Nominee:	Frank Stephens
Lead inspector:	Kieran Murphy
Support inspector(s):	Geraldine Ryan
Type of inspection	Unannounced
Number of residents on the date of inspection:	44
Number of vacancies on the date of inspection:	16

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 December 2016 09:00 To: 05 December 2016 16:00

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

Outcome 05: Social Care Needs
Outcome 11. Healthcare Needs
Outcome 14: Governance and Management

Summary of findings from this inspection

Background to the inspection:

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

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

The previous inspection of this centre was in September 2016. That inspection followed an external review commissioned by the HSE of the service provided in St Vincent's centre. The HSE review identified shortcomings in the areas of governance, skill mix of staff, care needs of residents and some institutional practice. During the inspection by HIQA in September 2016 all five of the outcomes inspected were at the level of major non-compliance, including the governance and healthcare needs of residents.

Following that inspection a meeting was held on 4 October 2016 with the management of HIQA and representatives from St Vincent's centre namely, the Chairman of the Board and the acting director of services. At that meeting a notice of proposal to refuse the centre's application to register the centre on the grounds

specified in Section 50(1) (a) and (b) of the Health Act 2007 was issued. A notice of proposal to cancel the centre's registration on the grounds specified in Section 51(2)(b) and (c)(i) of the Health Act 2007 was also issued.

In accordance with Section 54 of the Act St Vincent's centre had made written representations to the Chief Inspector concerning the actions that they proposed to put in place to remedy the deficits outlined on the inspection by HIQA in September 2016. The current inspection was to review the measures that St Vincent's Centre, as service provider, had put in place to ensure that the healthcare needs of residents were being managed effectively. In particular the inspection was to review the clinical governance of the care being provided.

Description of the service:

The centre was a congregated setting which had the capacity to provide residential care services for 60 women residents. On the date of inspection there were 44 residents living in the centre. Many of the residents had been living in this centre for a significant period of time.

Since the previous inspection the person in charge had taken a leave of absence. There was an arrangement in place whereby an interim person in charge had commenced on secondment from the HSE. The interim person in charge had the necessary skills, knowledge and experience to discharge her duties. The management team also had an interim acting director of services who had been appointed on 26 July 2016 with the agreement of the HSE.

How we gathered our evidence:

Inspectors met and spoke with approximately 15 of the residents who currently lived in this centre. Inspectors also met with the interim acting coordinator of services, the interim person in charge of the centre and staff.

Inspectors observed staff practices and interactions with residents and reviewed residents' personal plans.

Overall judgment of our findings:

There was some evidence of improvement since the last inspection. Since the previous inspection the general practitioner (GP) had confirmed that the management of care for residents with diabetes was under his supervision. In addition, residents who required it had received assessments from an occupational therapist and a speech and language therapist. Since the last inspection additional catering staff had been employed and were available each day from 15:00hrs to 19:00hrs which allowed residents access to hot meals when they wished.

However, management systems were still ineffective to ensure that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored. In its representation, following the issuing of the notices of proposal to refuse and cancel the registration, St Vincent's centre had proposed to transfer the management and operation of the centre to another provider of services. However, on this inspection the interim acting director of services outlined that negotiations with the other service provider were still at the exploratory stage and there was no

agreement in place.

St Vincent's centre had not demonstrated that those responsible for the governance and management of the centre had the necessary competence and capability to implement the required changes to ensure residents were safe and had a good quality of life. In its representation, following the issuing of the notices of proposal to refuse and cancel the registration, St Vincent's centre had outlined that it had received approval from the HSE for the employment of a senior nurse manager to oversee clinical care. However, on this inspection this appointment had not been made.

St Vincent's centre had not demonstrated that it was providing appropriate healthcare to each resident. While assessments of residents had been completed by healthcare professionals, staff were not aware of all the recommendations from healthcare professionals and were not implementing all recommendations. In addition, the service had also received approval from the HSE for the employment of two additional nursing staff. On this inspection while one nurse had been recruited, a nurse had resigned from the service to take up a position elsewhere. The net effect was that no additional nursing expertise was available since the previous inspection.

