

Health Information and Quality Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	St Vincent's Care Centre
<b>Centre ID:</b>	0483
<b>Centre address:</b>	Athlone
	Co Westmeath
<b>Telephone number:</b>	090-6475301
<b>Fax number:</b>	090-6483154
<b>Email address:</b>	<a href="mailto:joseph.ruane@hse.ie">joseph.ruane@hse.ie</a>
<b>Type of centre:</b>	<input type="checkbox"/> Private <input type="checkbox"/> Voluntary <input checked="" type="checkbox"/> Public
<b>Registered providers:</b>	Health Service Executive
<b>Person in charge:</b>	Mairéad Campbell
<b>Date of inspection:</b>	26 August 2011
<b>Time inspection took place:</b>	<b>Start:</b> 07:45 hrs <b>Completion:</b> 17:00 hrs
<b>Lead inspector:</b>	Ann Delany
<b>Support inspector:</b>	Patricia Tully
<b>Type of inspection:</b>	<input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
<b>Purpose of this inspection visit:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

## About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

St Vincent's care centre was built in 1946 and occupies two floors. It shares the campus with a number of community care facilities including a public health centre, mental health services, an outpatient clinic and an out-of-hours general practitioner (GP) services.

Accommodation is provided for a maximum of 42 residents over 65 years of age requiring long-term and respite care. However, information received after the registration inspection from the General Manager (GM) Dorrie Mangan indicated that application for registration was being made for accommodation for 42 residents.

The premises are separated into two units, the Sonas unit on the ground floor and the Auburn unit on the first floor. There is large lift to assist residents and their family with moving from one unit to another.

The Sonas unit is located on the ground floor and can accommodate 20 residents. There are four twin rooms, two rooms with accommodation for three residents, two rooms accommodating six residents and one room accommodating eight residents. The residents in this eight bedded room do not have en suite toilet or washing facilities. However, residents share four toilets, two of which are wheelchair accessible. There are two assisted bathrooms available for the residents use.

The Auburn unit is located on the first floor and can accommodate 22 residents. There is one single room, four twin rooms, one room with accommodation for four residents, two rooms accommodating six residents and one room accommodating eight residents. The residents share four assisted toilets and two shower rooms.

Each unit has a kitchenette; the Sonas unit has a combined lounge/dining area while these are separate rooms in the Auburn unit. The oratory is located on the first floor.

### Location

St Vincent's Care Centre is located in Athlone town centre, in County Westmeath. It is convenient to all amenities including the bus and train station.

<b>Date centre was first established:</b>	1946
<b>Number of residents on the date of inspection:</b>	39 (1 resident in hospital)
<b>Number of vacancies on the date of inspection:</b>	2 vacancies

Dependency level of current residents	Max	High	Medium	Low
Number of residents	28	6	1	4

### Management structure

The provider of St Vincent's Care Centre is the Health Services Executive (HSE), Dublin Mid-Leinster area and the designated contact person is Joseph Ruane.

The Person in Charge (referred to in the centre as the Director of Nursing) is Mairead Campbell, who has responsibility for the day-to-day running of the centre. She is supported in her role by Grainne McGabhann, Community Services Manager and reports to a General Manager, Dorrie Mangan and Local Health Manager, Joseph Ruane, who has ultimate responsibility for the service. The Person in Charge is supported in her role locally by two Assistant Directors of Nursing, Pauline Quast and Eithne Hanavy. Clinical Nurse Managers, staff nurses, carers, clerical officers, an activity coordinator, catering staff, chefs, maintenance department, security and portering staff, physiotherapy and occupational therapy services. The Assistant Directors of Nursing supervise the staff nurses. The staff nurses supervise the care attendants. A domestic supervisor is also in post who supervises the cleaning and catering staff.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	7	4	6 (4 in main kitchen and 1 in each kitchenette)	3 x cleaning Staff  1 x laundry staff	2	1 x receptionist  1 x occupational therapist  2 x physiotherapy

## Background

A scheduled announced inspection had previously been carried out by the Health Information and Quality Authority (the Authority) Social Services Inspectorate on 28 and 29 January 2010. The action plan contained 45 actions to be addressed referencing 20 breaches in the legislation. The providers' responses were not fully adequate on that occasion and a meeting was held with the provider and other members of the management team on 25 June 2010. A satisfactory response to the action plan was received by the Authority following this meeting.

