### Centre name:
St Vincent's Care Centre

### Centre ID:
OSV-0000483

### Centre address:
Coosan Road,
Athlone,
Westmeath.

### Telephone number:
090 648 3153

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

**The inspection took place over the following dates and times**

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<tr>
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<td>21 December 2017 11:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 16: Residents' Rights, Dignity and</td>
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**Summary of findings from this inspection**

This monitoring inspection was announced and took place to inform an application for renewal of the centre's registration. The inspector also followed up on progress with completion of the actions in the action plan from the last inspection of the centre in June 2017. The inspection findings evidenced that six of the eight action plans were satisfactorily completed. Although not completed, interim measures had been implemented to progress the two remaining actions. These actions and other areas of non-compliance found are discussed in this report are restated in the action plan.

The inspector met with the person in charge, 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.

The information provided in the centre's statement of purpose required review to ensure the service provided was accurately described. 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 and administration of services and provision of sufficient resources to meet residents' needs. The person in charge demonstrated comprehensive oversight of the quality and safety of the service provided. There was robust evidence of continuous quality improvement resulting in positive outcomes for residents.

Residents spoken with during this inspection and feedback from pre-inspection questionnaires completed by nine residents and six relatives referenced their satisfaction with the service provided, care given and the staff team in the centre. Residents were supported to maintain links with their local community. Residents confirmed that they felt safe in the centre and had choice in their daily routine. Feedback from residents during the inspection also confirmed their satisfaction with the service.

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

Completed refurbishment works to communal rooms and bedroom accommodation had significantly improved residents' comfort and quality of life. However, further improvement was necessary to ensure residents' privacy and dignity needs were sufficiently met in the absence of ensuite toilet and washing facilities.

Residents' healthcare needs were met to a high standard. Staff were knowledgeable regarding residents and their individual needs. The activities provided for residents were interesting, varied and meaningful and less able residents were given opportunity to participate in activities that met their interests and capabilities.

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.
### 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 dated October 2017 that described the service provided to residents in the centre. 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 required revision to include the following information:

- the organizational structure did not reference the Health Service Executive as the service provider
- the information provided did not reflect use of the ground and first floor for residents' accommodation.
- the maximum number of residents accommodated in the centre did not reflect the number in the application for renewal of the centre's registration.
- the deputising arrangements for absence of the person in charge were not detailed.

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

**Judgment:**
Non Compliant - Moderate

### 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:**

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

Findings:
A clearly defined management structure was in place which 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 attended by the provider representative or deputy. The person in charge demonstrated a high standard of service oversight. There was a proactive approach to risk management. Inter-team communication was promoted by staff meetings at each level, chaired by the person in charge. Feedback from residents spoken with during this inspection and from residents and their relatives in pre-inspection questionnaires was positive regarding the service and the standard of care provided. There was evidence that improvements progressed were made in consultation with residents and that their views were welcomed and valued.

There was good evidence of continuous quality improvement informed by ongoing service review. Systems were 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 quality and safety in a number of key areas such as care planning, medication management, complaints, resident falls, tissue viability and aspects of the environment.

Sufficient resources were provided to ensure the effective delivery of resident care and service as described in the centre's statement of purpose document.

Judgment:
Compliant

Outcome 04: Suitable Person in Charge
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Governance, Leadership and Management

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

Findings:
The centre was managed by a suitably qualified, skilled and experienced person. The person in charge is a registered general and psychiatric nurse. She works on a full-time basis in the centre.
The person in charge is the director of nursing in the designated centre since 2012. The
person in charge has completed a degree in nursing management and a special award in Gerontology. She also has a postgraduate qualification in dementia. The person in charge was actively involved in the governance, operational management and administration of the designated centre. She demonstrated a clear understanding of the regulations, standards and the statutory obligations associated with her role.

The person in charge had a comprehensive knowledge of the daily operations of the centre and the care needs of residents. She had robust systems in place to ensure comprehensive oversight of the service. Residents knew the person in charge and commented on her care and concern for them. She provided a good support system for all members of the staff team and ensured residents were consulted regarding the service.

