



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St Vincent's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Irishtown, Mountmellick, Laois
Type of inspection:	Unannounced
Date of inspection:	31 March 2022
Centre ID:	OSV-0000533
Fieldwork ID:	MON-0033911

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 31 March 2022	09:30hrs to 17:00hrs	Helena Budzicz	Lead
Thursday 31 March 2022	09:30hrs to 17:00hrs	Sinead Lynch	Support

What residents told us and what inspectors observed

Overall, the inspectors found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. Inspectors observed many positive interactions between staff and residents and overheard staff discussing topics of personal interest with residents in light-hearted banter and conversation. The atmosphere in the centre was generally relaxed. Most of the residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The inspectors were accompanied on a tour of the centre after a short introductory meeting with the person in charge. This tour of the centre gave inspectors an opportunity to meet with some residents and spoke in more detail with seven residents about their experiences living in the designated centre. Residents were well-groomed and dressed in accordance with their wishes. Call-bells were answered promptly by staff who were observed to respond to requests for assistance in a caring and compassionate manner. It was clear through these interactions that the staff and residents knew one another well.

The centre was a two-storey building, and the residents were accommodated in single and twin occupancy rooms. The centre was nicely decorated and clean throughout. All residents' bedrooms were spacious and personalised with possessions to residents' individual tastes. A refurbishment plan in place converted the multiple-occupancy bedrooms to twin rooms with their own en-suite bathrooms. The centre also created end-of-life care bedrooms on St Paul's ward, St Anne's ward and St Mary Theresa's ward to support residents with palliative care needs. The refurbishment resulted that residents in the St Paul's and St Anne's wards were having a suitable furnished dining room and sitting room spaces. The centre submitted an application to vary condition 4 of registration to allow an extension to the completion of works by 30 April 2022.

The inspectors observed that the mealtime was a pleasant and unhurried experience for the residents. The food served was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. If required, the food and fluids records were kept of what residents had to eat and drink daily.

Inspectors observed that residents were engaged in the tea party activities with the support and encouragement of staff. There were adequate and varied communal areas for residents to use. However, the inspectors observed that there was an activity room closed after the most recent outbreak of COVID-19. Residents spoken with the inspectors reported that they have to stay in their units/pods, and they are missing meeting their friends from other units. Furthermore, the activities provided were limited only to one unit and residents were observed spending the majority of their time in their bedrooms.

The following two sections, capacity and capability and quality and safety will outline the quality of the care and services provided for the residents. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the findings of this inspection were positive in respect of the standard of care residents received; however, improved governance and management oversight was required to ensure that the quality and safety of the service was maintained.

This was an unannounced risk inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). The findings of this inspection were that there was a good management structure, and the management team was proactive in response to issues as they arose.

The registered provider of St Vincent's Community Nursing Unit is the Health Service Executive (HSE). The management structure within the centre was clear. Members of the management team were aware of their lines of authority and accountability. The centre was managed on a daily basis by an appropriately qualified person in charge, responsible for the overall delivery of care. Records of staff and management meetings provided to inspectors demonstrated that issues were discussed and corrective actions were implemented when required.

Inspectors viewed evidence of monitoring systems in place to continuously improve the service being delivered. There was an audit schedule in place. A detailed audit of medication had taken place, and the results were displayed in reception for residents and families to view. A further audit indicating incidents and accidents in the centre was on display in reception, indicating where they had made improvements and where improvements were required. The audit process included an action plan with the person responsible for completing the action, a time frame for completion and a follow up to ensure the necessary improvements had been made. However, the systems and resources in place for the oversight and review of the provision of activities provided for residents, infection prevention and control practices, storage arrangements and fire safety required review as outlined under relevant regulations in this report.

The duty roster accurately reflected the staff working in the home over the last two weeks. Staff absences were recorded on the roster. All staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the residents.

There was an annual review available in the centre to residents and their families indicating quality improvement plans identified.

Regulation 14: Persons in charge

The person in charge had the necessary experience and qualifications as required by the regulations. They were a registered nurse and worked full-time in the centre. They actively engaged in the governance of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff on duty with appropriate knowledge and skills to meet the needs of the residents on the day of the inspection. There were at least three registered nurses on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing training programme for all staff. Staff had access to mandatory and supplementary training, which included infection control, safeguarding vulnerable adults, manual handling, fire training, and dementia care. New staff had an extensive induction programme, and appropriate supervision was made available.