The centre could not meet the healthcare needs of all residents. Since the last inspection four residents had been discharged and transferred to a designated centre for older persons as St Vincent's centre could not meet these residents assessed healthcare needs. However, the interim person in charge outlined that the centre could not meet the assessed healthcare needs of a further eight residents.

St Vincent's centre did not have a clear model of care that set out the care and support to be provided in the centre. Improvement was still required as there were two additional residents who were inappropriately placed in the service.

St Vincent's centre acknowledged that it did not have all the resources required to comprehensively meet the needs of each resident.

On the last inspection it had been identified that there were also 15 separate issues that required actions to address non-compliance. Three of these had been resolved satisfactorily. The residents' general practitioner (GP) had confirmed that the management of care for residents with diabetes was under his supervision. An issue identified on the last inspection relating to checking of blood sugar levels had been resolved with direction from the residents' GP. The interim acting director of service had submitted evidence to demonstrate that fire evacuation plans for each resident had been updated. The interim acting director of service confirmed there was adequate staffing particularly at night. In addition any policy reviewed by inspectors was in date.

However, improvement was still required in relation to:

- medication management
- personal plans not kept under review or updated
- inadequate wound care
- inadequate assessment of risk

- inadequate practice of infection control
- inadequate assessment of restrictive practices
- inadequate monitoring of restrictive practices
- inadequate monitoring and recording of resident baseline observations
- inadequate provision of oral care
- failure to implement recommendations from HSE audit
- inadequate numbers of staff with the competencies and skills to provide effective care.

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

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

Outcome 05: Social Care Needs

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

Theme:

Effective Services

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

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

Findings:

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

One of the failings identified on the last inspection was that the service could not meet the healthcare needs of some residents. Some progress was noted in relation to this failing. In particular, four residents had been discharged and transferred to a designated centre for older persons as St Vincent's Centre could not meet these residents' assessed healthcare needs.

However, improvement was still required, on the date of inspection there were 44 residents living in the centre. The interim person in charge outlined that the centre could not meet the assessed healthcare needs of eight identified residents due to their dependence and care needs. The service was engaging with the residents and other healthcare providers to find more suitable placements to meet the assessed healthcare needs of these residents.

Another failing identified on the previous inspection was that the service did not have a clear model of care that set out the care and support to be provided in the centre. Improvement was still required in relation to this as there were two additional residents who were inappropriately placed in the service. For one of these residents St Vincent's centre had submitted a formal request to their funder the Health Service Executive (HSE) outlining that the service was not in a position to safely cater for their needs

without additional support. In relation to the second resident, at an emergency meeting of the Board of Directors of St Vincent's centre on 12 November 2016, it was acknowledged that the service could not provide appropriate care for this resident.

At the last inspection there was a failing relating to recognising the healthcare needs of residents. Some improvement had been noted. Since the last inspection a number of residents had been referred to and assessed by a speech and language therapist in relation to eating and drinking issues. There were clear recommendations in place from the reviews by the speech and language therapist. Residents who required it had also been referred to and assessed by an occupational therapist. There was clear guidance in place following these reviews.

However, further improvement was still required in relation to recognising the healthcare needs of residents:

- Inspectors reviewed the records of a number of residents who had been identified as having wounds which required treatment. As on the last inspection there was no plan of care to guide and inform staff on how to manage the wound. Inspectors again found that wounds were not being assessed regularly to ascertain progress or deterioration of the wound.
- as on the last inspection one resident's medication prescription record showed that they had prescribed a particular medication which was for the treatment of severe pain. It was again found on this inspection that there was no assessment available in relation to their pain management and no care plan in place to support the resident to manage their pain. On this inspection staff were also unsure of the indication and appropriate use of opiate analgesia.
- one resident had a care plan for constipation that outlined all the laxatives that were prescribed for the resident. However, there was no guidance for staff as to which laxative was to be given depending on the resident's level of need.
- staff were not aware of all the recommendations from healthcare professionals and were not implementing all recommendations. For example, it had been recommended on 22 November 2016 by the speech and language therapist that one resident receive a dietetic review but this referral had not been sent.
- resident healthcare plans were not always updated following the assessments by health professionals. For example, for one resident, guidance was available from a speech and language therapist in relation to the modification of meals to ensure the appropriate "consistency" and "texture" was suitable for the resident. However, older and outdated guidelines were available in the healthcare record that recommended a different "consistency" and "texture".
- on the previous inspection it had been found that no resident had an oral care assessment completed. On this inspection in each of the resident reviews by the speech and language therapist, inspectors noted that "stringent oral hygiene" had been recommended. Again the care plans had not been updated to reflect this recommendation with one resident's care plan referring to "apply toothpaste to the toothbrush".
- in relation to clinical risks there were assessments in place for residents and these were kept in a separate folder. However, it was again found on this inspection that a risk assessment had not been completed for all clinical risks. For example, for residents with mobility needs an assessment was not available of specific tasks that involved moving and handling.

- during the inspection it was noted that an out-of- date medication for one resident and a medication for a resident who had passed away were being stored in the medication fridge. These were removed immediately by nursing staff once highlighted by inspectors.

Judgment:

Non Compliant - Major

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

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

Findings:

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

Since the last inspection improvement had been observed with the employment of additional catering staff who were available each day from 15:00 hrs to 19:00 hrs. This meant that residents had access to hot meals when they wished.

There were records available recording residents' weights. In some cases these were not fully completed. For example, one resident had a weight loss recorded of 1.2 kg between June 2016 and July 2016. However, this resident's weight had not been recorded since July 2016. It was noted by an inspector that another resident had a weight loss of 5.5 kg between June 2016 and October 2016. There had not been any reference to this weight loss in any care plan and no action had been taken by staff in response to this weight loss. In another example the GP had identified that one resident had lost a "stone in weight in previous 10 months". However the nursing care plan for this resident said that "there was no recent weight loss".

On the date of this inspection some residents still needed be repositioned two hourly to prevent deterioration of a wound. However, records reviewed indicated that this was not complied with. For example, gaps of 3.5 hours were noted on one resident's record for two consecutive days (3 and 4 December 2016). A gap of 5.5 hours was noted on another resident's records for 3 December 2016.

The system of records management did not adequately ensure that relevant healthcare information was available to plan care for residents. Resident information was stored in many different formats including communal resident records, called "kardexes" where

each resident's information was stored together, the main resident healthcare file and separate folders for "assessments of residents' healthcare needs".

The most recent care plans were related to each resident's activities of daily living and included guidance in relation to:

1. washing and dressing
2. elimination
3. eating and drinking
4. mobilisation
5. communication
6. breathing
7. controlling temperature
8. social, mental and emotional
9. respect and dignity
10. end of life care

At times there was contradictory information on file for the same resident. For example, the outdated care plans were also on file with the most updated plan of care. There was also the potential for inconsistent care. For example, in one resident's prescription sheet it was recorded that the resident "may be allergic to" a particular medication. However, the nursing notes recorded that the resident had "no known drug allergy".

Judgment:

Non Compliant - Major

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

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

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

Findings:

As on the previous inspection it was found that the arrangements in place to govern and manage the designated centre did not ensure the safety, care, support and welfare of the residents residing in the centre.

St Vincent's centre was owned by the Sisters of Charity and there was a voluntary board

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

Due to the concerns identified on the previous inspection regarding the governance and management of the centre and the assessed healthcare needs of residents not being met, HIQA, on 4 October 2016, had issued a notice of proposal to refuse the centre's application to register the centre and a notice of proposal to cancel the centre's registration. St Vincent's Centre had made written representations to the Chief Inspector concerning the processes that they proposed to put in place to remedy the deficits outlined on the inspection by HIQA in September 2016.