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 which was demonstrated in practice. The inspector observed that the systems and procedures in place ensured any allegations, suspicions or incidents of abuse were thoroughly investigated and arrangements were in place to ensure residents were safeguarded during the investigation process. Staff training records confirmed that all staff had attended training in safeguarding residents from abuse. 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. All interactions observed by the inspector between staff and residents on the days of inspection were respectful, encouraging 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. Bedrail use was in line with the national restraint policy. Safety of bedrail use was risk assessed and monitored in each case. A restraint register was maintained. Full-length bedrails were used by six residents. 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 where
Some residents in the centre with dementia were predisposed to experiencing responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There were no residents in the centre experiencing responsive behaviours on the days of this inspection. This provided assurances that residents predisposed to episodes of responsive behaviours were appropriately supported. Residents had access to community psychiatry of older age services as necessary. The person in charge confirmed that no residents were in receipt of PRN (a medicine only taken as the need arises) medicines to manage their responsive behaviours. Systems were in place to review use of psychotropic medicines administered on a PRN basis. The review procedure included a protocol to inform decision-making.

Appropriate procedures were in place for safeguarding 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 they consented to use of their personal money for purchasing items on their behalf. All financial transactions were recorded. These records were supported with receipts of any purchases made on behalf of residents.

**Judgment:**
Compliant

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

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
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. A safety statement dated May 2017 was available for the centre. Risk management was proactively managed in the centre. A register of all clinical and environment risks was maintained. All risks were assessed and there were associated controls in place to mitigate level of risk and potential for adverse outcomes for residents, staff and visitors. Areas of identified risk were regularly reviewed and updated as necessary. The information regarding the management of specified areas of risk outlined by Regulation 26 were in place to protect vulnerable residents.

Learning from accidents, incidents and near misses in the centre was implemented to mitigate risk of recurrence. Procedures were in place for recording and investigating incidents and accidents involving residents, staff and visitors. There were no incidents of
fall resulting in injury to residents since their readmission to the centre in April 2017. Each resident has a risk of fall assessment completed on their admission which was reviewed regularly thereafter and updated as their needs changed. Equipment such as 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 their day and night-time evacuation needs in terms of staffing and equipment. This information also took factors that could potentially hinder some residents’ timely evacuation such as dementia and impaired mobility. Fire safety management checking procedures were comprehensive completed. Confirmation that the centre was in substantial compliance with fire safety legislation was forwarded to the Health Information and Quality Authority (HIQA) following the last inspection in June 2017. Fire safety equipment service records were in place and up-to-date. All fire exits were clearly indicated and were free of any obstruction. Fire safety training was provided by a designated member of staff employed by the provider who was trained in fire safety. Fire evacuation drills were completed and reflected testing of day and night-time staffing resources and conditions to ensure residents could be safely evacuated in an emergency. However, the documentation made available did not provide sufficient assurances that seven residents could be safely evacuated within a reasonable timeframe. The person in charge advised the inspector that day and night time conditions would be tested in January 2018. Staff were facilitated to practice using emergency evacuation equipment each week. Staff training records referenced that all 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.

The centre was visibly clean in all areas. An infection control policy was available and informed the procedures to be followed for management of communicable infection and an infection outbreak. The centre was visibly clean. Hand hygiene facilities were located throughout the premises and were used as appropriate by all staff. Environmental auditing procedures were completed and environmental cleaning procedures reflected best practice in infection prevention and control standards. Staff had attended training on hand hygiene and infection prevention and control.

