

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	St Vincent's Care Centre
Centre ID:	OSV-0000483
Centre address:	Coosan Road, Athlone, Westmeath.
Telephone number:	090 647 5301
Email address:	pauline.lee@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Jude O'Neill
Lead inspector:	Catherine Rose Connolly Gargan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	18
Number of vacancies on the date of inspection:	22

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 27 June 2017 09:30 To: 27 June 2017 18:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Substantially Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 14: End of Life Care	Substantially Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Non Compliant - Moderate
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This monitoring inspection was announced and took place to monitor ongoing compliance with the regulations. The centre was unoccupied by residents from July 2016 to April 2017 due to a risk to residents identified by the provider. The identified risk was addressed by the provider and residents were readmitted to the centre in April 2017. On this inspection, the inspector also followed up on progress with completion of the action plans from the last inspection of the centre in March 2016. Findings evidenced that 11 of the 15 actions in the action plan were completed. Of the four actions not completed, all had been progressed. These actions and other areas of non-compliance found and discussed in this report are restated in the action plan.

The provider proposed completion of a refurbishment plan to address the areas of

residents' accommodation that were non-compliant with the Regulations as identified on previous inspections. Opportunity was taken by the provider to complete the proposed refurbishment work during the period when no residents were living in the centre. Although the completed refurbishment to residents' communal and bedroom accommodation significantly improved their comfort and quality of life, further improvement is necessary to ensure residents' privacy and dignity needs are sufficiently met in multiple occupancy bedrooms.

The inspector met with the person deputizing for the person in charge and members of the staff team and residents during the course of the inspection. Documentation records such as the centre's policies, risk management (including fire safety) procedures and records, audits, staff training records and residents' records were reviewed among other documentation. Although completed, confirmatory documentation that the centre was in compliance with fire safety legislation following address of an identified fire risk and concurrent refurbishment work by the provider was not available in the centre.

Residents spoken with during this inspection and feedback from pre-inspection questionnaires completed by nine residents and six residents' relatives referenced satisfaction with the service provided, care given and the staff team in the centre. Many commented on their satisfaction with being back living in the centre which was also closer to their families. Residents confirmed that they felt safe and had choice in their daily routine. Feedback from residents received by the inspector concurred with the inspection findings. A summary of the feedback received from residents and their relatives was also communicated to the person deputizing for the person in charge during the course of the inspection.

There were appropriate systems in place to manage and govern the service. The provider and person in charge held responsibility for the governance, operational management, administration of services and provision of sufficient resources to meet residents' needs. They demonstrated knowledge and ability to meet regulatory requirements.

The inspector observed that all interactions by staff with residents were courteous, respectful and kind and systems were in place to ensure residents were appropriately safeguarded. There was evidence that residents' feedback was valued and their individual choices were respected.

Residents' healthcare needs were met to a good standard. Staff were knowledgeable regarding residents and their needs. While the activities provided for residents were interesting, varied and meaningful, improvement was required in documentation providing assurance that less able residents were given opportunity to participate in activities that met their interests and capabilities. All with the exception of two staff were facilitated to attend mandatory safeguarding training. Staff were facilitated to attend professional development training.

The Action Plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in

Designated Centres 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.

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:

There was a written statement of purpose that accurately described the service provided in the centre and was demonstrated in practice.

A copy of the centre's statement of purpose and function was forwarded to the Health Information and Quality Authority (HIQA). This document was reviewed and it contained all of the information as required by schedule 1 of the Regulations.

The statement of purpose and function accurately described the organisational structure, the range of needs that the designated centre meets and the services provided for residents.

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):

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

Findings:

A clearly defined management structure was in place. This management structure was outlined in the centre's statement of purpose. Lines of authority and accountability were defined and each member of the staff team were aware of their roles, responsibilities and reporting arrangements. A monthly governance meeting schedule was in place and minutes of these meetings were made available to the inspector. The meetings were attended by the provider representative, person in charge of the centre and the persons in charge of the other centres in the region, human resource, finance and community services managers. The minutes evidenced a proactive approach to risk management. Inter-team communication was promoted by staff meetings at each level, chaired by the person in charge.

