



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:	22 February 2023
Centre ID:	OSV-0000533
Fieldwork ID:	MON-0037438

About the designated centre

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

St Vincent's Community Nursing Unit is a 57-bed facility located within walking distance of Mountmellick town centre. Residents' accommodation is arranged in four units/wards. The 'units are: St Paul's ward has 10 beds with one additional bed for End of Life/ isolation purposes. St Anne's ward has 13 beds. Dun Ainne located off st Anne's ward, had two bedroom areas- one palliative bed and one IPC isolation purposes. St Martha's unit has 8 beds dementia-specific unit. St Mary Theresa's ward has 25 beds and one additional bed for End of Life/ isolation purposes. The centre provides care for male and female residents over 18 years of age with continuing care, dementia, respite, palliative care and rehabilitation needs. The provider employs nurses and care staff to provide care for residents on a 24-hour basis. The provider also employs GP, allied health professionals, catering, household, administration and maintenance staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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How we inspect

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
Wednesday 22 February 2023	09:00hrs to 15:30hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were provided with good standards of care in a supportive environment. The inspector spoke with several residents during the inspection. Feedback from residents was that they were well cared for by staff and were satisfied with the service they received. Residents had high praise for the activity schedules in place, with two residents telling the inspector that they were looking forward to their outings and were waiting for the bus to collect them.

Residents' views were sought on the running of the centre through regular residents' meetings in the centre. Residents told the inspector that they felt able to talk to a member of staff if they were worried about anything or were not satisfied with any aspect of the service. All residents in the centre were seen to be well dressed, and it was apparent that staff supported residents to maintain their individual style and appearance. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

The centre had several sitting/dining rooms in each unit, where most residents were observed to spend their day. All rooms have en-suite facilities; some have been upgraded and renovated over the past years. Residents had access to outdoor garden areas, which were easily accessible. The garden areas were attractive, with raised flower beds and garden benches. The inspector saw that each resident had sufficient wardrobe space in their bedrooms to store their personal belongings. However, the inspector observed that the storage facilities in the St Martha's unit were limited as residents' equipment was seen to be stored in residents' bathrooms, as addressed under Regulation 17: Premises.

The inspector observed that the care staff knew the residents well and were aware of their individual needs. Staff spoken with were knowledgeable of their role and reported that they were well supervised and supported.

Residents had a fresh supply of drinking water and refreshments throughout the day of inspection. The inspector observed that the food served in the centre was wholesome and served hot. Residents gave positive feedback about their meals and told the inspector that they enjoyed mealtimes and they always had a choice of food.

Residents' personal clothing was laundered on-site, and residents reported their satisfaction with this service. The laundry area was visibly clean on inspection, and the inspector observed the system in place to reduce the risk of cross-infection in the laundry area.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how

these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a well-governed centre with good systems in place to monitor the quality of care provided to residents. This was an unannounced risk inspection conducted by an inspector of social services to assess compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The provider of this centre was the Health Service Executive (HSE). There was a clearly defined management structure in place with identified lines of authority and accountability. The interim Director of Nursing, who was the Person in charge, facilitated this inspection.

The Person in charge was supported by a team of clinical nurse managers and staff nurses in the centre. Management support was also provided by the Service Manager for Older Person Services.

There were suitable staffing levels in the centre. A review of the training matrix showed that staff training was mostly up-to-date and an ongoing training schedule was in place.

A schedule of audits was being carried out in areas such as person-centred care, activities, infection control, documentation and complaints and concerns. Clinical indicators were being monitored in areas such as wounds, falls, infection, restraint and dependency levels, and pressure areas. Audits were objective and identified improvements. Records of quality improvement meetings showed evidence of actions required from audits completed, which provided a structure to drive improvement.

The inspector found that the information and records required were available for review in accordance with Schedule 3, and records were appropriately maintained, safe and accessible.

Regulation 15: Staffing

The number and skill mix was appropriate to meet the assessed needs of the 57 residents living in the centre in accordance with the size and layout of the centre. There was a minimum of four registered nurses rostered 24 hours a day, seven days a week.

Judgment: Compliant

Regulation 16: Training and staff development

There was an ongoing schedule of training in the centre. A review of training records indicated that a small number of staff required refresher training in fire safety, moving and handling practices and safeguarding, but there was evidence that this training had already been scheduled to occur in the days following the inspection.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents had all the requirements as specified in Schedule 3 of the regulations, which ensured that comprehensive records were maintained of a resident's occupancy in the centre.

Judgment: Compliant

Regulation 21: Records

The records required for inspection purposes were available and well maintained. Inspectors saw that records were kept in a safe and accessible.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the provider ensured the centre was well-resourced for the effective delivery of care in accordance with the statement of purpose. Members of the management team were aware of their lines of authority and accountability. There were management systems in place to monitor the effectiveness and suitability of the care being delivered to residents.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers involved on a voluntary basis in the designated centre.

Judgment: Compliant

Quality and safety

Overall, residents were supported to have a good quality of life which was respectful of their wishes and preferences. Residents' rights and choices were respected, and residents were actively involved in the organisation of the service. However, some improvements were required in relation to premises and fire precautions.