Since the previous inspection the person in charge had taken a leave of absence. There was an arrangement in place whereby an interim person in charge had commenced on the date of this inspection, 5 December 2016. The interim person in charge told inspectors that she was on secondment from the HSE for a period of "six to 12 months". The interim person in charge had the necessary skills, knowledge and experience to discharge her duties.

The management team also had an interim acting coordinator of services who had been appointed on 26 July 2016 with the agreement of the HSE. The interim acting coordinator of services outlined to inspectors that he was to continue in his current role into 2017. It is a requirement of the regulations that the Chief Inspector is notified of any proposed absence of the person in charge and change to the management of the centre. These had not been submitted following the new interim appointments and the service undertook to submit these following the inspection.

In relation to the effective governance and management of this centre as part of the representation submitted following the last inspection, St Vincent's centre outlined that:

- it proposed to transfer the management and operation of the centre to another provider of services. However, on this inspection the interim acting director of services outlined that negotiations with the other service provider were still at the exploratory stage and there was no agreement in place.
- additional management resources would be sourced from another service provider, consisting of access to a Human Resources expertise and Quality Improvement expertise, on one day per fortnight. However, on this inspection the access to this expertise had not occurred and there was no agreement in place.
- since the last inspection the service had received approval from the HSE for the employment of a senior nurse manager to oversee clinical care. The representation outlined that this senior nurse manager would be seconded from another service provider for an extended period. However, on the date of this inspection the secondment had not taken place.
- the service had also received approval from the HSE for the employment of two additional nursing staff. On this inspection while one nurse had been recruited, a nurse had resigned from the service to take up a position elsewhere. The net effect was that no additional nursing expertise was available since the previous inspection.

- the centre facilitated placements for community employment scheme support workers. There were 10 such support workers on placement and their duties included providing direct support to residents and cleaning also. The representation outlined that this training programme would be completed in September 2017. However, on this inspection there was no plan in place regarding how these support workers would be replaced by permanent staff to maintain the staffing ratio.

Other governance issues were reviewed during the inspection. In July 2016 HIQA had received a letter from the chairman of the board of St Vincent's centre outlining alleged financial irregularities in the centre. Since the last inspection a second audit of each resident's finances had been commissioned by the acting director of services. An interim report had been issued following this audit that highlighted shortfalls in resident financial accounts. The interim acting coordinator of services confirmed that the auditors were completing a final report. He confirmed that any shortfalls verified by the auditors as owing to residents will be transferred to their personal bank accounts.

Since the last inspection additional cleaning staff had been employed from 09:00hrs to 17:00 hrs seven days a week. However, on this inspection parts of the centre and in particular the bathroom areas were visibly unclean, with hair observed blocking the plug hole on the floor of shower areas, incontinence pads overflowing in waste bins and shower chairs not cleaned after every use.

It is a requirement of the regulations that all serious adverse incidents, including allegations of abuse were reported to HIQA. One such notification had been submitted to the Chief Inspector since the last inspection. However, when requested, documentation in relation to the investigation this incident was not available on site. The interim acting coordinator of services undertook to submit this documentation.

On the previous inspection specific failings had also been identified in relation to inadequate assessment and monitoring of restrictive practice. As on the previous inspection it could not be guaranteed that any resident who was subject to the restrictive procedures was being closely monitored to evaluate the risks to their physical, psychological and emotional wellbeing and to ensure the procedures are minimal in time and in extent.

On the last inspection it had been said by inspectors to staff that in the healthcare record for one resident who had a wound there was one photograph that did not protect the privacy and dignity of the resident. It was noted on this inspection that this photograph had still not been removed from the resident's healthcare record.

Judgment:
Non Compliant - Major

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Kieran Murphy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by St Vincent's Centre Ltd
Centre ID:	OSV-0003325
Date of Inspection:	05 December 2016
Date of response:	13 January 2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

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

The designated centre did not meet the assessed needs of all residents.