There were systems in place to ensure that the service provided was safe, appropriate to meet residents' needs, consistent and regularly monitored. The inspector found on this inspection that audits comprehensively reviewed compliance in a number of key areas such as care planning, medication management, complaints, resident falls and tissue viability. An auditing schedule was in place and the information collated was reviewed. Action plans were developed to address deficits found from auditing. There was evidence of completion of a number of the actions outlined in the action plans.

Feedback from residents spoken with during this inspection and from residents and their relatives in pre-inspection questionnaires was generally positive regarding the service and the standard of care provided. There was evidence that improvements being progressed were made in consultation with residents and that their views were valued. The inspector saw that there was a robust consultation process implemented with residents and their families regarding their readmission back into the centre.

There were sufficient resources provided to ensure the effective delivery of care as described in the centre's statement of purpose document.

Judgment:

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):

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

Findings:

The provider and person in charge demonstrated that they were aware of the

requirement to notify the Chief Inspector of any proposed absence by the person in charge of greater than 28 days from the designated centre and the arrangements in place for the management of the designated centre during any absence. The person was absent from the centre during this inspection for a period of greater than 28 days which was appropriately notified to HIQA.

A registered nurse at assistant director of nursing grade, experienced in care of older people deputized in the absence of the person in charge and facilitated this inspection.

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:

A policy was in place to inform prevention, detection and response to abuse of residents. Staff training records confirmed that all staff with the exception of two staff members had attended training in safeguarding residents from abuse. The person deputizing in the absence of the person in charge advised the inspector that further training was scheduled to ensure all staff in the centre received up-to-date training in safeguarding residents. Staff spoken with were aware of the actions they should take in response to any allegations, suspicions or incidents of abuse including their responsibility to report. Residents spoken with confirmed that they felt safe in the centre. Systems and procedures were in place to ensure any allegations, suspicions or incidents of abuse were thoroughly investigated and arrangements were in place to ensure residents were safeguarded during the investigation process. All interactions observed by the inspector between staff and residents on the day of inspection were respectful and kind.

There was a policy and procedure in place to inform restraint use and management. A restraint-free environment was promoted in the centre and the inspector saw that every effort was made to minimize restraint use. A restraint register was maintained. Bedrail use was in line with the National Restraint Policy and use was risk assessed and monitored in each case. Full-length bedrails were used by six residents following completion of a risk assessment to ensure their safe use. Partial length bedrails, low level beds, sensors and increased staff supervision were used in consultation with residents as alternative measures to use of full-length bedrails. Access to the centre was

controlled and residents could safely access an external garden if they wished. While there were residents in the centre with dementia, there were no residents in the centre needing support with managing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) at the time of this inspection. Residents had access to community psychiatry or older age services as necessary. The person in charge told that inspector that no residents were in receipt of PRN medicines (a medicine only taken as the need arises) to manage behaviours and psychological symptoms of dementia (BPSD) or responsive behaviors. Review procedures including a protocol to inform decision-making were in place for psychotropic medicines administered on a PRN basis.

Procedures were in place for managing residents' finances. The provider was an agent for collection of five residents social welfare pensions. The money was deposited on their behalf into their own account which was interest-bearing. Measures were in place to ensure they were safeguarded and consented to use of their personal money for purchasing items on their behalf. All financial transactions were recorded. These records including receipts of any purchases made on behalf of residents.

Judgment:

Substantially 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):

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

Findings:

The health and safety of residents, staff and visitors was protected and promoted. There was an up-to-date safety statement for 2017 available for the centre. A proactive approach to risk management in the centre was demonstrated in particular with management of a fire risk to residents in the centre identified by the provider in July 2016. Residents were readmitted back into the centre on 24 April 2017 following their temporary relocation to other designated centres following their emergency evacuation from the centre in July 2016 due to a risk of fire identified by the provider. Information regarding the management of areas of risk as outlined by Regulation 26 were in place to protect vulnerable residents. A register of hazards identified inside and outside the centre was maintained. It referenced identification and assessment of risks with controls to manage and prevent adverse incidents to residents, visitors and staff. Hazardous areas such as sluice and clinical storage rooms were secured to prevent unauthorized access.

