



**Health
Information
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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 Care Centre
Name of provider:	Health Service Executive
Address of centre:	Coosan Road, Athlone, Westmeath
Type of inspection:	Unannounced
Date of inspection:	21 April 2022
Centre ID:	OSV-0000483
Fieldwork ID:	MON-0036306

About the designated centre

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

St Vincent's Care Centre is registered to accommodate a maximum of 35 residents, both males and females, over the age of 18 years who require long-term and respite care, ranging in care needs from low to maximum dependency, and including the care of residents with dementia, parkinson's disease and multiple sclerosis. The centre is based over two floors, with a separate day care facility and palliative care residential unit attached to the building. Accommodation consists of a mixture of single, double and three bedded bedrooms. Communal facilities include dining rooms, day rooms, family room, hairdressing room and an enclosed garden courtyard. The philosophy of the centre is to provide resident-centred care by a knowledgeable, skilled, vigilant and proactive team who are positively motivated by caring for older people. Care is aimed at preventing untoward events and negative experiences for the resident and ensure that each resident receives optimum quality holistic care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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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 21 April 2022	09:00hrs to 17:00hrs	Claire McGinley	Lead

What residents told us and what inspectors observed

On the day of inspection, the centre was experiencing an outbreak of COVID-19 with restrictions impacting on the day-to-day lives of residents on the ground floor. Public health advice had been received by the person in charge, and residents who had COVID-19 were cohorting to one wing on the ground floor of the centre. Residents on the ground floor, who were not COVID-19 positive, were unrestricted and were observed accessing the day room and garden areas.

Following an introductory meeting, the inspector walked around the centre with the person in charge. The centre was a two-storey facility and was registered to accommodate 35 residents. The person in charge identified that the centre accommodated a maximum of 28 beds, with seven beds closed due to staffing issues. On the day of inspection, there were 24 residents accommodated in the centre, 11 residents on the ground floor (Sonas) and 13 residents on the first floor (Auburn).

The centre had a number of communal areas available for the residents to use. The day room on the ground floor opened into a large enclosed garden and, a family room was available for visits on both floors of the centre.

While there were pleasant space for residents to enjoy, some of the areas in the centre were in a poor state of repair, a gazebo in the garden was used by residents who smoked, was found to be in a poor state of repair posing a falls risk to residents. In addition, one of the family rooms contained an unlocked fridge that held two cans of alcoholic drink.

Ongoing building repair work was in progress in the centre on the day of the inspection. The inspectors observed that a number of areas of the building were in a poor state of repair, with this impacting on the ability to clean the centre effectively.

Throughout the day of this inspection, the inspector spoke with a small number residents and observed staff interactions with them. All interactions observed between staff and residents were kind and respectful. The feedback from the residents was that the 'level of care was exceptional' that staff 'answered your questions'.

A large menu board with the choice of food for meals that day was on display in a spacious dining room for residents on Auburn. The inspector observed that the preferred choice of food was provided for residents, with one resident requesting and receiving egg and chips for lunch which was not on the lunch time menu. One resident reported that the 'food is perfect'.

Residents who were unable to speak with the inspector were observed to be at ease in the environment. Residents were observed to have had their personal care

attended to a high standard.

The inspector was informed that an activities schedule was not available for residents. Activities were decided on a daily basis by the activities co-ordinator and the residents. Activities were observed to take place on the first floor, where seven residents participated in a range of activities, with some residents listening to music and others residents enjoying a variety of arts and crafts.

On the day of inspection, the inspector observed that not all resident bedrooms had a call bell in place. Residents in communal areas did not have access to a call bell. This meant that residents were limited in how to call for assistance when unsupervised.

The inspector found that the layout of a multi-occupancy bedroom did not facilitate the rights of the residents to undertake activities in private. The position of the hand wash basin and the waste bin meant that staff and residents would have to enter the bed space of a fellow resident to access them.

The next two sections of the report present the findings of this inspection in relation to the capacity and capability in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection by an inspector of social services to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended. The inspector followed up on the action taken to address the findings of the previous inspection on 9 December 2020, and on notifications received by the Chief Inspector.

Overall, the findings of this inspection were that the residents enjoyed a good quality of life in this centre. The residents health and social care needs were found to be met to a high standard. However, the governance and oversight of a number of key areas including the management of records, infection prevention and control, the cleaning and maintenance of the premises, and the systems in place to ensure that resident's rights were upheld, were not in line with regulatory requirements.