Residents had access to an independent advocacy service, and information about this service was displayed in the reception area of the centre. Residents had access to television, radios, newspapers and telephone. Residents also had access to religious services within the centre and wider community. Catholic mass was held weekly in the centre. There was an activity schedule in place, and there were activities provided to most residents on the day of the inspection.

Residents were supported to maintain control of their clothing and personal belongings.

The premises were found to be clean and well organised. However, there were some areas of the centre that required repair or maintenance, which is discussed further under Regulation 17: Premises.

A review of fire precautions in the centre found that records with regard to the maintenance and testing of fire alarm systems, emergency lighting and fire-fighting equipment were available for review. Staff spoken with were knowledgeable regarding the fire precautions in place to protect residents in the event of a fire emergency. The provider had recently sought an external expert to undertake a fire safety risk assessment of the centre, and the provider was in the process of developing an action plan to address the issues identified in the assessment. However, some improvements were required, as discussed further under Regulation 28: Fire safety.

Regulation 12: Personal possessions

There was adequate storage in the residents' rooms for their clothing and personal belongings, including a lockable unit for safekeeping. Laundry facilities were

available on-site, and the residents' clothes were returned to them clean and fresh.

Judgment: Compliant

Regulation 17: Premises

The inspector identified the following issues in relation to the maintenance of premises that required action to ensure the premises were kept in a good state of repair internally and suitably decorated as required by the regulations. This was evidenced by;

- There was a large crack through the wall and signs of leaking on the walls in the main corridor.
- While the paint works were ongoing, some parts of the premises, such as hand rails and walls, required re-painting.
- There was a lack of storage in St Martha's, the dementia-specified unit as residents' mobility equipment, such as wheelchairs and zimmer frames, were stored in the shower space in the residents' shared bathrooms.
- The marmoleum in the corridor in the St Martha's dementia-specified unit was stained and damaged, and it was peeling off the wall.
- There was no emergency-call bell in two communal rooms in St Martha's dementia-specified unit.

Judgment: Substantially compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care

professionals.

Judgment: Compliant

Regulation 28: Fire precautions

Action was required by the provider to ensure adequate precautions were in place to protect residents and others from the risk of fire and compliance with Regulation 28. This was evidenced by;

- Some fire doors in the centre were damaged with visible gaps and not closing correctly.
- The inspector observed that some fire doors were supported to be open with a stand or a chair.
- A number of escape lights were not working or were dimmed.
- There were holes around the pipes or exposed wiring system, which compromised the smoke containment measures.
- Keys were missing beside some of the fire doors, which could result in delayed evacuation times.
- The inspector was not assured that the risk of residents living with hearing impairment and not hearing the alarm had been identified and that appropriate measures were taken to address this.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The design and layout of the premises promoted residents' privacy and dignity, and staff were observed to support residents to exercise choice in how they led their daily lives. Interactions between residents and staff were observed to be kind, dignified and respectful. Residents had access to numerous opportunities to pursue their interests on their own or in organised group activities.

Judgment: 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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0037438

Date of inspection: 22/02/2023

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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • The main corridor wall displaying dampness and an ingress of water resulting in a crack in the wall. This has been escalated through estates and funding is requested through minor capital. It is a high priority and repair will be completed in the next 2 months. • Painting is ongoing in the unit and the area’s identified on the day of inspection have been highlighted with onsite painter who will prioritise this in the coming weeks • All mobility equipment has been removed from the shared bathrooms in St Martha’s ward, leaving the shower area clutter free. Residents’ personal equipment is stored in their bedroom space or store area. • The floor covering on the corridor of St Martha’s will be replaced in the next 4 weeks. Supplier has measured same and funding has been approved. • The emergency call bells have been fitted in the communal rooms in St Martha’s ward. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Some Fire Doors within the unit require replacement or repair as outlined in our most recent Fire Door Inspection review. This is escalated to Estates and a request for funding has been submitted to allow this work to be carried out. While this is a high priority, it is envisaged that this work will take a minimum of 6 months to be completed. • Weekly Fire Door checks carried out by staff in all departments. All Fire Exits are to remain clear and staff aware that Fire Doors are not be held open with a chair. HIQA Inspection report disseminated to all wards to highlight the issue and share the learning. Also highlighted at Health & Safety/Fire Meeting • All escape lights checked and are in working order, however some appeared dimmed on the day of inspection. These have been replaced by our onsite electrician 	

- Exposed wires/holes around pipes checked and secured by maintenance staff to ensure that risk is mitigated in the event of a fire
- All Fire Doors are connected to the Fire Alarm system and release automatically upon the activation of the Fire Alarm. Keys not required to open these doors in the event of a fire. Key holders adjacent to fire doors have been removed.
- We have 1 resident on St Anne's ward who is deaf. To ensure that he is aware the Fire Alarm is activated, a red flashing strobe sounder has been installed in his bedroom. Resident aware of the purpose of this light and has accepted the installment of this.

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.	Substantially Compliant	Yellow	08/06/2023
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	06/04/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	01/11/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	01/05/2023

	containing and extinguishing fires.			
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