Procedures were in place for recording and investigating incidents and accidents involving residents, staff and visitors. There were no incidents of fall or serious injury to residents since their readmission to the centre in April 2017. Each resident has a risk of fall assessment completed on their admission. Arrangements were in place for four-monthly reviews of these assessments or more regularly if necessary, such as after a fall incident. Low level beds, hand rails in corridors, toilets and showers, staff supervision and sensor equipment were used to reduce risk of fall or injury to vulnerable residents. Handrails fitted on corridors were in a contrasting colour to the surrounding walls to enhance visibility for residents with vision problems or dementia.

Residents were protected against the risk of fire in the centre. All residents had evacuation risk assessments completed and documented that referenced residents' day and night-time evacuation needs in terms of staffing and equipment. Fire safety management checking procedures were in place. Fire safety in the centre had been reviewed with installation of a new alarm system, fire panel, directional signage, emergency lighting and smoke/heat sensor equipment throughout while the centre was vacated of residents. Service records of the fire panel, fire alarm, lighting, directional signage were in place. The person in charge told inspectors that the centre was inspected following completion of recent works; however certification made available to confirm that the centre was now in compliance with fire safety legislation was dated 2014. All fire exits were clearly indicated and were free of any obstruction. Equipment including fire extinguishers were available at various points throughout the centre. Fire safety training was provided by a member of staff employed by the provider who was trained in fire safety. Fire evacuation drills were completed and reflected testing of night-time staffing resources and conditions to ensure residents could be safely evacuated in an emergency. A fire evacuation drill to test day-time staffing resources and conditions was scheduled for the days following the inspection. Staff were also facilitated to practice using emergency evacuation equipment on an on-going basis. Staff training records referenced that all staff with the exception of six staff had completed fire safety training including participation in a fire evacuation drill. Staff spoken with by the inspector were aware of the emergency procedures in the event of a fire in the centre.

An infection control policy informed procedures for management of communicable infection and an infection outbreak to guide and inform staff. The centre was visibly clean. Hand hygiene facilities were located throughout the premises which were used as appropriate by all staff. Environmental auditing procedures were in carried out and environmental cleaning procedures reflected best practice in infection prevention and control standards. Most staff, including cleaning and laundry staff had attended training on hand hygiene and infection prevention and control.

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:

Residents were protected by safe medication management practices in the centre. There were written operational policies in relation to the prescribing, storing and administration of medicines to residents which were demonstrated in practice. There were appropriate procedures in place for the handling and disposal of unused and out of date medicines.

Medication administration sheets were completed in line with professional guidance and legislative requirements. Medications to be administered in a crushed format were individually prescribed. The maximum dose of PRN medicines (a medicine only taken as the need arises) permissible over a 24 hour period was indicated in each case.

A register of medications that required strict control measures under misuse of drugs legislation was maintained in the centre. The medications were carefully managed and held in secure storage as required. Appropriate checking procedures were in place and the amount of medications held matched the balances recorded. Medicines to be stored at room temperature were stored securely in a locked cupboard or a locked medicine trolley. Medicines requiring refrigeration were stored appropriately and the temperature of the refrigerator was monitored and recorded daily.

The pharmacist was facilitated to meet their obligations to residents. The pharmacist audited medicines and was available to residents to discuss their medicines. An auditing system was in place for reviewing and monitoring safe medicines management practices in the centre. Procedures were in place for recording and managing medicine errors which were demonstrated in practice. While no residents were responsible for administering their own medication at the time of the inspection, there was a policy and procedure in place to inform this practice in place in the centre if necessary.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

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

Theme:

Effective care and support

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

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

Findings:

The centre catered for residents with a range of needs and the inspector found that their healthcare needs were met to a good standard on this inspection. Residents had a choice of general practitioner (GP) and their documentation confirmed they had timely access to GP care including an out-of-hours service. Residents had access to physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, optician and chiropody services as necessary. Community psychiatry of older age specialist services supported GPs and staff with care of residents as appropriate. The inspector's review of a sample of residents' care plans confirmed that recommendations made by these services were documented in their care plans. However, improvement in the detail of this documentation was required to ensure recommendations made were clearly communicated to the care team. Residents' positive health and wellbeing was promoted with regular exercise as part of their activation programme, annual influenza vaccination, regular vital sign monitoring, blood profiling and medication reviews. There was good access to community palliative care services who were available to support staff with management of residents with chronic pain and management of symptoms during end-of-life care as appropriate.

