

**Health Information and Quality Authority
Social Services Inspectorate**

**Compliance Monitoring Inspection Report
Designated Centres under Health Act
2007**



Centre name:	Mont Vista
Centre ID:	0070
Centre address:	Retreat Road
	Athlone
	County Westmeath
Telephone number:	0906 474224
Email address:	marytechla.garvey@susc.org
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	La Sante Union Congregation
Person authorised to act on behalf of the provider:	Sr. Techla Garvey
Person in charge:	Gabrielle Flanagan
Date of inspection:	28 December 2012
Time inspection took place:	Start: 10:15 hrs Completion: 14:45 hrs
Lead inspector:	Geraldine Jolley
Support inspector(s):	N/A
Purpose of this inspection visit:	<input type="checkbox"/> to inform a registration/renewal decision <input checked="" type="checkbox"/> to monitor ongoing regulatory compliance <input type="checkbox"/> following an application to vary conditions <input type="checkbox"/> following a notification <input type="checkbox"/> following information received
Type of inspection	<input type="checkbox"/> announced <input checked="" type="checkbox"/> unannounced

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of their registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Summary of compliance with 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*.

This inspection report sets out the findings of a monitoring inspection, in which 10 the 18 outcomes were inspected against. Outcomes 4 and Outcome 16 were partially reviewed. The purpose of the inspection was:

- to inform a registration decision
- to inform a registration renewal decision
- to monitor ongoing compliance with Regulations and Standards
- following an application to vary registration conditions
- following a notification of a significant incident or event
- following a notification of a change in person in charge
- following information received in relation to a concern/complaint

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 1: Statement of Purpose	<input checked="" type="checkbox"/>
Outcome 2: Contract for the Provision of Services	<input type="checkbox"/>
Outcome 3: Suitable Person in Charge	<input checked="" type="checkbox"/>
Outcome 4: Records and documentation to be kept at a designated centres	<input checked="" type="checkbox"/>
Outcome 5: Absence of the person in charge	<input type="checkbox"/>
Outcome 6: Safeguarding and Safety	<input checked="" type="checkbox"/>
Outcome 7: Health and Safety and Risk Management	<input checked="" type="checkbox"/>
Outcome 8: Medication Management	<input checked="" type="checkbox"/>
Outcome 9: Notification of Incidents	<input checked="" type="checkbox"/>
Outcome 10: Reviewing and improving the quality and safety of care	<input type="checkbox"/>
Outcome 11: Health and Social Care Needs	<input checked="" type="checkbox"/>
Outcome 12: Safe and Suitable Premises	<input checked="" type="checkbox"/>
Outcome 13: Complaints procedures	<input type="checkbox"/>
Outcome 14: End of Life Care	<input type="checkbox"/>
Outcome 15: Food and Nutrition	<input checked="" type="checkbox"/>
Outcome 16: Residents' Rights, Dignity and Consultation	<input checked="" type="checkbox"/>
Outcome 17: Residents' clothing and personal property and possessions	<input type="checkbox"/>
Outcome 18: Suitable Staffing	<input checked="" type="checkbox"/>

This monitoring inspection was unannounced and took place over one day. During the inspection documentation such as care plans, accident and medication records were reviewed. The inspector talked with residents, staff members and visitors to the centre. An inspection of the building was also undertaken.

The centre presently provides care to the sisters of the La Santé Union Congregation and has a maximum capacity to care for 17 dependant persons. The inspector found that the nursing, medical and other healthcare needs of residents' were appropriately met and that the religious ethos of the centre was promoted and facilitated by staff.

Care practice was aimed at ensuring residents had a good quality of life and could go on enjoying the rights they had exercised throughout their lives such as good access to spiritual support and religious services within the community. Staff were observed to provide care in a safe and respectful manner in accordance with residents' individual choices. For example, the inspector saw staff consult with residents about where they wished to sit, how they wished to spend their time, when they would like to go to the oratory for prayers and when they would like to have drinks and refreshments. The involvement of relatives and the local community was encouraged through a policy of open visiting. The inspector was satisfied that the skill mix and numbers of staff available were appropriate to meet the needs of residents.