Judgment:
Substantially 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 inspector found that residents' healthcare needs were met to a high standard on this inspection. The centre catered for residents with a range of needs including dementia. 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 good access to physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, optician and chiropody services as necessary. Recommendations made to meet residents' individual needs were documented in their care plans. Community psychiatry of older age specialist services supported GPs and staff with care of residents as appropriate. 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. Residents needs were informed by use of risk assessment tools to determine each resident's risk of malnutrition, falls, their level of cognitive function and skin integrity among others. Care plans were developed based on assessments of their needs and thereafter in line with residents changing needs. Residents' care plans were person-centred and reflected their individual preferences and wishes regarding their care. Optimal blood glucose level parameters were stated for individual residents with a diagnosis of diabetes to inform their care and monitoring procedures. Residents or their family as appropriate were consulted regarding development of their care plans and subsequent reviews. Residents expressed their satisfaction with the care they received to the inspector during this inspection and in pre-inspection questionnaires. Staff spoken with new residents well and were knowledgeable regarding their likes, dislikes and care needs.

No residents had wounds on the days of inspection. Robust procedures were in place to prevent residents developing pressure related skin injuries. Risk assessments were completed on admission and reviewed regularly thereafter. Equipment such as pressure relieving mattresses and cushions, in addition to care procedures, including repositioning schedules were used as prevention strategies. Arrangements were in place to ensure residents with wounds were assessed by staff using an appropriate measurement system and had treatment plans developed 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.

Judgment:
Compliant
**Outcome 12: Safe and Suitable Premises**
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The internal fabric of the centre was recently refurbished throughout the ground and first floors. This action provided residents with an increased space and comfort. Residents' bedroom accommodation on the ground floor was recently reduced to a maximum of 16 residents. The first floor was opened to accommodate four residents in one twin and two single bedrooms. All residents in the centre were accommodated in either single or twin bedrooms. This had a significant positive impact on the quality of life and personal space available for residents who had been residing in multiple occupancy bedrooms. Each bedroom in the centre was painted in a different colour with matching curtains on the windows. New wardrobes and lockers were provided in all residents' bedrooms. Sitting room, dining room and rooms for residents’ quieter relaxation or to meet with their visitors were available on each floor. An oratory was available on the first floor. The communal sitting room on the ground floor opened out into an attractive and interesting enclosed garden. The unit was furnished in a style that was familiar to residents. Traditional memobilia and ornaments were displayed to enhance the comfort of the environment for residents. There was sufficient floor space and storage in all residents' bedrooms to meet their needs. However, with the exception of one single bedroom, no other residents' bedrooms had ensuite toilet and washing facilities. In order to reduce the impact on the privacy and dignity for residents in twin bedrooms, staff assisted them to use the communal toilets rather than commodes by their bedside. Communal toilets and showers were located along the opposite side of corridors on both floors. A lift was available to support residents to access all parts of the centre.

Residents were encouraged and supported to personalize their bedrooms. The person in charge and staff team was working to ensure sufficient shelving was provided for residents to display their photographs and other mementos.

Communal rooms, bedrooms and circulating areas were in a good state of repair. The centre was painted and decorated to a high standard. 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 and visibly clean.
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 equipment.

**Judgment:**
Substantially Compliant

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**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:**
No residents were receiving end of life care on the days of this inspection. Each resident's wishes regarding their physical, spiritual and psychological needs were assessed and documented in person-centred care plans. This information also included residents' preferences regarding their place of death. There was evidence that residents and their families were involved in development of end-of-life care plans and reviews thereafter. Some residents had their advanced care decisions documented. There was evidence that they or their family on their behalf were involved in the decision making process.

Palliative care services were available to support residents in the centre with pain and other symptom 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. An oratory was available for residents' use on the first floor of the centre. Clergy from the various faiths visited the centre and were available to meet with residents as they wished.

**Judgment:**
Compliant

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**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:**
There was evidence that residents' involvement in the running of the centre was of importance to the person in charge and staff. Residents' views were welcomed and they were given every opportunity to express them. Residents’ meetings were convened at regular intervals and minutes were recorded. An advocate attended meetings to ensure all residents were supported to express their views.