A registration inspection took place on 22 and 23 March 2011. A fit person interview was carried out with the provider as part of the registration procedures on 11 April 2011 in the Authority's offices in Smithfield, Dublin. As part of the registration inspection, a follow-up inspection was completed to assess progress with completing the action plan from the inspection in January 2010. Every action was addressed, while 25 actions were satisfactorily completed, twenty actions were found to be partially completed. However, all partially completed actions were nearing satisfactory completion.

An immediate action letter was sent to the provider on 24 March 2011 requesting further information and confirmation that residents care, safety and welfare needs were met in management of elder abuse, adverse medication events and management including prevention of legionella bacterial infection. A satisfactory response was returned on 01 April 2011 for the management of medication errors and of legionella bacterial infection. These responses confirmed that there were systems in place to manage these areas of concern. However, the response referencing the management of two alleged incidents of elder abuse was not satisfactory.

Supervision and support for the person in charge was identified as an action in the action plan developed post inspection of January 2010. This requirement was partially completed, while the person in charge had some support and supervision, the person in charge did not have a documented, structured induction based on an assessment of skills and knowledge requiring development from a mentor with a clear knowledge and understanding of all the requirements of this role. A new person in charge was appointed on 20 June 2011.

A follow-up announced inspection took place on 08 and 11 July 2011 to review progress with the action plan developed from findings at the centre's registration inspection on the 22 and 23 March 2011. There were 24 actions in the action plan of which eleven were satisfactorily completed and 12 actions were nearing completion. However, one action relating to the protection and security of residents and safety of the premises and the external environment was not satisfactorily completed.

An immediate action letter was sent from the Authority to the provider to address the security of access to the centre to improve resident safety. This was immediately responded to and the external doors were secured to control unauthorised access

before inspectors left the centre on 08 July 2011. Internal doors to the units were also appropriately secured over the weekend. A letter was received by the Authority on the 27 July 2011 in reply to the immediate action letter from the person in charge identifying that an access control system had been installed on all access and egress doors to restrict access. Inspectors noted that this action was completed on inspection.

### Summary of findings from this inspection

This inspection was the fourth inspection of St Vincent's Care centre by the Authority. This inspection was a follow-up inspection to review progress with the outstanding action plan developed from findings at the centre's registration inspection on 22 and 23 March 2011 and follow-up inspection of 08 and 11 July 2011.

There were 15 actions in the action plan of which one was not reviewed, four were satisfactorily completed and the remaining 10 actions were progressing and were still within the timeframe agreed for completion with the Authority.

The Authority requested the provider to review all incidents of substantiated and alleged elder abuse and protection measures in place and to identify learning and any change in practice arising from a review and analysis of these incidents. This information was received on September 02 2011 and is currently being reviewed by the Authority.

The Action Plan at the end of this report identifies areas where mandatory improvements are required to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended), and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

## **Actions reviewed on inspection:**

### **1. Actions required from previous inspection:**

Ensure that all reasonable measures are taken to protect each resident. Make all necessary arrangements to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.

This action was partially completed.

Prior to completing the follow-up inspection of 08 and 11 July, an access control system had been installed on all access and egress doors. The person in charge reported that the access codes on all access controlled doors were scheduled to be changed on Monday 29 August 2011 and on a monthly basis thereafter. On arrival to the centre the inspectors needed to ring a bell to gain access to the centre. Through the access control, the centre was no longer accessible to unauthorised persons using the out-of-hours service, dental clinic or otherwise.

All persons providing a service in the centre were vetted by An Garda Síochána and were required to have elder abuse recognition and prevention training. This was evidenced by elder abuse recognition and prevention training attendance records.

Staff spoken with were knowledgeable in relation to the centre's elder abuse management policy. All other aspects of elder abuse management in the centre or otherwise were not reviewed by the inspectors on this inspection. However, documentation received referencing investigation by the provider evidenced a failure to notify the appropriate professional authority in relation to substantiated incidents of elder abuse in a timely way and in accordance with the centres own policy.