Judgment: Compliant

Regulation 21: Records

Requested records were made available to inspectors and were well maintained. Three staff files were reviewed and were found to contain all the required information as set out in Schedule 2 and 4 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

There was a contract of insurance available to view. This document included cover for injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

While the provider had systems in place for the oversight and monitoring of care and services provided for residents, a number of issues were found on the day of the inspection had not been identified. This included the lack of activities to provide appropriate engagement for residents and other issues such as storage, fire safety floor plans, and limited access to gardens.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Required notifications were submitted to the office of the Chief Inspector within the required time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

A complaints procedure was in place in the centre, which was displayed in the main lobby area. The inspectors reviewed the complaints log maintained at the centre, and there were no complaints made in the centre since the previous inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

Schedule 5 policies were available for review. They were all updated in 2021 and were implemented in practice.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Four samples of contracts of care were reviewed on the day of the inspection. They included details of the services provided and fees charged to the resident. The bedroom number offered to the resident was clearly stated, including details of whether the bedroom available to the resident is single or multi-occupancy.

Judgment: Compliant

Quality and safety

Residents living in St Vincent's Community Nursing Unit were generally satisfied with the quality of the service they received and stated they felt safe in the centre. Overall, there were good standards of care provided, and the healthcare needs of residents were well met. Nonetheless, this inspection found a small number of issues that required improvement. For example, monitoring restrictive practice, infection control and storage practices. The residents' quality of life could also be enhanced through increased access to activities in the centre.

Residents' care records were well maintained. Residents were regularly reviewed by their general practitioner (GP). There was evidence that the records were updated after the review to ensure they continued to meet the residents' needs. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' health and social care needs and what or who was important to them. Accidents and incidents were appropriately managed and effectively responded to with multidisciplinary input.

Despite the best efforts of staff, inspectors found that residents did not have sufficient opportunities to participate in activities in accordance with their interests and capabilities. The staff allocated to provide activities were nurses and healthcare assistants who were expected to provide activities on top of their care duties and only if they had the time or there was no shortage of the staff. Inspectors reviewed records of activities and found that there were a number of days where no activities were provided for residents. As a result, the activities were mainly in the afternoon and in the assigned unit, as the 'activities room' was not in use on the day of the inspection. The inspectors were not assured that all residents had opportunities to participate in activities in accordance with their interests and capacities. This finding was supported by observations of inspectors, feedback from residents and conversations with staff.

Staff participated in training to update their knowledge and skills in supporting

residents who might display responsive behaviours (how residents who are living with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Behavioural support care plans were in place for residents as required.

There was a preventive maintenance schedule of fire safety equipment, the fire alarm and emergency lighting in accordance with the recommended frequency. Daily checks of the fire panel and means of escape and weekly checks of fire doors were completed. However, some issues in respect of fire safety were identified on the day of the inspection.

Regulation 11: Visits

The inspectors observed that visits to the centre were arranged in line with current Health Protection and Surveillance (HPSC) guidance. The visits were pre-booked and were seen taking place in residents' rooms. Residents spoken with voiced their satisfaction with current visiting arrangements and were delighted to be able to see their loved ones.

Judgment: Compliant

Regulation 13: End of life

The inspectors reviewed the end-of-life care plans, and they detailed residents' wishes in relation to their physical, social and spiritual needs and preferences. There was evidence that religious and cultural needs were discussed with the resident or with the family member, where appropriate.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available to residents. This guide included information relating to services and facilities in the designated centre, the terms and conditions regarding the residency, and information about the COVID-19 pandemic and the possible impact on the service were also included.

Judgment: Compliant

Regulation 26: Risk management

A risk register was maintained, which contained an assessment of individual clinical and non-clinical risks. The risk management policy contained all the detail required under regulations. The risk register had been updated to include the risks associated with the COVID-19 pandemic.

Judgment: Compliant

Regulation 27: Infection control

The following issues which presented a risk of cross-contamination were identified:

- The cleaner's trolley and resident's hoist were stored in the staff changing room. The mop heads and vases were stored in the sluice room. Items used for activities were stored in the communal bathroom.
- The furniture in the clinical room in St Anne's unit was torn and broken. The seal on the door of the clinical fridge was broken, unclean and full of mould.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had not taken all necessary steps to ensure safe evacuation, as the floor plans around the centre did not reflect the fire compartments in the centre and so there was a risk that people in the centre wouldn't be clear on the location of the compartments.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The care plans reviewed by inspectors were person-centred with resident specific information to guide and inform individualised care. Assessment and care plan reviews took place within a three to four-month period or more frequently if required. There was evidence of residents being involved in the development of their care plan and their review.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs were regularly reviewed by their general practitioner (GP), who attended the centre five days a week or more often if required. There was evidence that residents were referred to other health and social care professionals, such as the tissue viability nurse (TVN), physiotherapist, dietitian, speech and language therapist and occupational therapist (OT), as required.

Judgment: Compliant

Regulation 9: Residents' rights

There was a lack of opportunity for residents to participate in meaningful occupation and recreation. Residents were seen to be spending time in their rooms, and care staff were allocated the task of providing activities as well as their other duties, which limited their availability to spend on the social aspects of care.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Although restrictive practices were largely well managed by the centre, the use of key-locks to prevent access to the secure garden patio in the dementia unit had not been appropriately identified as a restrictive practice and therefore did not have the accompanying risk assessments completed. As a result, residents did not have free access to outdoor space.

