



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:	18 September 2024
Centre ID:	OSV-0000483
Fieldwork ID:	MON-0044903

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:	31
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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
Wednesday 18 September 2024	08:45hrs to 15:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

The inspector observed that residents rights and dignity was supported and promoted with examples of kind, discreet, and person- centred interventions between staff and residents throughout the day. Residents living with a diagnosis of dementia or cognitive impairment who could not communicate their needs appeared to be relaxed and enjoyed being in the company of staff.

The Care Centre is a three-story building, with two floors used for resident accommodation. This comprised the Auburn Unit on the first floor and the Sonas Unit on the ground floor. The second floor was allocated to staff facilities. Access between floors was facilitated by a passenger lift and stairs.

Residents who spoke with the inspector confirmed that their rooms were cleaned every day and that they were kept "spotless." However, some of the décor and finishes were showing signs of minor wear and tear. The provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance. Despite the minor maintenance issues identified, overall the general environment and residents' bedrooms, communal areas and toilets, bathrooms inspected appeared visibly clean.

There was open access to the secure enclosed external garden from the ground floor sitting room. This area was well-maintained with level paving and seating.

Residents were supported to personalise their bedrooms, with items such as photographs and artwork. There were appropriate handrails and grab-rails available in the bathrooms and along the corridors to maintain residents' safety.

The ancillary facilities supported effective infection prevention and control. For example, staff had access to dedicated housekeeping room on each floor for the storage and preparation of cleaning trolleys and equipment. Auburn and Sonas units had two sluice rooms each unit. One was equipped with a bedpan washer for the decontamination of bedpans, urinals and commodes. A pulp macerator was available in the other sluice where single-use bedpans and urinals and their contents were disposed of, consequently eliminating the risk of cross contamination from reusable utensils. These rooms were also clean and tidy.

The main kitchen was clean and of adequate in size to cater for resident's needs. Residents were very complimentary of the food choices and homemade meals made on site by the kitchen staff. The inspector observed the lunch time experience in the ground floor dining room and saw that residents were offered a choice at mealtimes and modified diets were seen to be well presented and appetising. Toilets for catering staff were in addition to and separate from toilets for other staff.

Laundry and resident clothing was laundered on-site. The infrastructure of the laundry with separate areas for washing and drying, supported the functional

separation of the clean and dirty phases of the laundering process. Washing machines and dryers were of an industrial type that included a sluicing cycle.

Clinical hand wash sinks were accessible to staff within all bedrooms, in sluice rooms and medication rooms. Conveniently located, alcohol-based product dispensers along corridors, facilitated staff compliance with hand hygiene requirements. However, the clinical hand washing sink within one double occupancy bedrooms was positioned inside the privacy screen of one bed. As a result access to the sink may be restricted to the other resident. Findings in this regard are presented under Regulation 17.

Equipment was generally clean with some exceptions. For example two portable fans were dusty and a small number of privacy curtains were stained.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced inspection 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). Overall, this was a well-managed centre with a clear commitment to providing good standards of care and support for the residents.

The inspector followed up on the provider's progress with completion of the actions detailed in the compliance plan from the previous inspection of December 2023 and found that they were endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance. Flooring had been repaired and an additional toilet had been installed near the dining room on the first floor. The fire panel had not been updated accordingly. This posed a risk during evacuation. However the floor plans and statement of purpose had not yet been updated to reflect this change. The person in charge held a weekly meeting with the foreman every week to discuss any outstanding maintenance issues.

The inspector was informed that construction of a new 50-bed Community Nursing Unit which will replace the existing facility was nearing completion, with the estimated opening in the second quarter of next year. The inspector was also informed that on-site visits to the new centre had not yet been facilitated for nursing management.

The provider generally met the requirements of Regulation 5: individual assessment and care planning, Regulation 17: premises, Regulation 23; governance and Regulation 27: infection control, however however further action is required to be

fully compliant. Findings will be discussed in more detail under the respective regulations.

The Health Service Executive (HSE) is the registered provider of St Vincent's Care Centre. There were clear lines of accountability and responsibility in relation to governance and management for the prevention and control of healthcare-associated infection. The person in charge held the role of the director of nursing (DoN) and had responsibility for the day-to-day operational management of the designated centre. The person in charge worked full-time in the centre and was supported in their role by an Assistant Directors of Nursing (ADON), clinical nurse managers and a team of nursing staff, activity co-ordinators, administration, care staff, housekeeping, catering and maintenance staff. Nursing and care staffing and skill mix on the day of inspection appeared to be appropriate to meet the care needs of the residents living in the centre.

This centre is based in the HSE's Community Health Organisation (CHO) 8 area and records showed that there was regular engagement between the management team in the centre and the regional personnel. There was formalised and regular access to infection prevention and control specialists, an antimicrobial pharmacist within CHO8 and the community infection control surveillance team. The provider had also nominated two staff members, with the required training, to the roles of infection prevention and control link practitioners within the centre.