The centre was noted to be very clean, well maintained and appropriately warm throughout. There were several sitting areas where residents could sit together or where they could choose to spend time alone. The standard of decoration was good and the centre had been well decorated for the Christmas season and residents told the inspector that they had enjoyed the activities and religious services that had taken place.

There was a commitment by the centre's management and care team to continually improve the quality of the service that residents' received. This was demonstrated by changes that had been made to improve the physical layout of the building and ensuring that the service operated in accordance with legislative requirements. The person in charge demonstrated she was well informed and skilled in all aspects of her role.

This was the fifth inspection of the centre carried out by the Authority. The action plan from the last inspection, which was unannounced and undertaken on 6 January 2012, outlined one regulatory requirement in relation to the management of restraint measures. This was reviewed during this inspection and was found to have been addressed.

The action plan at the end of this report identifies improvements that must be made to meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*. The improvements identified included improving the assessments and follow up arrangements when residents sustain falls and having alternative arrangements in place to undertake essential safety checks when maintenance staff were off duty.

Section 41(1)(c) of the Health Act 2007

Compliance with 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*.

Theme: Governance, Leadership and Management

Effective governance, leadership and management, in keeping with the size and complexity of the service, are fundamental prerequisites for the sustainable delivery of safe, effective person-centred care and support.

Outcome 1

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

References:

Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The statement of purpose accurately described the service that is provided in the centre and met all of the requirements of Schedule 1 of the Regulations.

The inspector found from the information provided and from observation of care practice and discussion with staff that the centre had the capacity to meet the needs of residents as outlined in the statement of purpose. Staff could outline residents' needs well, knew their individual likes and dislikes and could describe care practice arrangements that were put in place when residents were particularly vulnerable such as joint working with the palliative care team or other specialist services. The inspector was told by residents that the centre was a "good place to live and was very comfortable" and that staff were "caring and attentive" to them.

Outcome 3

The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

References:

Regulation 15: Person in Charge
Standard 27: Operational Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The person in charge works full-time and conveyed a good knowledge of her responsibilities for the day-to-day operation of the centre. She was appropriately qualified and experienced to manage the service having several years experience in nursing older people. She had dedicated time three days each week to attend to her responsibilities as person in charge. In her absence there was a nominated staff nurse responsible for the delivery of care.

All staff had been informed of the Regulations and the Authority's Standards by the person in charge and they demonstrated a good knowledge of them.

Outcome 4

The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

References:

Regulations 21-25: The records to be kept in a designated centre

Regulation 26: Insurance Cover

Regulation 27: Operating Policies and Procedures

Standard 1: Information

Standard 29: Management Systems

Standard 32: Register and Residents' Records

Inspection findings:**Directory of Residents**

Substantial compliance

Improvements required *

This outcome was partially inspected. The inspector reviewed a number of the records required by the Regulations. Overall there was a good standard of organisation and administration in the centre. Records required by the Regulations were readily accessible and maintained in good order. There was an administrator in post who had an active role in supporting the general business of the centre.

Theme: Safe care and support

Safe care and support recognises that the safety of service users is paramount. A service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers.

In a safe service, a focus on quality and safety improvement becomes part of a service-wide culture and is embedded in the service's daily practices and processes rather than being viewed or undertaken as a separate activity.

To achieve a culture of quality and safety everyone in the service has a responsibility to identify and manage risk and use evidence-based decision-making to maximise the safety outcomes for service users.

Outcome 6

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.

References:

Regulation 6: General Welfare and Protection

Standard 8: Protection

Standard 9: The Resident's Finances

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that measures were in place to protect residents from being harmed or suffering abuse. Discussions with members of staff confirmed that they could identify abuse situations and they knew they had a duty to report any suspected or alleged instances of abuse. All staff had received training on identifying and responding to elder abuse and this was confirmed by training records provided.

