

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:	06 March 2025
Centre ID:	OSV-0000533
Fieldwork ID:	MON-0044002

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 five wards. The centre provides care for male and female residents over 18 years of age with continuing care, dementia and palliative care 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:	55
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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
Thursday 6 March 2025	10:00hrs to 18:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were well cared for and supported to live a good quality of life, by a dedicated team of staff who knew them well. Residents described the centre as 'a home from home', and felt that staff were kind and attentive to their needs. Staff were observed to deliver care and support to residents which was person-centered and respectful.

On arrival to the centre, the inspector was met by residents that were out walking the corridors for some exercise. The residents opened the door for the inspector and chatted freely about life in the centre and expressed a high level of satisfaction with the service provided. This positive feedback was echoed by all residents and visitors spoken with throughout the day. Without exception, the residents praised the staff delivering the care as individuals and as a group.

The inspector completed a tour of the building. The nursing management were known to all of the residents that were met on the tour, greeting each resident by their first name, introducing them to the inspector and giving the residents an explanation of why the inspector was in the centre.

The centre was a two-storey building and provided accommodation for 57 residents. Bedroom accommodation comprised of single and double bedrooms. Many bedrooms were personalised and decorated according to each resident's individual preference. Residents were encouraged to decorate their bedrooms with personal items of significance, such as ornaments and photographs. There was safe, unrestricted access to outdoor gardens for residents to use. These areas included well-presented manicured internal gardens which contained a variety of suitable garden furnishings and shrubbery. Significant upgrades had been completed to the interior soft furnishings of the centre. These improvements had a positive and welcoming contribution to the homeliness of the overall environment.

The premises was laid out to meet the needs of residents, and to encourage and aid independence. The centre was visibly clean, tidy and well-maintained. Call bells were available in all areas, and answered in a timely manner. One resident told the inspector that they never used their call bell as the staff were always in checking on them. The resident found this a source of comfort and in no way restrictive. Residents told the inspector that they had a choice of meals and drinks available to them every day, and they were very complimentary about the quality of food.

Residents were observed in the various areas of the centre, and it was evident that residents' choices and preferences in their daily routines were respected. Some residents were relaxing in the communal areas, while other residents mobilised freely or with assistance around the building. As the day progressed, residents were observed in the communal areas, watching TV, chatting to one another and staff, or participating in scheduled activities. Resident meetings were held and high levels of

satisfaction were recorded with the activities held in the centre. When asked how they passed the day one resident told the inspector there was plenty of choice and that they "hadn't time to be bored".

Residents' personal clothing was laundered on-site. Residents expressed their satisfaction with the service provided, and described how staff took care with their personal clothing and returned it promptly to their bedroom.

The inspector observed that staff were kind, patient, and very attentive to residents' needs. While staff were seen to be busy, they were observed to respond to residents' requests for assistance promptly and in an unhurried manner. The communal rooms on each unit was supervised at all times with staff in attendance to respond to any requests. Staff who spoke with the inspector were very knowledgeable about residents and their needs. The inspector observed that personal care was attended to a very good standard. There was a pleasant atmosphere throughout the centre, and friendly and familiar chats could be heard between residents, visitors and staff.

Residents spoke positively about their experience of living in the centre. They said that staff respected their choices and treated them with dignity and respect. Residents said that they felt safe, and that they could freely speak with staff if they had any concerns or worries.

The centre was embedded in the community and residents were facilitated and encouraged to attend local events. Weekly shopping trips were held on Tuesdays. On Wednesdays, a small number of residents went for scenic drives of the local area. The centre had an internal fundraising group known locally as, The Friends of St Vincents. Monies raised were used directly to fund resident requests and outings. For example, a large group of residents had attended a local Pantomime in February 2025.

Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings.

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 on the quality and safety of the service being delivered.

Capacity and capability

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would enhance the daily lives of residents. The governance and management was organised and the centre was sufficiently resourced to ensure that residents were supported to have a good quality of life. Notwithstanding this finding, the systems in place monitoring the direct provision of

care were not sufficiently robust in all areas to identify gaps in the care plan documentation that is required to guide resident care requirements. The inspector found that the system in place to ensure adequate identification and oversight of residents that were at risk of malnutrition was not always effective.

This was an unannounced inspection conducted over the course of one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. The Health Services Executive is the registered provider of St Vincent's Community Nursing unit. On the day of inspection, there was 55 residents living in the centre. There were sufficient numbers of suitably qualified nursing, healthcare, activities staff and household staff available to support residents' assessed needs. Within the centre, the person in charge was supported by a team of clinical nurse managers, nurses, healthcare assistants, activities staff and administration staff. This management structure was found to be effective.