### **2. Action required from previous inspection:**

Put a full-time person in the post of person in charge

Seek the agreement of the Chief Inspector of Social Services with the current person in charge arrangements.

This action was partially completed.

The person in charge was not employed on a full time basis in the centre. She had been employed in the centre since 20 June 2011. Her role was a dual role as she is also the person in charge in St. Mary's Care Centre Mullingar. The Authority received correspondence from the provider seeking the Chief Inspector's agreement for approval and continuation of this arrangement. It was reported that discussion was ongoing with the HSE's Regional Director of Operations regarding future governance arrangements in relation to the person in charge.

Through interview, the person in charge identified that the biggest challenge with the dual role is the time required to carry out the responsibilities of her role for the two centres. The person in charge identified that she has good support from the

general manager and area manager who she meets on a weekly and two-weekly basis respectively. Through interview and review of documentation the inspectors identified that a number of quality improvement initiatives have been implemented since the person in charge took over this dual role. This includes revision of local monitoring reports to collate information on use of restraints, time residents spend in bed during the day, use of psychotropic medication and antibiotic use. The person in charge has taken responsibility for trending this information and identifying areas for learning and review.

**3. Actions required from previous inspection:**

Provide mandatory training to all staff in the prevention of elder abuse and protection.

This action was satisfactorily completed.

Inspectors reviewed recent elder abuse recognition and prevention training attendance records and identified that all staff have received elder abuse training. Staff spoken with were knowledgeable in relation to the centre's elder abuse management policy.

**4. Actions required from previous inspection:**

Put procedures in place to ensure that recommended maximum hot water temperatures are maintained at the point of contact throughout the areas used by residents.

Ensure all parts of the external areas used by residents and their relatives are suitable, safe and risk free.

Install safety railing on main stairs in the centre to reduce assessed risks to residents.

These actions were partially completed.

The person in charge told the inspectors that while the thermostats had been delivered on site and were scheduled for installation there was difficulty procuring the necessary fittings to mount the units. These were scheduled to arrive to the centre by 09 September 2011. The provider has identified that this action will be completed by 30 September 2011. There were notices over each of the hot water outlets within the residents' rooms warning of 'very hot water'. However, communal sinks did not have any warning notices regarding the hot water displayed.

In relation to the main stairwell, it was reported that a full architectural review has been completed to ensure the stairwells comply with building regulations. This work was scheduled to be commenced by mid September and the provider had identified that this action will be completed by 30 November 2011. Inspectors observed that residents, and staff transporting residents, used the lift to go from one level to another on the day of inspection. However, residents who used the stairs remained

at risk of falling as hand rails were not fitted on both sides. Vulnerable residents were also at risk of falls due to the inadequately protected balcony at the top of the stairs.

**5. Action required from previous inspection:**

Evaluate access to the garden for residents in the centre and make it safe to use by residents who are at risk of leaving the centre unaccompanied.

Complete an evaluation of the appropriateness and impact on the quality of life of residents having the GP out-of-hours services located in the building occupied by the centre.

These actions were partially completed.

Inspectors observed and identified that the garden was enclosed to facilitate a safe environment for residents. While the inspectors noted an interim gate was in place to secure the garden from intruders, another gate was due to be ordered. The inspectors observed one resident visiting the garden to visit the two dogs. The dogs were now housed in a separate enclosure and only let out for a run when there were no residents using the garden.

Inspectors reviewed minutes of the residents' meeting of 24 July 2011 where their views were sought in relation to the location of the out-of-hours GP service. Residents were reported to have agreed that "this service is very good as everyone was seen very quickly". They reported that the doctors do not disturb anyone while in the building and the ambulance siren "never wakes anyone during the night".

**6. Action required from previous inspection:**

Ensure each resident has a contract that deals with their care and welfare of the resident in the centre and includes details of the services to be provided for them and the fees to be charged.

This action was partially completed.

Inspectors viewed two signed contracts of care which were in the residents' file. It was reported by a number of staff that all residents and/or their families had been issued contracts of care. However, the inspectors were informed that the residents and/or families were not anxious to sign them. The contracts of care were reported to have been discussed at the last residents' meeting on the 24 July 2011 and the inspectors observed evidence of this within the minutes of the meeting. The person in charge identified that the contracts of care were being reissued to all residents/families.