There were systems in place to ensure assessment and documentation of residents' needs. Assessments of residents' needs were carried out within 48 hours of their admission. Care plans were developed based on assessments of their needs and thereafter in line with residents changing needs. While the needs of one resident with reduced vision in both eyes were met by staff in practice, their needs were not clearly documented in a care plan. Improvement was also required to ensure acceptable blood glucose parameters were stated for individual residents with a diagnosis of diabetes. The assessment process involved the use of validated tools to determine each resident's risk of malnutrition, falls, their level of cognitive function and skin integrity among others. Residents' care plans were person-centred and reflected their individual preferences and wishes regarding their care. Residents or their family as appropriate were involved in development of their care plans. A system was in place to ensure care plans were updated routinely on a four-monthly basis or to reflect their changing care needs as necessary. There were arrangements in place for consultation with of residents and their families in residents' care plan development and reviews thereafter. The inspector found that staff spoken with knew residents well and were knowledgeable regarding their likes, dislikes and care needs.

Arrangements were in place to ensure residents with wounds were assessed by staff using an appropriate measurement system which assessed size, type, and exudate and specified a treatment plan to inform care procedures. Tissue viability, dietician and occupational therapy specialists were available as necessary to support staff with management of residents' wounds that were slow to heal or deteriorating. The inspector was told by the person in charge that no residents had pressure ulcers in the centre on the day of this inspection. Procedures were in place to prevent pressure related skin injury to residents. Their level of risk was assessed on admission and regularly thereafter. Equipment such as pressure relieving mattresses and cushions, in addition to

care procedures, including repositioning schedules were used as prevention strategies.

Judgment:

Substantially 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:

The centre was evacuated of residents in July 2016 due to a major risk identified by the provider. While addressing the risk identified, the provider also utilized this opportunity to complete a significant refurbishment of residents' communal and bedroom facilities over the two floors. This action provided residents with a spacious, comfortable and attractive living environment. Residents were readmitted to the centre in April 2017 to the ground floor only. On the ground floor unit, the inspector observed that residents were provided with a newly refurbished spacious dining room decorated and furnished to a high standard. An accessible kitchenette was available off this dining room. A separate spacious communal sitting room opened out into an attractive and interesting enclosed garden by means of large glass doors. An oratory and a comfortable family room also with a kitchenette were provided. Bedroom accommodation for 22 residents was available in 12 bedrooms comprising of five single, five twin, one room with three beds and one room with four beds. The room with four beds was internally subdivided by a new wall into a single and a three -bedded area. Each bedroom was painted in a different colour with matching curtains on the windows. New wardrobes and lockers were provided in residents' bedrooms. The unit was furnished in a style that was familiar to residents in addition to good use of traditional memobilia and ornaments to enhance the comfort of the environment. There was sufficient floor space in all residents' bedrooms to meet their needs. However, the absence of ensuite facilities and the provision of curtain screening between beds in multiple occupancy bedrooms did not ensure residents' privacy and dignity needs were met in terms of noise, odours, toileting and washing. Residents had access to communal toilets and showers.

Residents were being encouraged and supported to personalize their bedrooms with photographs and other mementos. Although the facilities available for residents' to display personal possessions in their personal bed-spaces in multiple occupancy

bedrooms, the person in charge and staff team were working to ensure sufficient shelving was provided.

Communal rooms, bedrooms and circulating areas were bright, in a good state of repair and well decorated. Natural light was optimized with use of large windows and glass doors as appropriate. Floor coverings on residents' bedrooms, communal rooms and corridors throughout were intact, clean and were absent of any bold patterns. Handrails were in place on both sides of the circulating corridor and were in a contrasting colour to the surrounding walls. Signage was in place to key areas. These findings provided assurances that access for residents with dementia or vision problems was promoted.