There were also sufficient numbers of housekeeping staff assigned to the units to meet the needs of the centre on the day of the inspection. These staff members were found to be knowledgeable in cleaning practices and processes within the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and disposable cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day.

Infection prevention and control audits covered a range of topics including waste management, hand hygiene and environmental and equipment hygiene. Audits were scored, tracked and trended to monitor progress. The high levels of compliance achieved in recent audits were reflected on the day of the inspection.

Accurate surveillance of multi-drug resistant organism (MDRO) colonisation was not undertaken. There was some ambiguity among staff and management regarding which residents were colonised with MDROs on Sonas Unit. A review of documentation and discussions with staff found that staff were unaware of the MDRO status of a small number of residents that were colonised with Extended Spectrum *Beta-Lactamase* (ESBL) and Vancomycin-resistant *Enterococci* (VRE). As a result accurate infection prevention and control and antimicrobial stewardship information was not recorded in these residents care plans to effectively guide and direct their care. Findings in this regard are presented under Regulation 5.

The provider had a *Legionella* management programme in place. Water testing reports provided the assurance that the risk of *Legionella* was being effectively managed in hot and cold water systems in the centre.

Staff had effectively managed several small outbreaks and isolated cases of COVID-19 in recent years including three outbreaks in 2024 to date. Staff spoken with were knowledgeable of the signs and symptoms of infection and knew how and when to report any concerns regarding a resident. A review of notifications submitted to HIQA found that outbreaks were generally managed, controlled and reported in a timely and effective manner. While it may be impossible to prevent all outbreaks, the outbreak reports confirmed that the early identification and careful management of these outbreaks had contained and limited the spread of infection among residents and staff. The most recent outbreak in June 2024 had been successfully confined to one unit.

There was an ongoing schedule of infection prevention and control training in place to ensure that staff had relevant and up to date training to enable them to perform their respective roles. Housekeeping staff had also attended a nationally recognised "public area cleaning" training program for support staff working in healthcare.

Regulation 15: Staffing

Through a review of staffing rosters and the observations of the inspector, it was evident that the registered provider had ensured that the number and skill-mix of staff was appropriate, having regard to the needs of residents and the size and layout of the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that the majority of staff were up to date with mandatory infection prevention and control training.

Judgment: Compliant

Regulation 23: Governance and management

The provider had clear governance arrangements in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. The person in charge ensured that service delivery was safe and effective through ongoing infection prevention and control audit.

Following the last inspection, a store room (FF067) near the dining room on the first floor had been converted to a toilet for resident use. However, the floor plans and statement of purpose had not yet been updated to reflect this change. No application to vary has been submitted to the office of Chief inspector. Furthermore, the fire panel had not been updated to reflect the room change.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of notifications found that the person in charge of the designated centre notified the Chief Inspector of the outbreak of any notifiable or confirmed outbreak of infection as set out in paragraph 7(1)(e) of Schedule 4 of the regulations, within three working days of their occurrence.

Judgment: Compliant

Quality and safety

Overall, the inspector was assured that residents living in the centre enjoyed a good quality of life. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. Residents lived in an unrestricted manner according to their needs and capabilities. There was a focus on social interaction led by the activity co-ordinators and residents had daily opportunities to participate in group or individual activities.

The centre adopted an open visiting policy for residents during the day except during protected meal times where visiting was restricted during meal time in order to allow for time and enjoyment of meals for residents without distraction.

Residents' nursing care and healthcare needs were met to a good standard. Residents had timely access to general practitioners (GPs), allied health professionals, specialist medical and nursing services.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

The provider had an established antimicrobial stewardship programme in place. Monthly monitoring of a minimum dataset of healthcare associated infection (HCAI), antimicrobial resistance and antimicrobial consumption was undertaken through Community Healthcare Organisation (CHO) 8. A recent report showed low levels of

both antibiotic use and infections relative to the majority of other centres in the region. This initiative provided ongoing assurance to management in relation to the quality and safety of services, in particular the burden of HCAI and antimicrobial resistance in the centre. The inspector was informed that prophylactic antibiotic prescriptions were regularly reviewed and there were no residents receiving prophylactic antibiotics and the day of the inspection.

A large number of residents had long term indwelling urinary catheters. The inspector saw evidence that these residents had been reviewed to assess their continued need for and appropriateness of urinary catheterisation. There were a low number of urinary tract infections relative to the number of residents with indwelling catheters.

Staff had received training on the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance. However, a review of care plans found that this initiative had not been embedded in practice. Findings in this regard are presented under Regulation 5.

The provider had introduced a tagging system to identify equipment and areas that had been cleaned. However, this system had not been consistently implemented at the time of inspection. For example, several items of shared equipment had not been tagged after cleaning and the tag was not removed after using some equipment. There were no guidelines in the use of this system and staff reported that they had not received any training prior to its implementation.

One resident was being cared for with transmission based precautions on the day of the inspection. Appropriate application of transmission based precautions including personal protective equipment (PPE) use was observed during the course of the inspection.