Judgment: Substantially compliant

Regulation 17: Premises

There was inadequate storage space, and this impacted on residents' safety and their quality of life:

- The inspectors observed that a large part of the sitting room on the St. Mary Teresa's unit was divided by a bookcase shelf and used as a storage space

for residents' equipment, such as 19 wheelchairs and three crash mattresses, weight scale chairs and a hairdresser equipment. This was addressed on the day of the inspection.

- The grabrails in the residents' toilet were missing.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 17: Premises	Substantially compliant

Compliance Plan for St Vincent's Community Nursing Unit OSV-0000533

Inspection ID: MON-0033911

Date of inspection: 31/03/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The governance arrangement for monitoring the centre have been reviewed to ensure a consistent and safe, quality service. There is a system of audits in place to review practices and identify trends with actions for improvement in place on the completion of each audit.</p> <p>The PIC completes a daily walk round of the unit each morning to meet with residents and the staff teams. The PIC reviews day and night reports to ensure they are informed on a daily basis of all aspects of the care needs of the residents and staff supervision requirements.</p> <p>The reintroduction of group activities is being implemented in line with recently updated, as of the 16th May 2022, Health Protection and Surveillance Centre (HPSC) guidance. Activities team is re-established within the unit and the activities room re-opened, with dedicated staff assigned seven days a week. Additionally Mass will resume for all residents in line with HPSC Guidance</p> <p>The Health and Safety Officer and the Nursing Admin Team completed an audit and actions arising from the audit are being implemented. The governance team holds a quality and safety meeting on a quarterly basis to review and implement any actions identified to ensure the safety of all residents and staff on the each Unit.</p> <p>The fire evacuation floor plans have been updated to accurately reflect the design and layout of all the fire compartmentation zones in the centre following recent refurbishment works. The updated floor plans identifying the fire compartmentation zones will be displayed in the front hall and beside all evacuation signage.</p> <p>Environmental restrictive practices have been reviewed in St Martha's ward. The doors to the enclosed garden are now unlocked during the day. Residents have free access to all</p>	

3 enclosed gardens within the unit.	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The storage of all equipment has been reviewed to mitigate any risk of cross infection. All sluice areas and bathroom area's now contain only appropriate equipment. The Domestic Supervisor carries out regular spot checks of these area's to ensure appropriate storage and work practices are implemented by staff.</p> <p>In St Anne's ward- the floor covering in Dun Aine bedrooms and bathrooms has been replaced.</p> <p>Flooring in the Clinical room in St Anne's is replaced. A new medication fridge has been obtained. A new medication cupboard is ordered and when installed the countertop will be replaced to ensure all surfaces are easily cleanable.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>New fire compartment signage has been ordered. The fire evacuation floor plans have been updated to accurately reflect the design and layout of all the fire compartmentation zones in the centre. The updated floor plans identifying the fire compartmentation zones will be displayed in the front hall and beside all evacuation signage in each department. The Evacuation Policy and Fire Policy have been updated.</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>Each resident has a PAL assessment completed to ascertain their interests, hobbies, pastimes including capacity/ physical ability to participate in activities. Residents have a social activation care plan to ensure their physical and psychosocial needs are met</p> <p>The reintroduction of group activities to support the overall health and wellbeing of residents is being implemented in line with recently updated, as of the 16th May 2022,</p>	

Health Protection and Surveillance Centre (HPSC) guidance on the Prevention and Management of Cases and Outbreaks of Covid 19, Influenza and Other Respiratory Infections in Residential Care Facilities.

Activities team has been re-established with dedicated staff assigned seven days a week to facilitate activities for residents in accordance with their assessed needs and preferences. Residents are encouraged and supported to access all communal areas in line with their wishes on a daily basis.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Environmental restrictive practices have been reviewed in St Martha's ward. The doors to the enclosed garden are now unlocked during the day. Residents have free access to all 3 enclosed gardens within the unit.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

All equipment has been removed from the sitting room on St Mary Teresa's Unit. The storage of equipment has been reviewed to ensure it does not impact on residents' space in communal areas and all equipment has been relocated to ensure it is stored appropriately and safely.

All bathrooms have been reviewed to ensure there are grab rails securely and suitably positioned to promote and aid resident's independence.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	25/04/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/05/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	30/05/2022

	that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/05/2022
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	30/05/2022
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	04/04/2022
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	30/05/2022
Regulation 9(2)(b)	The registered provider shall provide for	Substantially Compliant	Yellow	30/05/2022

	residents opportunities to participate in activities in accordance with their interests and capacities.			
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