**7. Action required from previous inspection:**

Put procedures in place where all staff have annual fire training and are aware of their responsibilities in the event and participate in fire drills twice yearly.

Complete the fire safety declaration sent to the centre confirming that fire safety is of the required standard.

These actions were partially completed.

The inspectors, through documentation review, identified that a number of fire training sessions had been held. To date 50% (56 of the 112 staff) had attended mandatory fire training in 2011. It was reported that further training sessions were scheduled. One fire drill had taken place on 15 July 2011 and a further drill is to be scheduled before year end. Staff interviewed were knowledgeable in relation to fire safety. 28 staff, including agency staff, had attended evacuation sheet training in 2011.

**8. Actions required from previous inspection:**

Commence a process where analysis is done of all accidents, incidents and near misses in the centre identifying trends and areas where improvement and learning can be implemented.

This was not evaluated on this inspection.

**9. Action required from previous inspection:**

Outline a statement of purpose that includes all the information required in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

This action was satisfactorily completed.

A revised statement of purpose was received in July 2011 and contained all of the matters listed in schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated centres for older people) Regulations 2009 (as amended).

**10. Actions required from previous inspection:**

Using appropriate evidence based tools, review the staffing levels and skill mix on day and night duty, taking into account the size and layout of the centre, the number of residents, their dependencies, their assessed needs and ensure that residents can be safely evacuated in case of fire.

This action was partially completed.

The person in charge reported that the centre was trialling a new staff roster which takes into account skill mix. Nursing management meet with a staff nurse from each of the units on a weekly basis and inspectors observed agendas for these meetings which included discussions on staff rosters.

On the day of the inspection, inspectors arrived while the night duty staff were on duty. Inspectors noted that one staff nurse was on night duty on the Sonas Unit. On reviewing the staff roster the inspectors observed that on five of the seven nights two staff nurses were rostered on duty in this unit. Through interview nursing staff reported that one nurse, with the multi-task attendants could cater for the needs of the seventeen residents. Inspectors were informed that two staff members were out sick in the Auburn Unit. A staff nurse was provided as relief. The other member of staff was not replaced.

Residents were observed, by the inspectors, to have their care needs met in a timely way. All residents requiring assistance with meal times were observed to have individual attention by staff at the lunchtime service.

**11. Actions required from previous inspection:**

Put systems in place to ensure that residents' needs are set out in an individual care plan developed and agreed with each resident.

This action was satisfactorily completed.

Inspectors reviewed seven care plans and found that six of the seven care plans sampled had been discussed with the resident and/or their family. In relation to the one that had not been discussed the resident's significant other had signed consent for intervention. Staff spoken to discussed the process of involving the resident and/or their family in the process.

**12. Action required from previous inspection:**

Provide each resident with a copy of the "residents guide".

This action was satisfactorily completed.

Residents had been reissued with a copy of the residents' guide.

**13. Action required from previous inspection:**

Undertake an assessment of risk of the accessibility to and from the care environment and the main entrance and implement safeguards to ensure the safety of residents throughout the centre whilst not impinging on their autonomy and independence.

This action was partially completed.

The access control that had been installed on all access and egress doors assured a reduction in the throughput of the public through the centre. Access to the centre was through a call bell system. A resident on the ground floor who liked to smoke was observed to make his way to the first floor smoking room unimpeded.

It was reported that directional signage had been ordered. However, a recently submitted action plan identified that this would not be completed until 30 September 2011. It was also reported that a tendering process had commenced for a traffic management survey of the site scheduled for completion by 30 November 2011. In the interim walkways remained cordoned off with traffic cones and yellow and black tape.

**14. Actions required from previous inspection:**

Devise an alternative communication system that ensures that all residents are facilitated and encouraged to communicate enabling them to participate in the activities and running of the centre.

This action was partially completed.

At the time of the registration inspection a non verbal communication programme, which has been deemed suitable for people with communication impairment, was in place. Many of the residents in the centre have maximum dependency needs, which in many cases limited the amount of activities these residents could participate in. Some residents' were unable to communicate due to their underlying medical conditions. The centre has revised pictorial menus to match menu choice and have sourced communication pictograms to enhance communication with residents.

