Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Vincent's Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	Irishtown, Mountmellick, Laois
Type of inspection:	Unannounced
Date of inspection:	15 May 2024
Centre ID:	OSV-0000533
Fieldwork ID:	MON-0043676

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:	52

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 15 May 2024	10:30hrs to 19:15hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

The inspector found that residents had a good quality of life and were supported by staff to remain independent, and to have their rights respected and acknowledged. Residents felt safe in the centre and said that they felt that their opinions mattered and that their rights were respected. They said they were glad of the support they received from staff. Residents expressed high levels of satisfaction with their direct care, the time it took to have their call bells answered, and the quality of the food. From observations made by the inspector, it was evident that there was an ethos of respect for residents promoted in the centre, and person-centred care approaches were observed throughout the day.

The inspector was met by the person in charge on arrival at the centre. Following an introductory meeting, the inspector walked through the centre and spent time observing the care provided to residents, talking to residents and staff, and observing the care environment. In the main, the centre was visibly clean. There was a calm, friendly, and relaxed atmosphere in the centre throughout the inspection. During the morning, staff were observed to respond to residents requests for assistance promptly. Staff paced their work so that they had time to engage socially with residents, when providing care.

The centre had five units spread out across two floors. On the day of inspection, construction works were underway in parts of the centre. In the dementia specific unit re-purposing and re-configuration of the communal rooms was near completion. In other parts of the centre, fire doors were under repair. While, at times, the noise levels were intrusive, residents told the inspector that they welcomed the upgrades. Areas that were under construction were appropriately sign-posted, and barriers to prevent entry were in place. Bedroom accommodation consisted of single and twin rooms. Residents told the inspector that they were happy with their rooms. Rooms were personalised with photographs and mementos, which provided glimpses into residents' previous lives and family connections.

The inspector observed that there were notice boards strategically placed throughout the centre for residents to easily access information about the services available to support them. This included information on safeguarding services, advocacy, and infection prevention and control. Relatives confirmed that there was good communication. There was no visiting restrictions in place. Residents were supported to maintain personal relationships in the community. Visitors were complimentary of the care provided to their relatives.

The inspector found that a high level of importance was placed on the need for social engagement. There was three staff assigned to the activities programme which was available seven days a week. Each day, one staff member was assigned to complete one-to-one sessions to ensure that all residents had personal social time during the day, including those who wished to remain in their bedrooms. Group

activities occurred daily. In the afternoon, a number of residents went out to the local cinema.

The following sections of this report details the findings with regard to the capacity and management of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

Overall, the findings of this inspection were that residents were receiving a high quality service in a care environment that was safe and met their assessed health and social care needs. A review of the management of complaints found that some action was required to achieve full compliance with the requirements of Regulation 34: Complaints procedure. In the area of quality and safety, the findings reflected non-compliant issues in relation to the management of fire precautions. In addition, the inspector found that the system in place on the management of pension arrangements was not in line with current best practice guidelines.

This was an unannounced inspection, carried out by an inspector of social services, to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and to follow up on the compliance plan submitted following the last inspection of the centre in August 2023.

The Health Services Executive (HSE) was the registered provider of the centre. Within the centre, the person in charge was supported by an assistant director of nursing, a team of clinical nurse managers, and a dementia clinical nurse specialist.. This management structure was found to be effective for the current number of residents. On the day of inspection there was 52 residents living in the centre, with five vacancies.

On the day of the inspection, there were sufficient numbers of suitably qualified nursing and household staff available to support residents' assessed needs. There was a high level of agency staff working in the centre. The staff were regularly rostered and so the staff knew the residents well. Consequently, the use of agency was not negatively impacting on the delivery of person-centered care. The provider had an ongoing recruitment campaign in place as there was a shortfall in the provision of physiotherapy service available. This shortfall had been risk assessed and mitigation measures were in place to minimise the risk to residents. At the time of inspection, referrals for physiotherapy assessment were being processed and there was a priority system of review in place. This meant that no resident was negatively impacted while recruitment was in process.