The registered provider of the centre is the Health Service Executive. There was a manager in place who provided management oversight to the centre. The centre had a person in charge who was supported by a three clinical nurse managers, a clinical nurse specialist in activities, a domestic supervisor, a team of nurses and care staff, catering, housekeeping, laundry, and administration. A range meetings

were held within the centre to ensure a good system of communication.

The nursing management demonstrated a good awareness of the residents needs and preferences. Within the centre, the service was monitored by a schedule of internal clinical and environmental audits, with actions plans developed from all audits. The incident records reviewed recorded the immediate taken that had occurred , however, they did not identify any learning from the incident, the detail of which could be used to prevent an incident from re-occurring, as identified in the centre's own Risk Management Policy. The inspector reviewed the centre's risk register. The register contained all of the requirements set out under Regulation 26. An annual review of the quality and safety of care delivered was completed for 2021.

The staffing level on the day of inspection was appropriate for the size and layout of the centre, and the assessed needs of the residents. A review of the rosters found that there was a good skill-mix of staff nurses and care assistants on duty. The inspector found that staff demonstrated appropriate knowledge, in line with their role. A staff training record was in place, a review of this schedule found that all staff had completed mandatory training.

A review of the complaints records found that they contained details on the nature of each complaint, investigation carried out and follow up communication with the resident and family as required. The outcome of complaints was documented and this included the complainant's level of satisfaction. The complaints procedure was displayed at the main entrance. There were no open complaints at the time of inspection.

The records reviewed of medication administration were not in line with the centres own policy, which stated, that "there should be contemporaneous recording of all medication administration", or in line with Schedule 3(4)(d). Resident records were not securely maintained and were accessible on the top of an un-lockable filing cabinet on the day of inspection. These findings are detailed under Regulation 21: Records.

Regulation 15: Staffing

A review of the roster found that there was sufficient staff, with an appropriate skill mix on duty to meet the assessed needs of the residents, and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training schedule provided to the inspector found that all staff had completed mandatory in line with the requirements under Regulation 16.

Judgment: Compliant

Regulation 21: Records

The following records reviewed were not in line with regulatory requirements:

- records of medication administration were not in line with Schedule 3(4)(d), for example, medications signed for as being administered had not been given to the resident.
- resident records were not securely maintained, and were accessible on top of an unlocked filing cabinet, in an unlocked room.

Judgment: Substantially compliant

Regulation 23: Governance and management

The governance systems in place to provide oversight of the service delivered were not effective. This is evidenced by;

- inadequate oversight of the management of infection prevention and control
- poor upkeep of the premises
- failure to identify learning from incident and accidents, for example, an recorded incident relating to missing medications did not record any learning from the incident, and therefore would not reduce the risk of the incident reoccurring
- failure to identify risks in relation to fire safety, for example, the risk of residents smoking in the gazebo

Judgment: Substantially compliant

Regulation 31: Notification of incidents

All notifications were submitted to the office of the Chief Inspector within the

required time frame, as required under Regulation 31.

Judgment: Compliant

Regulation 34: Complaints procedure

Complaints reviewed had been acted upon promptly, investigated and closed off with the complainant's level of satisfaction recorded in line with the requirements under Regulation 34.

Judgment: Compliant

Quality and safety

The inspector found that overall, the care and support residents received was of a good quality and ensured that the residents were safe and well-supported. Care delivered was found to be in line with the resident's assessed needs.

Residents had access to a choice general practitioner (GP) and health and social care professionals. Where residents required allied health and specialist expertise, this was facilitated, with access to on-site physiotherapy, occupational therapy, speech and language therapy and podiatry and through a system of referral to a dietitian and tissue viability.

As mentioned earlier, the building was having ongoing upgrading of pipe work at the time of inspection. Parts of the building were observed to require further maintenance, for example, there was a hole in the floor of gazebo, and a malodorous smell in two toilets on Auburn. There was inadequate privacy for one resident in a three bed bedroom, as the two other residents had a TV and window access, and the residents and staff were required to access the residents space to access a waste bin and a sink. Further findings are discussed under Regulation 17: Premises.

The inspector found that staff displayed good knowledge of the national infection prevention and HPSC (Health Protection Surveillance Centre) guidance. The inspector observed a COVID-19 folder that contained up-to-date guidance documents on the management of a COVID-19 outbreak on Auburn. Staff reported that the training they had received had been of a good standard, and they were able to implement it in practice. The laundry had a 'dirty to clean' flow of linen to ensure contamination did not occur, however, one washing machine was not visibly clean. The inspector observed many areas of the premises and resident equipment that was not cleaned to an acceptable standard. Further findings are discussed

under Regulation 27: Infection control.