The inspector reviewed a sample of staff files. The files contained the necessary information as required by Schedule 2 of the regulations including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012.

Records reviewed by the inspector confirmed that training was provided. All staff had completed role-specific training in safeguarding residents from abuse, manual handling, infection prevention and control, and fire safety.

The management team held monthly management meetings and all areas of care delivery was discussed. There were management systems in place to monitor the quality and safety of the service provided that included a schedule of audits. The inspector reviewed a sample of completed clinical audits and found that some audit tools were not effective to support the identification of risks and deficits in the quality and safety of the service. For example, a review of nutrition management failed to identify that follow-up actions, required when unintentional weight loss was identified, were not implemented. The monitoring of food and fluid intake and the completion of referral to specialist services for advice had not been completed for a number of residents who had been identified as being at high risk of malnutrition.

The system in place to ensure appropriate oversight of resident care records was not adequate. For example, a review of the care records of a number of residents with complex care needs found that regular safety checks, in place to ensure the residents had adequate levels of supervision, were incomplete.

The person in charge held responsibility for the management of complaints. At the time of inspection, all logged complaints were been managed through the complaints policy.

Incidents were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

Regulation 15: Staffing
The number and skill mix of staff was appropriate with regard to the needs of the current residents, and the size and layout of the designated centre.
Judgment: Compliant
Regulation 16: Training and staff development
Staff had access to and had received appropriate training.
Judgment: Compliant
Regulation 21: Records
<p>A review of the records in the centre found that the management of records was not in line with the regulatory requirements. For example;</p> <ul style="list-style-type: none"> records of nursing care provided to residents were not accurately or appropriately maintained in line with the requirements of Schedule 3(4)(b). For example, records of safety checks for residents with complex care needs were not always maintained in line with the residents care plan.
Judgment: Substantially compliant
Regulation 23: Governance and management
<p>The management systems in place did not fully ensure that the service provided was effectively monitored. A review of the system of auditing found that clinical audits had failed to identify potential risks to the care of residents. For example:</p> <ul style="list-style-type: none"> a nutritional audit did not identify that residents, identified as being at high risk of malnutrition, did not have the required care interventions implemented. a restrictive practice audit did not identify that records to evidence appropriate levels of supervision were in place, were incomplete.
Judgment: Substantially compliant

Regulation 31: Notification of incidents
Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.
Judgment: Compliant
Regulation 34: Complaints procedure
A review of logged complaints found that concerns were promptly managed and responded to, in line with regulatory requirements.
Judgment: Compliant
Quality and safety
<p>Residents living in the centre received care and support which ensured that they were safe, and that they could enjoy a good quality of life. Residents reported feeling safe and content living in the centre. There was a person-centred approach to care, and residents' well-being and independence were promoted. However, some aspects of the care documentation did not ensure that a high quality service was consistently provided, particularly in relation to the updating of resident care plans and referral to health care professional services. In addition, care plans did not always reflect the resident's assessed care needs.</p> <p>The inspector found that while each resident had a care plan in place, care plans were not always maintained in line with the requirement of the regulations. A review of a sample of residents' assessments and care plans found that care plans were not always updated when a change occurred in a residents overall condition. Consequently, the care plans reviewed did not always reflect the care needs described to the inspector by the staff. Where a resident had lost weight and had been assessed as being at high risk of malnutrition, an appropriate care plan, had not been developed to address this risk.</p> <p>A review of residents' records found that there was regular communication with residents general practitioners (GP) regarding their health care needs and arrangements were in place to ensure that the general practitioners were informed of residents who showed signs and symptoms of physical deterioration.</p>

Residents could access the expertise of allied health care professionals such as dietetic services, and speech and language therapists for further expert assessment through a system of referral. However, residents were not always appropriately referred for further expert assessment when clinically indicated.

All areas of the centre were observed to be visibly clean and tidy and the premises was generally well maintained. On-going maintenance was in place. Significant improvements had been made with the purchase of new furniture that gave the communal rooms a homely feeling. There was a cleaning schedule in place to support the systematic cleaning of all areas of the centre.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of the centres' safeguarding policy and procedures, and demonstrated awareness of their responsibility in recognising and responding to allegations of abuse. Residents reported that they felt safe living in the centre.

Residents' rights were promoted in the centre. Residents were free to exercise choice in how to spend their day. Activities were observed to be provided by dedicated activities staff. Residents told the inspector that they were satisfied with the activities on offer. There were opportunities for the residents to meet with the management team and provide feedback on the quality of the service. Resident meetings were held on every unit and any matters arising were then escalated to the person in charge for them to follow-up.