The inspectors did not observe any referrals of residents to the speech and language therapist for assessment and guidance or the individually suited communication tools for each resident.

**15. Actions required from previous inspection:**

Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

This action was partially completed.

A system was in place to gather information related to accidents, incidents, complaints and an audit schedule has been developed. However, this is at an early stage of development. Inspectors, through review of documentation and through interview, identified that a medication audit of all residents' medication had been completed by the pharmacist and a number of quality improvement plans have been identified. One example of this was that of a resident who had been prescribed an anti-anxiety medication since 2007. In consultation with the multidisciplinary team, the resident has been safely taken off this medication with appropriate monitoring.

Weekly monitoring reports have been revised by the person in charge and included information collated on use of restraints, time residents spend in bed during the day,

use of psychotropic medication and antibiotic use. The person in charge has taken responsibility for trending this information.

The centre has undertaken a complete review of restraint and inspectors observed that the use of bedrails had begun to reduce in consultation with the residents. The centre was monitoring the amount of time residents spent in bed. Inspectors observed family members requesting that their family member be put back to bed after lunch as they liked to have a sleep. The staff member facilitated their request. However the staff member advised the resident and the family that they would get the resident up again after their afternoon sleep.

Standard	Best practice recommendations
Standard 14: Medication Management	<p>Revise prescribing procedures for 'as required' (PRN) medication to include maximum dose in 24hours.</p> <p><b>Provider's response:</b> All PRN medication has been prescribed to include the maximum dose in 24 hours. Local policy also reflects this.</p> <p><b>Inspection Findings:</b> This recommendation was satisfactorily completed. The inspectors reviewed medication prescriptions and all PRN medication prescribed included a maximum dose in 24 hours.</p>
Standard 2: Consultation and Participation	<p>Provide aids to support communication with residents who have dementia or difficulty expressing their needs verbally.</p> <p><b>Provider's response:</b> Communication pictograms have been sourced to enhance communication and augment the sonas programme, activities in care and the butterfly approach.</p> <p><b>Inspection Findings:</b> This recommendation was partially completed. Further work is required in relation to accessing meaningful activities for those that are cognitively impaired.</p>
Standard 8: Protection	<p>Put monitoring procedures in place to ensure the visitors, log is completed on all occasions of entry to and exit from the centre.</p> <p><b>Provider's response:</b> Staff on units will remind visitors to sign the visitors' book. Signage will also be put in place to encourage compliance.</p> <p><b>Inspection Findings:</b> This recommendation was satisfactorily completed. Inspectors observed visitors signing the visitors' books on the two units. Signage encouraging same was also observed. The person in charge reported that a plan was in place to move the visitors' book to the entrance hall where it would be more visible.</p>

Standard 26: Health and Safety	Ensure procedures are in place to secure the laundry door when the room is unoccupied.  <b>Provider's response:</b> The laundry room door will be locked to prevent residents' access when the attendant is distributing the residents' laundry. <b>Inspection Findings:</b> This recommendation was satisfactorily completed. The inspectors observed that the room was locked when the attendant was not there.
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***Report compiled by:***

Ann Delany  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

30 August 2011

Chronology of previous HIQA inspections	
Date of previous inspection	Type of inspection:
28 and 29 January 2010	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
25 June 2010	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection <input checked="" type="checkbox"/> Meeting  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
22 and 23 March 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
08 and 11 July 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
26 August 2011	<input type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Follow up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

## Action Plan

### Provider's response to inspection report \*

<b>Centre:</b>	0483
<b>Centre ID:</b>	St Vincent's Care Centre
<b>Date of inspection:</b>	26 August 2011
<b>Date of response:</b>	26 September 2011

### Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

**1. The Registered Provider and Person in Charge is failing to comply with a regulatory requirement in the following respect:**

The provider has not taken all reasonable measures to protect each resident from harm or abuse. Specifically, the relevant authorities were not informed as directed by the centre's policy.

**Action required:**

Ensure that all reasonable measures are taken to protect each resident. Make all necessary arrangements to prevent residents being harmed or suffering abuse or being placed at risk of harm or abuse.