An activities schedule was not available to residents, and therefore the inspector was unable to ascertain when or what activities were available to the residents. Resident meetings were facilitated on a regular basis. Residents had access to independent advocacy services if required.

The centre utilised an electronic documentation system. Residents had a comprehensive nursing assessment completed on admission, and a care plan developed. The care plans reviewed by the inspector were updated as required under Regulation 5. The inspector found that care plans contained the information required to guide the care.

The observation and interaction between residents and staff was pleasant, patient and kind. There was an obvious rapport between residents and staff, and a relaxed atmosphere was evident throughout the day. Staff demonstrated a good awareness of the individual needs of the residents.

Regulation 11: Visits

The centre was facilitating visiting in line with the current COVID-19 Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities.

Judgment: Compliant

Regulation 17: Premises

On the day of inspection the inspector found that many parts the premises that were in a poor state of repair. For example;

- a newly installed fire door did not close effectively
- there were gaps between door surround and the floor
- gaps between the flooring and the wall along corridors making the area difficult to clean effectively
- paint was peeling from windowsills
- paint was peeling off the cupboards doors in family room
- there was a hole in the floor of the gazebo in the internal garden
- toilets were malodorous and contained large bottles of water following upgrading of pipe work within the centre
- carpet stained and in need of replacement in old chapel
- chemical store had exposed concrete blocks and a concrete windowsill which was not amenable to cleaning

Judgment: Not compliant

Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). A review of the risk register found that some fire safety risks had not been identified and managed in line with the centre's policy. This is detailed under Regulation 23: Governance and Management.

Judgment: Compliant

Regulation 27: Infection control

A number of issues were identified which were not consistent with effective infection prevention and control measure during the course of the inspection. This is evidenced by:

- There was poor oversight of the cleaning procedures for resident equipment. For example, resident equipment such as commodes, shower chairs, and crash mats were not visibly clean.
- There was a lack of oversight of the cleaning of the premises. For example, shower drains, extractor fans, hand sanitiser dispensers were not visibly clean, the cleaning trolley was not visible clean and the medication trolleys were not visibly clean
- The oversight and management of the laundry was not adequate, resulting in the inappropriate storage of laundry in a bedroom, and a washing machine in laundry was not visibly clean
- The management of sharps equipment was not in line with the HSE Policy on the Management of Sharps and Prevention of Sharp Injuries 2022, for example, sharps bins temporary closure mechanisms were not consistently used.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Inspectors reviewed care plan documentation in place, and found that care plans were updated with the most relevant detail specific to the care needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with unrestricted access to a general practitioner. Residents had access to allied health care professionals such as physiotherapy, occupation therapy, dietitian services and tissue viability expertise.

Judgment: Compliant

Regulation 9: Residents' rights

Residents did not have the opportunity to choose the activities they wished to participate in, as there was no planned activity schedule in place within the centre.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for St Vincent's Care Centre OSV-0000483

Inspection ID: MON-0036306

Date of inspection: 21/04/2022

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The following measures have been put in place to ensure compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • An Incident Review Follow up form is in place and includes a section for any learning from the incident thus assisting in the prevention of an incident re-occurring. This form is recorded for all incidents and the learning disseminated to staff via staff meetings. • Following review of the medication administration records all staff nurses have completed updated Medication Management training, which includes administration practices. The findings from this review and the inspection has been communicated to the staff nurses. Monthly Medication Management audits continue to be completed with the learning from these communicated to all staff nurses. • The broken lock on the filing cabinet has been repaired. All residents' records are being securely maintained and filed correctly in the locked filing cabinets on each unit. Keypad access is in the process of installation for the nurses' office on each unit and will require the input of a code to gain access. The residents' electronic records can only be accessed by staff nurses on inputting individualised passwords into the system. A reminder has been communicated to the staff nurses to log out prior to leaving the nurses' office. These measures have been communicated to all relevant staff via memo, staff meetings and the communication book. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The Governance systems in place have been reviewed and the following is in place to</p>	

provide oversight of the service:

- Ongoing Infection Prevention and Control audits by the Assistant Director of Nursing and Clinical Nurse Manager 2 Infection Prevention and Control team. A plan of action is devised following any recommendations received from the team.
- Review of the Environmental audit form has been carried out. The frequency of audits will be reviewed to ensure they are completed in a timely manner to ensure effective corrective action plans are in place.
- An Incident Review Follow up form is in place and includes a section for any learning from the incident thus assisting in the prevention of an incident re-occurring. This form is recorded for all incidents and the learning disseminated to staff via staff meetings.
- Review of cleaning policies, procedures and guidelines currently being carried out. This will include a review of the cleaning manual, induction and training procedures. The Domestic Supervisor completes a daily scheduled works sign off sheet at the end of each shift.
- A maintenance programme is being put in place to formalise the arrangements currently in place. This will include for example high cleaning, cleaning of extractor fans, shower drains, daily maintenance, removal of disused pipe works on completion of current works.
- Repairs to the Gazebo in the garden are being carried out currently.
- Risk assessment has been completed in relation to identified risks e.g. the risk of residents smoking in the gazebo.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Plans for a new build as part of the Public-Private Partnership project are at an advanced stage, with planning permission granted. The new build will provide residents with the option of ensuite toilet and bathroom/shower facilities and greater communal and personal space, thus promoting each resident's privacy.

A remedial plan has been developed to address the issues identified:

- At the time of the inspection new fire doors were being installed. Once completed these will be the subject of review to ensure that all close effectively and that any gaps between the door surround and the floor, between the flooring and the wall along the corridor are repaired.
- Audits of all existing fire doors are carried out to ensure that all are closing effectively.
- Paintworks to be carried out within the centre.
- Repairs/replacement of floor covering within the centre.
- Gazebo is currently being repaired.
- The cupboard doors in the family room are being replaced.
- The bottles of water present in the toilets were removed immediately following the inspection.
- The plumber has reviewed the toilets and they are in proper working order.
- Replacement of the floor covering in the old chapel area to be completed.
- The chemical store is part of the ongoing fire proofing programme and the exposed

concrete blocks and windowsill are being replaced.

- Call bells are available and operational for all residents' bedrooms and communal areas. These can be accessed by the residents when in their rooms or unsupervised in communal areas. A review of the placement of the call bells in the communal areas has been carried out to improve ease of access for the residents.

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The following measures are being put in place to ensure compliance with Regulation 27:

- The Governance systems in place have been reviewed with roles and responsibilities defined to provide oversight of all matters in relation to Infection Control Practices.
- There is a system of ongoing Infection Prevention and Control audits in place. These are undertaken by the Assistant Director of Nursing and Clinical Nurse Manager 2 Infection Prevention and Control team. A plan of action is devised following any recommendations received from the team.
- The cleaning procedures for resident's equipment such as commodes, shower chairs, crash mats, hand sanitiser dispensers, the cleaning trolley and the medication trolleys has been reviewed.
- Review of the Environmental audit form has been carried out. The frequency of audits will be reviewed to ensure they are completed in a timely manner to ensure effective corrective action plans are in place. The cleaning procedures for any items or areas of the building will be updated if required on completion of environmental audits.
- A maintenance programme is being put in place to formalise the arrangements currently in place. This will include for example high cleaning, cleaning of extractor fans, shower drains, daily maintenance, assisting in the cleaning of washing machines, removal of disused pipe works on completion of current works.
- A maintenance procedure is being put in place to assist the person in the laundry to ensure that the washing machine and its environs are visibly clean.
- During the upgrade works that were in process during the inspection, the storage and management of laundry in an unused bedroom on one unit, was a temporary arrangement in place while works were completed in the linen room. This work is now completed and the linen is stored correctly in the linen room.
- Compliance with the HSE Policy on the Management of Sharps and Prevention of Sharps Injuries 2022 has been communicated to staff through the re-reading and acknowledgement of the policy, agenda for meetings and practical demonstrations with the staff.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: A planned activity schedule is now available for each unit and is displayed in the dayroom on each unit and also on the activities timetable notice board of each unit. As per current guidelines residents have a choice of attending activities on either unit. The residents also have the choice to change the scheduled activity and/or an individual resident will be facilitated in individual activities at that time, if they so wish, as has been the practice in the Centre.</p>	

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(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.	Not Compliant	Orange	31/12/2022
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	31/07/2022
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	12/08/2022
Regulation 23(c)	The registered provider shall ensure that management	Substantially Compliant	Yellow	30/09/2022

	systems are in place to ensure 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.	Not Compliant	Orange	30/09/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/07/2022