Residents had access to an independent advocacy service. There was clear examples of how this service was of benefit to the resident who accessed it. The inspector observed that there were information leaflets on local amenities within the community, strategically placed around the centre.

Visitors were openly welcomed in the centre and residents were happy with the arrangements in place.

There was a risk register which identified risks in the centre and the controls required to mitigate those risks.

Regulation 11: Visits

The inspector observed visiting being facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 20: Information for residents
The provider had prepared a guide for residents which contained the requirements of the regulations.
Judgment: Compliant
Regulation 26: Risk management
A centre-specific risk management policy was in place, in line with the requirements of Regulation 26.
Judgment: Compliant
Regulation 27: Infection control
The centre was visibly clean. Infection prevention and control (IPC) measures were in place. Staff had access to appropriate IPC training, and all staff had completed this.
Judgment: Compliant
Regulation 5: Individual assessment and care plan
<p>Care plans were not reviewed or updated when a resident's condition changed. For example,</p> <ul style="list-style-type: none"> • The care plan of a resident had not been reviewed or updated following unintentional weight loss which posed a risk to their nutritional care and support needs. • Residents with complex care needs did not their care plan updated with the most recent guidance detailed. For example, the introduction of new dressing regimes and frequency of dressing changes.
Judgment: Substantially compliant

Regulation 9: Residents' rights

There were facilities for residents' occupation and recreation, and opportunities to participate in activities, in accordance with their interests and capacities. Residents expressed their satisfaction with the variety of activities on offer.

Residents were provided with the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents meetings and taking part in resident surveys. Residents told the inspector that they could exercise choice about how they spend their day, and that they were treated with dignity and respect.

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 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 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0044002

Date of inspection: 06/03/2025

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
Outline how you are going to come into compliance with Regulation 21: Records: The PIC met with all CNM's on 11.03.2025 to provide feedback following the HIQA inspection. All CNM's directed to review residents care plans with all nursing staff in their departments outlining the gaps identified in the inspection. Nursing staff in all departments have overall responsibility for no more than 2 care plans. All ward areas have both Enhanced and Senior Staff nurses with experience in care planning. All care plans continue to be reviewed 4 monthly as per local policy. The importance of updating care plans following the review of residents by Allied Health Professionals, where there is a change to the care of the resident has been highlighted as critical to ensure the provision of safe care. The need for resident centred care planning has been emphasised and the importance of ensuring that all aspects of care form part of the care plan/care bundle, specific to the resident's needs and in particular when there is a change to the resident's condition. All Nursing Staff to attend online training on care planning in older persons on HSELAND. A review of the current care plan audit tool has been undertaken and the audit schedule for 2025 is now revised	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The audit schedule for 2025 has now been revised. The schedule will continue to audit care plan's x 4 on each ward monthly. The audit tool used has been revised also to ensure that all aspects of the care plan is being audited effectively. Medication management and Restrictive practice audits will continue quarterly. These audits will be peer to peer to ensure results are not biased. All IPC audits in the unit will now be	

completed by the link practitioner who is deployed to IPC duties with effect from 31st March.

The audit schedule will now include an MNA audit quarterly at ward level.

Peer to Peer auditing will commence in April 2025 as part of the revised schedule.

All Audit results and action plans will be submitted to Nursing Admin for review by the CNM's working in Nursing Admin. Concerns will be highlighted to the PIC. The PIC continues to attend Nursing Admin each morning (Monday to Friday) for handover. Any concerns/issues/complaints are raised at this time.

In addition the Nursing admin Team will audit a care plan from each ward area monthly as part of the oversight and governance of care plans. The CNS Dementia will audit a care plan monthly for a resident with Dementia/Responsive behaviour needs.

Quarterly QPS meetings are scheduled for 2025 and Audits/Action plans will continue to be discussed at these meetings with the emphasis on shared learning. The minutes of these meetings are circulated to all departments

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

All Nursing Staff to attend online training on care planning in older persons on HSELAND. A review of the current care plan audit tool has been undertaken- peer to peer auditing by CNM's of care plans will commence in April 2025 to ensure improved compliance. The importance of updating care plans in accordance with the changing needs of a resident highlighted with all ward areas. CNM's to discuss this further at departmental level meetings. CNM's aware of the need for increased level of monitoring and supervision in relation to 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 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	30/04/2025
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	30/04/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after	Substantially Compliant	Yellow	30/05/2025

	that resident's admission to the designated centre concerned.			
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