Regulation 11: Visits

There were no visiting restrictions in place and visitors were observed coming and going to the centre on the day of inspection. Visitors confirmed that visits were encouraged and facilitated in the centre. Residents were able to meet with visitors in private or in the communal spaces through out the centre.

Judgment: Compliant

Regulation 17: Premises

The registered provider generally ensure that the premises of the designated centre were appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3, however further action is required to be fully compliant. For example;

- There was a lack of appropriate storage space in the centre resulting in the inappropriate storage of manual handling equipment in resident bedrooms. This reduced the space available for residents to safely move around these rooms.
- Staff lockers were located within a toilet on Sonas unit. This posed a risk of cross infection.
- A wash hand basin was located within the bedspace of one resident in a double bedroom. As a result the second resident's access to the sink was restricted.
- A large amount of dead flies were observed in the medication room on Auburn Unit. This posed a risk of cross contamination of medications, clean and sterile supplies.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

Where the resident was temporarily absent from the 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 27: Infection control

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. For example;

- There was some ambiguity among staff and management regarding which residents were colonised with MDROs. Lack of awareness meant that appropriate precautions may not have been in place to prevent the spread of the MDROs within the centre.
- A range of safety engineered needles were available. However, the inspector saw evidence (used blood collection needles in the sharps disposal bins on both units) that safety needles were not retracted after use and prior to

disposal. Inappropriate use of safety engineered devices increased the risk of needle stick injury.

- The provider had introduced a tagging system to identify equipment that had been cleaned. However, this system had not been consistently implemented at the time of inspection. For example several items of shared equipment were not tagged after cleaning.
- Clinical hand wash sinks in resident bedrooms were dual purpose, used by staff for clinical hand washing and residents for personal hygiene. There was no risk assessment to support this practice and resident toothbrushes and other items were stored on the sinks in some bedrooms. This posed a risk of cross contamination.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Overall, the standard of care planning was good and described person centred and evidenced based interventions to meet the assessed needs of residents. However, however further action is required to be fully compliant. For example;

- A review of care plans found that accurate information was not recorded in three resident care plans to effectively guide and direct the care residents colonised with MDROs. Lack of awareness meant that appropriate precautions may not have been in place to prevent the spread of the MDROs within the centre.
- Urinary catheter care plans advised staff to use dipstick urinalysis for assessing evidence of urinary tract infection. This was contrary to national guidelines.

Judgment: Substantially compliant

Regulation 6: Health care

A number of antimicrobial stewardship measures had been implemented to ensure antimicrobial medications were appropriately prescribed, dispensed, administered, used and disposed of to reduce the risk of antimicrobial resistance. For example staff submitted data to CHO8 each month to facilitate ongoing standardised monthly monitoring and trend analysis of healthcare-associated infection, antimicrobial resistance and antimicrobial use within the centre.

Judgment: Compliant

Regulation 9: Residents' rights

Measures taken to protect residents from infection did not exceed what was considered necessary to address the actual level of risk. For example, outbreak reports indicated that restrictions during the outbreaks were proportionate to the risks. Individual residents were cared for in isolation when they were infectious, while and social activity between residents continued for the majority of residents in smaller groups with practical precautions in place. Visiting was also facilitated during the outbreak with appropriate infection control precautions.

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	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

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

Inspection ID: MON-0044903

Date of inspection: 18/09/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Floor plans and statement of purpose has been updated. The fire panel has been updated on 04.10.24 to reflect the room change. Application to vary has been submitted on 15.10.24.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The following measures are in place to ensure compliance with Regulation 17;</p> <p>Storage area had been cleared to facilitate space for assistive equipment. All hoists and assistive equipment will be returned to the store area after use to ensure corridors are kept clear.</p> <p>Staff lockers have now been relocated to the staff changing room.</p> <p>A screen will be installed in the medication room to prevent insects and flies from entering.</p> <p>The room were reorganized so that the hand washbasins is not within the resident’s bed space.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The following measures are in place to ensure compliance with Regulation 27;</p> <p>A central record was initiated for each unit and Nursing Administration for residents colonized with MDRO's. Care plans were also initiated for each resident colonized with MDRO's.</p> <p>Education training is scheduled for all staff nurses for the appropriate use of safety-engineered devices.</p> <p>A training session for the use and implementation of the cleaning tag system is scheduled for all relevant staff. This will be monitored on hygiene audits completed.</p> <p>A risk assessment was initiated for the dual purpose clinical hand wand washing sinks with control to mitigate the risk of cross contamination. Controls include the appropriate storage of personal hygiene items.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The following measures are in place to ensure compliance with Regulation 5: Individual Assessment and Care plan;</p> <ul style="list-style-type: none"> • Care plans were initiated for residents colonized with MDRO's. • Urinary catheter care plans were all reviewed and updated ensuring adherence to national guidelines. • The PIC will continue monitor care planning practice and through education and workshop planning will work to support the staff team to ensure a high standard of evidenced based nursing care. 	

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	26/10/2024
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	15/10/2024
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of	Substantially Compliant	Yellow	29/11/2024

	healthcare associated infections published by the Authority are implemented by staff.			
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 that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/09/2024