Residents were provided with appropriate assistive equipment. Sufficient storage facilities were available for storage of residents' and other equipment.

Judgment:

Non Compliant - Moderate

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):

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

Findings:

There were no residents in receipt of end of life care on the day of this inspection. Palliative care services were available to support residents in the centre with pain and other symptoms management. A pain assessment tool was available and used to inform management of residents' pain. There was a policy in place to advise staff on residents' end-of-life care procedures.

The inspector reviewed a sample of residents' end-of-life care plans. There was evidence that residents and their families were involved in development of end-of-life care plans. Since the last inspection, procedures were implemented to ensure residents and their relatives were involved in review of their care plans thereafter. Care plans were person-centred and accounted for the physical, emotional, spiritual and psychological needs of residents including wishes regarding place of death. Some residents had advanced care decisions documented. While residents and or their family, as appropriate were involved in these decisions, documentation detailing this involvement required improvement.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience dehydration. A policy was in place to guide practice and clinical assessment in relation to monitoring and recording of weights, nutritional intake and risk of malnutrition. Access to a dietician and speech and language therapist was available to residents on a referral basis based on their assessment of need or a change in their health. Residents' food likes and dislikes were ascertained on admission and they were also facilitated to provide feedback on the menu options and choices provided. Their feedback was valued and used to inform menu choices. Residents spoken with on the day of inspection and feedback in pre-inspection questionnaires confirmed their satisfaction with the quality of the food and menu choices provided for them. Residents were provided with food and drink at times and in quantities to meet their needs and wishes. Food was properly served and presented in an appetising way. Residents' meals were plated in the main kitchen and transported to the dining room kitchenette in a heated trolley and served to them by a member of the centre's catering staff. No reusable clothes protectors were used and all residents were provided with disposable napkins as they wished.

Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were closely monitored and checked routinely on a monthly basis or more frequently when indicated. Nutritional care plans were in place that detailed residents' individual food preferences. Procedures were in place for monitoring residents' fluid and dietary intake. The menu was displayed on a white board in the dining room. Staff also reminded residents of the menu options available at mealtimes. These combined actions supported residents to make an informed choice regarding the food they ate. Extra portions and alternatives to the menu choices were available to residents as they wished. Residents had a choice of hot meal for their lunch and tea each day. Snacks and refreshments were provided throughout the day and were available at night if residents wanted them. Residents with swallowing difficulties, unintentional weight loss or weight gain were also prescribed specialist diets by the speech and language therapist and the dietician. The inspector observed that residents with special dietary and fluid consistency requirements received the diets and thickened fluids recommended to meet their needs. There were sufficient numbers of staff available in the dining room to support residents at mealtimes. Staff sat with residents and provided them with encouragement and discreet assistance with their meals as

necessary.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

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

Findings:

Residents were given opportunity to express their views and have input in the running of the centre. There was evidence that a comprehensive consultative process took place in relative to residents transfer back to the centre in April 2017. The majority of residents and relatives who completed pre-inspection questionnaires expressed positive feedback regarding consultative practices in the centre. Residents spoken with felt their views were welcomed by the person in charge and staff team. Residents' meetings were convened at regular intervals and were minuted. A residents' meeting was held in May 2017 and it was minuted. Advocacy services attended this meeting to ensure all residents were supported to express their views.

Residents' activities were coordinated by a designated activity coordinator. Other staff were involved in residents' activities which ensured continuity of residents activities during planned and unplanned leave by the activity coordinator. The activity coordinator knew residents well and was informed regarding their individual interests. A comprehensive assessment was completed and detailed residents' past interests, likes, dislikes and life stories. Residents in the centre were facilitated to participate in a variety of interesting and meaningful activities. On the afternoon of the inspection, residents enjoyed a singing session. The inspector observed that the session was attended by most residents and it was clearly a very enjoyable time for them. The singer was well known to residents and she skilfully encouraged their individual participation in singing and reciting poetry. One resident recited a poem he had composed himself. There was evidence that residents less able to participate in more active group activities were provided with and supported to participate in activities to meet their interests and capabilities. A schedule of activities for the week was displayed for residents' information in picture format on a large display board. Outings were organized for residents to go out for refreshments, attend shows and to visit local areas of interest. The majority of

residents expressed their satisfaction with the activities available in the feedback in pre-inspection questionnaires. The inspector heard a member of staff arranging to accompany a resident using a wheelchair on a trip into the town in the afternoon. The town was located within close proximity to the centre. While there was good assessment of and records to reference each resident's participation in the individual activities, their level of engagement was not detailed to confirm that the activities they participated in met their interests and capability needs.