Staff files contained all of the information required under Schedule 2 of the regulations. The inspector found that staff had access to education, appropriate to their role. This included infection prevention and control training, manual handling,

and safeguarding training. Staff responses to questions asked displayed a good level of knowledge. Due to the complex care needs of a number of the current residents, additional training in areas of the management of complex care was required to ensure that the care needs of all residents could be met. The person in charge ensured that a fully trained member of staff was on duty at all times.

Policies and procedures were available in the centre providing staff with guidance on how to deliver safe care to the residents. There were systems in place to monitor and respond to risks that may impact on the safety and welfare of residents. The risk management systems were informed by an up-to-date risk management policy. A review of the risk register evidenced that clinical and environmental risks were assessed and reviewed at frequent intervals.

The provider was in process of implementing a new auditing system to monitor the direct provision of care. The person in charge, supported by the nursing team, was completing the audits. The system included monitoring of care plan documentation, medication management practices and infection prevention and control practices. Quality improvement plans were developed and areas for improvement were identified. For example; as a result of medication management audits findings a new system had been implemented whereby all nurses wore a red apron when administering the medications. The introduction of the red apron initiative was to minimise the number of times nurses were interupted when administering medications. The initiative was commenced on the 12 February 2024.

The centre had a complaints policy and procedure which outlined the process of raising a complaint or a concern. A summary of the complaints procedure was prominently displayed for information for residents and their relatives. However, complaints were not always managed in line with the centres policy. The inspector found that there was a poor awareness of what constituted a compliant and should be managed, in line with the complaints policy.

Regulation 15: Staffing

There was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to and had completed training appropriate to their role.

Judgment: Compliant

Regulation 23: Governance and management

There were strong governance arrangements in the centre. There were sufficient resources in place on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored. Quality improvement plans on the development of the service were in progress.

Judgment: Compliant

Regulation 34: Complaints procedure

The inspector reviewed the complaints documentation and found that the provider had failed to meet regulation requirements in relation to the management of complaints. For example;

- the detail of the complaints were not always recorded.
- the satisfaction level of the complainant was not always recorded.

Judgment: Substantially compliant

Quality and safety

Residents received care and support from a team of staff who knew their individual needs and preferences. The inspector found that the quality and safety of the services provided in this centre were of a high standard. Residents who spoke with the inspector said that they felt safe and that they were well cared for by staff. However, the inspector found that the documentation and management of residents' finances was not fully in line with best practice guidelines. In addition, delays in addressing fire safety works meant that the provider was not in full compliance with Regulation 28: Fire precautions.

On the day of inspection, there was construction work in progress to upgrade the fire safety in the centre. The work had been completed in phases to ensure minimum disruption in the daily lives of the residents with a target end date of May 2024. Consultation with external fire safety experts was in place. The risk of noise

pollution and the impact of the works on the current residents had been risk assessed and team meetings were held to monitor the progress of the work.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. Fire drills were completed to ensure all staff were knowledgeable and confident with regard to the safe evacuation of residents in the event of a fire emergency. A summary of residents Personal Emergency Evacuation Plans (PEEP) were in place for staff to access in a timely manner. Staff demonstrated an appropriate awareness of the evacuation procedure and system in place. Notwithstanding the works undertaken and the progress made, the ongoing construction works required were not complete. The provider date for completion, as advised following the last inspection in August 2023, had been delayed. This resulted in a repeated non-compliance under Regulation 28: Fire precautions.

There was a variety of communal and private areas observed to be in use by residents on the day of inspection. Communal areas of the centre had comfortable furnishings. In the main, the centre was visibly clean throughout. The provider had a number of assurance systems in place to prevent and control the risk of infection in the centre. A single use, colour-coded, mop and cloth systems was in operation. Cleaning agents were appropriate for healthcare settings and housekeeping staff demonstrated an understanding of the centres cleaning process.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. The provider supported 13 residents in the centre to manage their pension and welfare payments, however, this system was not fully in line with best practice guidelines.

A sample of nine residents' files were reviewed by the inspector. Residents' care plans and daily nursing notes were recorded on a paper-based system. A comprehensive assessment on admission ensured that residents' individual care and support needs were being identified. The inspector found evidence that residents' care plans were developed within 48 hours following admission to the centre, to guide the care to be provided to residents. Care plans developed were underpinned by validated assessment tools to identify potential risks to residents such as impaired skin integrity and risk of malnutrition.