1. Action Required:

Under Regulation 05 (3) you are required to: Ensure that the designated centre is suitable for the purposes of meeting the assessed needs of each resident.

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:

1. A review of staffing has been undertaken and a plan is being prepared for the HSE so that a roster with adequate staffing levels and appropriate skill mix will be implemented to ensure that sufficient personnel with appropriate skills are available to meet the assessed needs of the residents. In the interim all efforts are being made to increase the RGN staffing levels on a week by week basis using agency staff where these are available. There is an extra HCA on night duty and staffing in the kitchen has been increased to extend the hours at which hot meals are available to residents.
2. Residents have been reviewed by SALT and OTs. Their care plans are currently being implemented and in future St Vincent's Centre will have access to these and other allied health professionals as required.
3. Five residents whose assessed care needs cannot be met in St Vincent's Centre have been transferred to more appropriate care settings and beds are being sought for a further three residents. The remaining seven residents in the Infirmary and Elder Care Unit can have their care needs met in St Vincent's but they will be kept under review and if their condition changes arrangements will also be made to transfer them to a more appropriate setting.
4. It is planned to move all resident accommodation to the first floor to ensure improved supervision of the care of all residents by nursing staff. The HSE is currently carrying out a survey to detail the work that will be required to make this move. In the interim a Nurses' Station is being established on the first floor to better monitor residents there.
5. Resident key workers will be formed into teams supervised by named nurses during the month of January so that all care and Personal Care Plans are supervised by nursing staff.
6. An audit has been carried out of the equipment required or for replacement in order to ensure that it is appropriate to meet the assessed care needs of individual residents. Trials of equipment such as mattresses have commenced and orders have been placed for equipment that does not require trials.
7. An Infection Control Audit has been commenced by the Community Infection Control Nurse and her initial recommendations have been addressed.
8. A company has been contracted to carry out a Cleaning Audit which will inform the cleaning schedules. The same company has commenced training of non nursing staff in infection control and correct cleaning procedures for resident equipment and environment.

Proposed Timescale:

1. The review has been completed and is currently being costed for approval by the HSE. Staff will be employed as soon as they become available.
2. Reviews completed, specialist equipment ordered and should be available by 30/01/2017.
3. As places become available – currently 5 residents have been transferred and places are being sought for 3 other residents.
4. Depending on the results of the survey, (in particular the work required to transfer the assisted bath) it is hoped the work will be completed and residents transferred by the 31/3/2017.
5. The Key Worker Teams will have been formed by the 31/01/2017.
6. This action has already commenced and will be ongoing.

7. Commenced and ongoing.
8. Commenced and will be completed on the 17th January 2017.

Proposed Timescale: 31/03/2017

Theme: Effective Services

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

5(4)(b) Resident healthcare plans were not always updated following the assessments by health professionals. In addition, the care plans did not always outlined the supports required to maximise the resident's personal development.

2. Action Required:

Under Regulation 5 (4) (b) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.

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

1. Current care plans are being collated to enable an in-depth audit of individual care plans. Any deficits identified in care planning are being addressed and appropriate care plans put into place. Once the initial audit is complete a decision will be made as to whether a new care plan is required and if so which one.
2. A training programme for RGNs in the use and implementation of individual care plans is currently being negotiated and will be implemented as soon as practicable for the training providers.
3. Contact has been made with an organisation to provide training for all staff on consent and care planning for resident choice.
4. Three advocacy organisations have been contacted and invited to provide services for residents, SAGE for individual advocacy for residents over 65, NAS to provide individual advocacy services for residents under 65 and SHEP to provide group advocacy and facilitate resident meetings. Discussions with all organisations is advanced Memorandums of Understanding will be signed with all organisations as soon as these are received.
5. A programme of audit of care plans has been drawn up for 2017 and will be ongoing.

Proposed Timescale:

1. 31/01/2017
2. 30/04/2017
3. 31/03/2017
4. 20/01/2017
5. 31/01/2017 and three monthly from there on.