Residents were facilitated to meet their religious and spiritual needs. Residents had access to an oratory in the centre and clergy from the various faiths were available to support them with meeting their faith needs. A policy of open visiting with protected mealtimes was in operation in the centre. Relatives' feedback in pre-inspection questionnaires confirmed that visitors were made welcome at all times when visiting residents. The inspector observed visitors visiting residents on the day of inspection. There was a room in the centre with a kitchenette where residents could meet their visitors in private and also to have refreshments together.

The inspector observed that staff got consent from residents for all care activities. Each resident's choice was respected and informed how they were supported to spend their day. Residents spoken with by the inspector on the day of inspection and feedback from the majority of residents in pre-inspection questionnaires confirmed that they were encouraged and supported by staff to make personal choices according to their wishes. The inspector observed staff knocking on residents' bedroom doors and closing doors to bedrooms and toilets during residents' personal care activities. Residents in twin and two triple bedrooms had bed screening provided which was closed during personal care activities. Although, significant work had been done since residents from the centre were relocated in July 2016 to improve communal areas and to revise the layout of multiple occupancy bedrooms, further improvement was necessary. The layout of a triple bedroom and one bedroom that was subdivided into a single and a three-bedded area required review to ensure residents' privacy and dignity needs were met in terms of control of noise and odours. As ensuite toilet or shower facilities were not available in these bedrooms, five twin bedrooms and some single bedrooms, residents had to cross the circulating corridor from their bedrooms to access these facilities. An individual television was made available for most residents. However, there was no individual discreet listening equipment provided that ensured individual residents in multiple occupancy bedrooms could view and hear different programmes on each television device if they wished.

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):

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

Findings:

Residents could maintain control over their personal property and possessions in the designated centre. Since the last inspection residents were provided with new wardrobes and lockers. There was sufficient storage provided for residents' clothing on the day of this inspection. The person in charge was working to ensure residents had sufficient space for displaying personal mementos. A lockable space was provided to residents for storage of their valuables. Residents could access their clothing. A record was maintained for each resident's property. Personal clothing was discreetly labelled to mitigate risk of loss of any items of clothing belonging to residents. There were no complaints of lost or damaged clothing received by the centre from residents or their families since the last inspection. Residents and their relatives were satisfied with how their clothing was managed.

There was a laundry on site and residents clothing was laundered regularly and returned to them. Some residents' families choose to take their clothes home for laundering. The inspector observed that residents' clothing was clean and well maintained.

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):

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

Findings:

The inspector found that the levels and skill mix of staff were appropriate to meet the assessed needs of residents. The person in charge demonstrated that staffing was reviewed in response to residents' changing dependency levels and increased needs. At

least one registered nurse was on duty at all times in the centre. There was an actual and planned staff rota available that reflected the staffing on the days of the inspection. The inspector observed that residents were well supervised and assisted as necessary. Residents' call bells were answered promptly and they were provided with timely assistance by staff.

The provider had a recruitment and staff induction process in place. Staff were supervised appropriately in their role and the person in charge completed annual appraisals with all staff.

A staff training programme was demonstrated. Staff were facilitated and supported to complete mandatory training. Staff had opportunity to attend courses and further training to maintain their professional development. Professional development training facilitated for staff was informed by the needs of residents and feedback gained from staff appraisals.

The inspector reviewed a sample of staff files and found that they contained all of the documents required by Schedule 2 of the Regulations with the exception of An Garda Síochána vetting disclosures in four staff files examined. These disclosures were forwarded to HIQA in the days following the inspection as requested. Evidence of current professional registration details were available for all nurses working in the centre.