Residents were reviewed by a medical practitioner of their choice, as required or requested. Referral systems were in place to ensure residents had access to health and social care professionals for additional professional expertise. There was evidence that recommendations made by professionals had been implemented to ensure the best outcome for residents. For example, advice received from a tissue viability specialist on the management of a wound was implemented.

All residents who spoke with the inspector reported that they felt safe in the centre. Residents’ rights were well respected. Residents were actively involved in the organisation of the centre and their feedback was reported back through resident

meetings. Resident meetings were chaired by a member of staff who reported any issues raised to the person in charge. Minutes of the meetings reviewed showed that relevant topics of interest to the residents were discussed. For example, the ongoing building work.

Residents were encouraged and supported by staff to maintain their personal relationships with family and friends. Visitors were welcomed in the centre.

Regulation 11: Visits

Visiting was 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 18: Food and nutrition

Residents were provided with wholesome and nutritious food choices for their meals, and snacks and refreshments were made available at the residents requests. Daily menus were displayed. There was adequate numbers of staff available to assist residents with their meals. Assistance was offered discreetly.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had engaged the services of an external company to complete building works in relation to the installation and upgrade works to the fire doors in the centre. The time frame for completion of this work was March 2024. On the day of inspection the works had commenced and were in progress. The new date for completion of the work will be addressed in the compliance plan response.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Residents care plans were developed upon admission and formally reviewed at intervals not exceeding four months.

Care plans were informed through assessment using validated assessment tools that assessed, for example, residents dependency, risk of falls, risk of malnutrition, skin integrity, and a social assessment that gathered information on the residents hobbies, likes and dislikes.

Judgment: Compliant

Regulation 6: Health care

Residents were provided with timely access to health and social care professional services, as necessary. In addition, there was good evidence that recommendations were implemented.

Judgment: Compliant

Regulation 8: Protection

The provider supported a number of residents to manage their pensions in the centre. However, the management of pensions was not in line with best practice guidelines. For example, the person appointed to manage the residents pension was no longer employed by the service.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector observed that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

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 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0043676

Date of inspection: 15/05/2024

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 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: All complaints, both verbal and written are managed in line with the complaints policy of the unit as per the Statement of Purpose. All departments have been updated on the importance of documenting Stage 1 complaints on a point of resolution form and recording the level of satisfaction of the complainant. These forms are submitted to Nursing Administration for review by the Person in Charge. All stage 1 complaints are recorded by each department monthly. Since the inspection the PIC has discussed with each CNM and managers in all other support services the necessity to document all complaints and to record the complainant's satisfaction with the outcome of the issue raised. Each complaint is submitted to Nursing Admin for the ward register also. All complaints are reviewed by the complaints officer (PIC) for the designated centre and the complaints process is followed. All complaints are discussed at quarterly Quality Patient Safety meetings for shared learning. Unresolved complaints or those where the complainant remains dissatisfied with the outcome are referred to the complaints review officer- the General Manager.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Following the completion of a fire safety risk assessment, fire safety structural upgrade works commenced onsite on 8th April 2024.These works include the replacement of fire	

doors, fire stopping at wall and ceiling penetrations. The timeframe for completion of the works is 15th September 2024. Upon completion of these works, the compartment floor plans along with the Fire Policy/Evacuation policy will be reviewed and amended to reflect any changes. The signage identifying compartment lines within the unit will be reviewed and updated accordingly to ensure that each compartment boundary line is clearly displayed in accordance with the floor plan. Evacuation signage displayed throughout the unit will be updated to ensure consistency and standardisation of same.

Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The Person in Charge has discussed this with the Registered Provider Representative and will submit new applications on the 12 residents to ensure that the current Person in Charge is the designated agent on behalf of the HSE This will ensure that all 12 residents are safeguarded and the centre will be compliant in Regulation 8	

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 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	15/09/2024
Regulation 34(6)(a)	The registered provider shall ensure that all complaints received, the outcomes of any investigations into complaints, any actions taken on foot of a complaint, any reviews requested and the outcomes of any reviews are fully and properly recorded and that such records are in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/05/2024
Regulation 8(1)	The registered provider shall take all reasonable	Substantially Compliant	Yellow	01/08/2024

	measures to protect residents from abuse.			