**Action required:**

Implement the policy on management of and procedures for the prevention, detection and response to abuse to ensure residents are fully protected at all times.

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\* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

<b>Reference:</b> Health Act' 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The local policy on recognising and responding to allegations of elder abuse has been reviewed and revised to ensure that residents are fully protected from abuse at all times.  The policy has been disseminated to all staff. In addition the person in charge has rolled out the changes to this policy to all areas of the Centre.  Training in Elder Abuse continues on a monthly basis. All staff have completed training.	Completed   Completed

<b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b> Did not appoint a person in charge in the centre on a full-time basis.	
<b>Action required:</b> Put a full-time person in the post of Person in Charge.	
<b>Reference:</b> Health Act, 2007 Regulation 15: Person in Charge Standard 27: Operational Management	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  I have again sought an exemption from the Regional Director of Operations and the National Director to fill the Director of Nursing/Person in Charge in St Vincent's Care Centre, Athlone on a full time basis so that the person in charge of St Mary's may return to full time position.	

<p><b>2. The provider has failed to comply with a regulatory requirement in the following respect:</b></p> <p>Did not ensure that external grounds were suitable for and safe for use by residents Directional signage, lack of footpaths, temporary gate to the garden and poor lighting increased risk of injury for residents and visitors in the external grounds.</p> <p>The hot water temperatures posed a risk of scald to residents.</p>	
<p><b>Action required</b></p> <p>Provide sufficient numbers of toilets, and wash-basins, baths and showers fitted with a hot and cold water supply, which incorporates thermostatic control valves or other suitable anti-scalding protection, at appropriate places in the premises.</p>	
<p><b>Action required</b></p> <p>Provide and maintain external grounds which are suitable for, and safe for use by residents.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment Standard 29: Management Systems</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:</p> <p>A review of bathroom and toilet facilities at the centre has shown that the centre has an adequate number of toilets and assisted bathrooms to cater for the number of residents as per <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i>.</p> <p>New sinks with thermostatically controlled valves are currently being installed at the Centre. This work will be completed by end of September 2011.</p> <p>Five additional wash hand basins are required to comply with the standards. These will be fitted by September 2012.</p> <p>The garden is suitable and has been made safe for residents.</p> <p>A traffic management survey was carried out on the grounds of the Centre on 15 September 2011. The awaited report will inform the Provider in relation to changes required.</p> <p>Directional signage ordered.</p>	<p>Complete</p> <p>30 September 2011</p> <p>September 2012</p> <p>Complete</p> <p>30 November 2011</p> <p>26 September 2011</p>

A review of the external lighting has been carried out by the Maintenance Manager. Additional lighting to be installed in a small number of areas. Emergency lighting has been upgraded at the Centre internally and externally at all exit points.	30 November 11
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<p><b>4. The provider has failed to comply with a regulatory requirement in the following respect:</b> All residents had not agreed contracts for the provision of services</p>	
<p><b>Action required:</b> Ensure each resident has a contract that deals with their care and welfare of the resident in the centre and includes details of the services to be provided for them and the fees to be charged.</p>	
<p><b>Reference:</b> Health Act, 2007 Regulation 28: Contract for the Provision of Services Standard 7: Contract/Statement of Terms and Conditions</p>	
<p><b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:  Contracts of care are being re issued to all residents by the CNM2 on each unit. Agreed and signed contracts of care will be held centrally in the clerical administration office.</p>	<p>30 October 2011</p>

<p><b>5. The provider has failed to comply with a regulatory requirement in the following respect:</b> Fire safety procedures in the centre were not fully adequate.</p>	
<p><b>Action required:</b> Ensure, by means of fire drills and fire practices at six monthly intervals, that the staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire, including the procedure for saving life.</p>	
<p><b>Action required:</b> Provide suitable training for all staff in fire prevention.</p>	
<p><b>Reference:</b> Health Act 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>

<p>Provider's response:</p> <p>There is a schedule of fire safety training over a 12 month period to facilitate all staff to comply with legislative requirements. Four additional sessions have been scheduled.</p> <p>Two fire drills have been carried out at the centre to date. In house training will continue on the appropriate use of evacuation sheets.</p>	<p>December 2011</p> <p>Complete</p>
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**6. The provider has failed to comply with a regulatory requirement in the following respect:**  
 Did not put adequate risk management procedures in place where recorded incidents and accidents were analysed and used for learning and as a proactive risk management tool.