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 report¹

Centre name:	St Vincent's Care Centre
Centre ID:	OSV-0000483
Date of inspection:	27/06/2017
Date of response:	21/07/2017

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 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 07: Safeguarding and Safety

Theme:

Safe care and support

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

Two staff members had not attended up-to-date training in safeguarding residents from abuse.

1. Action Required:

Under Regulation 08(2) you are required to: Ensure staff are trained in the detection and prevention of and responses to abuse.

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 staff currently working in the centre have completed up to date training in safeguarding residents from abuse.

Proposed Timescale: Completed

Proposed Timescale: 21/07/2017

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:

Documentation to confirm that the centre was in compliance with fire safety legislation following recent refurbishment works was not available.

2. Action Required:

Under Regulation 28(1)(a) you are required to: Take adequate precautions against the risk of fire, and provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.

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

Fire Safety Consultants carried out visual inspections of the premises on 17 August 2016, 12 April 2017 and 26 June 2017 and have confirmed that the centre is in compliance with the Fire Services Act 1981 & 2003. Documentation confirming this has been submitted to HIQA as an attachment to this action plan.

Proposed Timescale: Completed

Proposed Timescale: 21/07/2017

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

While the needs of one resident with reduced vision in both eyes were met by staff in practice, their needs were not clearly documented in a care plan.

3. 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:

Care plans will be audited to identify aspects of the persons physical and mental health, personal and social needs that are not clearly documented in accordance with Regulation 5(3), Standard 2.1.4 and the Policy on Residents Care Plan (SVCC0018). All necessary actions identified will be completed.

Proposed Timescale: 30/09/2017

Theme:

Effective care and support

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

Improvement was required to ensure acceptable blood glucose parameters were stated for individual residents with a diagnosis of diabetes.

4. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

All residents with a diagnosis of diabetes will have blood glucose parameters clearly documented.

Proposed Timescale: Completed

Proposed Timescale: 21/07/2017

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

The absence of ensuite facilities and the provision of curtain screening between beds in multiple occupancy bedrooms did not ensure residents' privacy and dignity needs were met in terms of noise, odours, toileting and washing.

5. Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

St Vincent's care centre in Athlone is on the HSE capital plan to be replaced with a new build. This new build will provide residents with the option of en-suite toilet and bathroom/shower facilities and greater communal and personal space. It is expected that the new centre will be operational in 2021.

In terms of the provision of curtain screening between beds in multi-occupancy rooms, we have consulted with our estates department and will introduce curtain screening that maximises residents' privacy and dignity.

Proposed Timescale: 31/10/2017

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

While residents and or their family, as appropriate were involved in advanced decisions regarding end-of-life care, documentation detailing this involvement required improvement.

6. Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

An audit of End of life Care plans to identify documentation that does not clearly detail the involvement of resident and/or family member in decision making will be completed. Improvements identified will be completed in line with Regulation 13 (1)(a) and the policy on End of Life Care Planning (SVCC0019).

Proposed Timescale: 31/07/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

The layout of a triple bedroom and one bedroom that was subdivided into a single and a three-bedded area required review to ensure residents' privacy and dignity needs were met in terms of control of noise and odours. As ensuite toilet or shower facilities

were not available in these bedrooms, five twin bedrooms and some single bedrooms, residents had to cross the circulating corridor from their bedrooms to access these facilities.

7. 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:

St Vincent's care centre in Athlone is on the HSE capital plan to be replaced with a new build. This new build will provide residents with the option of en-suite toilet and bathroom/shower facilities and greater communal and personal space. It is expected that the new centre will be operational in 2021. In the meantime we have asked estates to review the current configuration with a view to addressing the accessibility issues around toilet and shower facilities.

Proposed Timescale: 30/09/2017

Theme:

Person-centred care and support

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

A television was made available for most residents. However, there was no individual discreet listening equipment provided that ensured individual residents in multiple occupancy bedrooms could view and hear different programmes on each television device if they wished.

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:

Wireless head phones will be sourced and provided for residents in multi occupancy rooms to enable them to view and hear different programmes.

Proposed Timescale: 31/08/2017