Proposed Timescale: 30/04/2017

Theme: Effective Services

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

Assessed healthcare needs of residents were not being met in relation to wound care, pain management, clinical risk and medication management.

3. Action Required:

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

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

1. An initial review of the two residents with small pressure ulcers indicates that the appropriate dressings are being used. They are on appropriate mattresses and cushions. A further review by a nurse with expertise in wound care will take place to confirm the initial assessment. She will also advise on the appropriate tool for assessing wounds and recording wound dressings.
2. A training programme is being devised for the RGNs and will contain further components on wound management.
3. Appropriate tools to assess and manage pain and analgesia have been introduced and are being implemented for all residents who receive medications for pain.
4. As part of the continuing education programme for RGNs there will be further training on pain management.
5. The medical officer has agreed to assist in developing appropriate protocols for the administration of PRN analgesia.
6. Appropriate tools to assess and manage most clinical risk are in the current care plan and as the review of the care plans is complete other tools will be introduced as required. A tool for assessing individual risk has been introduced and staff are being trained in its use.
7. All RGNs will have completed the HSEland Medication Management training by 31st January and further training in medication management will be arranged as part of their ongoing profession development in 2017.

Proposed Timescale:

1. 31/01/2017
2. 30/04/2017
3. Completed
4. 30/04/2017
5. 28/02/2017
6. Partially complete, additional risk assessment tools will be introduced as required.
7. 30/04/2017

Proposed Timescale: 30/04/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

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

The monitoring and review of residents' healthcare needs was not satisfactory, in particular the monitoring of weight loss.

4. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

1. Residents' baseline observations, including weight will be monitored monthly or at a frequency decided by the medical officer.
2. RGNs will alert medical officer to any change in these observations.
3. Residents have access to appropriate allied health professionals where indicated.
4. Residents in the Infirmary and Elder Care Unit have been assessed by a Geriatrician.
5. Audits of practice will be carried out 3 monthly with reports on any action to be taken following each audit.

Proposed Timescale:

1. Completed.
2. Completed.
3. Completed.
4. Completed.
5. 31/01/2017 and three monthly thereafter.

Proposed Timescale: 31/01/2017

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Management systems remained ineffective to ensure that the service provided was safe, appropriate to the residents' needs, consistent and effectively monitored. During the inspection clear deficiencies were identified in areas including assessment and management of healthcare needs, investigations of allegations of abuse and staffing.

5. Action Required:

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

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

1. The HSE has written formally to Cope Foundation to request that organisation to assume responsibility for the management of St Vincent's Centre.
2. An interim Director of Services was appointed by the HSE in July 2016. This temporary appointment will cease at the end of January 2017. A further temporary appointment will be put in place by the HSE to support the service during the transition to Cope Foundation. A range of potential candidates are currently being considered by the HSE.
3. An interim Director of Nursing / Person in Charge was seconded from HSE in December 2016. This person will continue to provide governance and management at the centre.
4. The process is underway since September to recruit a CNM2 to lead the care team.
5. A Management Governance Group will be established comprising the Interim Director of Services, Interim Director of Nursing, CNM2, Administrative Officer and other team leaders such as maintenance and catering as required along with and a representative from Cope Foundation. This group will meet fortnightly. The agenda will include a review of all Serious Reportable Events and HIQA notifications, Risk Management and a proactive Quality Improvement agenda.
6. Efforts are underway since September to recruit additional nursing supports to be employed in St Vincent's Centre.
7. Transfer of residents currently accommodated downstairs to appropriate accommodation upstairs, which will facilitate nursing and management oversight of the care of all residents.

Proposed Timescale:

1. The request for Cope Foundation to assume responsibility for the management of St Vincent's Centre will be considered at a Board meeting on 12.01.2017.
2. An interim Director of Services will be in place by 31.01.2017.
3. Completed.
4. 28/02/2017
5. 19/01/2017
6. As soon as staff become available
31/03/2017

Proposed Timescale: 31/03/2017