Residents’ activities were coordinated by a designated activity coordinator. Residents' activities were facilitated by the activity coordinator supported by staff in the centre. This process ensured continuity of residents’ activities over seven days each week. The activity coordinator and all staff involved in facilitating activities for residents knew residents' individual interests well. A comprehensive assessment was completed and detailed residents' past interests, likes, dislikes and life stories. The weekly activity schedule ensured residents were facilitated to participate in a variety of interesting and meaningful activities. The inspector observed an art and crafts session where a number of residents were making Christmas wreaths and other decorations. Residents were visibly enjoying this activity. Other residents less able to participate in the main activity were occupied with and supported to participate in activities to meet their interests and capabilities. A schedule of activities on the days of inspection was displayed for residents' information 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 person in charge, staff and the centre's advocate worked with and supported one resident to achieve their wish to spend part of each day in their home in the community. They were also working to support another resident with visiting their home in the community. Residents expressed their satisfaction with the activities available to them. The town was located within close proximity to the centre and staff accompanied some residents to go to shops they liked. Assessments were completed and each resident's participation in activities and their level of engagement was recorded to ensure that the activities facilitated met their interests and capability needs.

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 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 bedrooms had bed screening provided which was closed during personal care activities. The numbers of residents in four multiple occupancy bedrooms was recently reduced to ensure residents had sufficient space around their beds and could access and maintain control over their
personal clothing and possessions. As ensuite toilet or shower facilities were not available in most bedrooms, residents had to cross the circulating corridor from their bedrooms to access these facilities. Since the last inspection, the person in charge and staff in consultation with residents put procedures in place where all residents who were not independent were transported to toilet facilities. This action was documented in residents' care plans and negated their need to use commodes by their bedside in bedrooms occupying more than one resident. An individual television was made available for each resident including residents in twin bedrooms. Since the last inspection, discreet listening equipment provided ensured individual residents in bedrooms accommodating more than one resident could view and hear different programmes on each television device if they wished.

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. A comfortable room with a kitchenette was available on each floor to facilitate residents to meet their visitors in private if they wished.

**Judgment:**
Non Compliant - Moderate

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**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

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

Action Plan

Provider’s response to inspection report

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<td>OSV-0000483</td>
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<td>13/12/2017</td>
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<td>Date of response:</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The centre’s statement of purpose and function required revision to include the following information;
- the organizational structure did not reference the Health Service Executive as the service provider
- the information provided did not reflect use of the ground and first floor for residents' accommodation.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
- The maximum number of residents accommodated in the centre did not reflect the number in the application for renewal of the centre’s registration.
- The deputising arrangements for absence of the person in charge were not detailed.

1. Action Required:
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Please state the actions you have taken or are planning to take:
The Statement of Purpose has been amended to include the above information and has been forwarded to HIQA.

Proposed Timescale: 17/01/2018

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Outcome 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The documentation made available to the inspector did not provide sufficient assurances that seven residents could be safely evacuated within a reasonable timeframe.

2. Action Required:
Under Regulation 28(2)(iv) you are required to: Make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and safe placement of residents.

Please state the actions you have taken or are planning to take:
A day and night time fire drill will be carried out by the Fire Officer on the 26th January 2018 to ensure that the residents within St Vincent’s can be evacuated within a reasonable time.

Proposed Timescale: 26/01/2018

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Outcome 12: Safe and Suitable Premises

Theme:
Effective care and support

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
With the exception of one single bedroom, no other residents’ bedrooms had ensuite toilet and washing facilities.
3. **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:**
The centre is on the HSE capital plan to be replaced with a new build. The new build will provide residents with the option of en-suite toilet and bathroom/shower facilities with greater communal and personal space. It is expected that the new centre will be operational in 2021.

**Proposed Timescale:** 30/12/2021

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**Outcome 16: Residents' Rights, Dignity and Consultation**

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

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
As ensuite toilet or shower facilities were not available in most bedrooms residents had to cross the circulating corridor from their bedrooms to access these facilities which negatively impacted on their right to privacy and dignity.

4. **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:**
The centre is on the HSE capital plan to be replaced with a new build. The new build will provide residents with the option of en-suite toilet and bathroom/shower facilities with greater communal and personal space. It is expected that the new centre will be operational in 2021.

**Proposed Timescale:** 30/12/2021