Hand rails were not adequate on stairs and the stairs posed a risk to residents.

**Action required:**  
 Commence a process where analysis is done of all accidents, incidents and near misses in the centre identifying trends and areas where improvement and learning can be implemented.

**Action required:**  
 Provide handrails on both sides of stair cases except where a stair lift is provided.

**Reference:**  
 Health Act, 2007  
 Regulation 31: Risk Management Procedures  
 Standard 26: Health and Safety  
 Standard 29: Management Systems

<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
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<p>Provider's response:</p> <p>A process of analysis and trending of all incidents, accidents and near misses is being carried out at the centre on a monthly basis.</p> <p>An architect has been appointed and has completed the necessary drawing in relation to the installation of appropriate handrails. Tenders have been sought for the upgrading work for the handrails. Work is due to commence in early October.</p>	<p>Complete 31 August 2011</p> <p>20 December 2011</p>
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<p><b>7. The person in charge has failed to comply with a regulatory requirement in the following respect:</b>  Did not ensure that the numbers of staff and skill mix on duty were appropriate to meet the care and safety needs of residents at all times as residents had to wait for assistance with eating.</p>	
<p><b>Action required:</b>  Using appropriate evidence based tools, review the staffing levels and skill mix on day and night duty, taking into account the size and layout of the centre, the number of residents, their dependencies, their assessed needs and ensure that residents can be safely evacuated in case of fire.</p>	
<p><b>Reference:</b>  Health Act, 2007  Regulation 6: General Welfare and Protection  Regulation 16: Staffing.  Standard 23: Staffing Levels and Qualifications</p>	
<p><b>Please state the actions you have taken or are planning to take with timescales:</b></p>	<p><b>Timescale:</b></p>
<p>Provider's response:   Rosters at the centre have been reviewed and draft rosters are currently being considered with planned implementation due by end October.</p>	<p>30 October 2011</p>

<p><b>8. The provider has failed to comply with a regulatory requirement in the following respect:</b>  Non-verbal communication systems were inadequate.</p> <p>Referral of residents to the Speech and Language Therapist for assessment and guidance on the most appropriate communication tools to meet each resident's communication needs was not done.</p>	
<p><b>Action required:</b>  Devise an alternative communication system that ensures that all residents are facilitated and encouraged to communicate enabling them to participate in the activities and running of the centre.</p>	
<p><b>Action required:</b>  Facilitate all appropriate health care and support each resident on an individual basis to achieve and enjoy the best possible health.</p>	

<b>Reference:</b> Health Act 2007 Regulation 9: Health Care Regulation 11: Communication Standard 13: Healthcare Standard 17: Autonomy and Independence	
<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
Provider's response:  Residents who require individual communications supports to enhance their ability to communicate have been referred to the speech and Language therapy service so that individual tools can be developed.  Development of these individualised tools will support the residents to achieve and enjoy the best possible health.  It is planned to increase the activities programme within the centre for all residents in the near future.	30 November 2011.  30 November 2011.  30 October 2011.

<b>9. The provider has failed to comply with a regulatory requirement in the following respect:</b> The system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre was not fully implemented as collated information was not consistently analysed.	
<b>Action required:</b> Establish and maintain a system for reviewing the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.	
<b>Reference:</b> Health Act, 2007 Regulation 35: Review of Quality and Safety of Care and Quality of Life Standard 30: Quality Assurance and Continuous Improvement	
<b>Please state the actions you have taken or are planning to take following the inspection with timescales:</b>	<b>Timescale:</b>
Provider's response:  A process of analysis and trending of all incidents, accidents and near misses is being carried out at the Centre on a monthly basis.	Complete



**Any comments the provider may wish to make:**

**Provider's response:**

The centre continues to implement quality improvement initiatives to provide residents with the upmost quality of care. We welcome the input of the Health Information and Quality Authority in achieving this.

**Provider's name:** Joseph Ruane

**Date:** 26 September 2011