Outcome 7

The health and safety of residents, visitors and staff is promoted and protected.

References:

Regulation 30: Health and Safety

Regulation 31: Risk Management Procedures

Regulation 32: Fire Precautions and Records

Standard 26: Health and Safety

Standard 29: Management Systems

Action(s) required from previous inspection:

Set out each residents restraint management needs in an individual care plan developed and agreed with the resident.

Inspection findings

This action was complete. The inspector found that assessments and records that underpinned restraint use were identified in care plans and were supported by consensus professional judgements that the restraint provided protection for the problem identified. The inspector found that there was moderate use of restraint with three residents using bedrails to protect them against the risk of falls and five residents with varied levels of confusion using wander alerts to ensure they did not leave the premises unobserved. The person in charge said that there was a regular review of all restraints and that presently two restraints were being reviewed and were likely to be discontinued.

There were policies and practices that promoted the health and safety of residents, staff and visitors in place. The environment was clean and there were measures in place to control and prevent infection, including arrangements for the appropriate segregation and disposal of general and clinical waste. Staff had access to supplies of disposable gloves and aprons and were observed washing their hands and using the alcohol hand gels as they moved from one area to another. Missing person profiles had been completed for all residents and there was also a moving and handling assessment that outlined what assistance or equipment was needed during manoeuvres.

The inspector reviewed the fire safety measures. All staff had completed training in fire safety and nursing and care staff interviewed could describe the regular fire alarm tests that took place and the actions they were expected to take when the fire alarm was activated. Fire exits were noted to be inspected daily by maintenance staff or nurses and the emergency lighting was checked weekly. These checks were noted to be up to date. The weekly checks of the fire alarm were generally recorded but the inspector noted that there was a gap for some periods. For example, from 17 December 2012 there were no checks recorded. The inspector formed the view that all checks in relation to fire safety should be recorded and monitored to ensure that fire safety measures all in order.

There were systems in place to ensure all staff received fire safety training annually. This was noted to have been provided through fire drill and fire training exercises. Fire safety and fire alert equipment was maintained and serviced through a regular contract.

The record of falls and other incidents was reviewed. The inspector noted that there were eight falls recorded for 2012 and none had resulted in serious injury. All falls were reviewed by the person in charge and measures to reduce future falls and to protect against injury by the use of measures such as hip protectors were put in place if appropriate. The records conveyed that where falls were unwitnessed that neurological observations were not routinely recorded in accordance with best practice guidance for falls management. This is outlined in the action plan of this report for attention.

Outcome 8

Each resident is protected by the designated centres' policies and procedures for medication management.

References:

Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines
Standard 14: Medication Management

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found evidence of satisfactory medication management practices. The arrangements were discussed with nursing staff who were well informed about the medications in use and the arrangements to ensure that practice was in line with legislative requirements and An Bord Altranais agus Cnáimhseachais na hÉireann guidelines. Medication is stored in residents rooms and is administered through a blister pack system. Medications were noted to be reviewed at three-monthly intervals. Medication record charts were appropriately signed by nurses. A recommendation in the last report highlighted that photographic identification should be available for all residents. The inspector found that this had been addressed and photographs were available on all medication charts reviewed.

Medications that required special control measures were carefully managed and kept in a secure cabinet in keeping with the Misuse of Drugs (Safe Custody) Regulations, 1984. Nurses maintained a register of controlled drugs. Two nurses signed and dated the register and the stock balance was checked and signed by two nurses at the change of each shift.

The inspector noted that drug errors were identified, recorded and investigated. Remedial actions were put in place to ensure the error was not repeated. One error that took place in May 2012 was addressed by providing additional training for the nurse concerned which had resulted in improvements in practice according to the person in charge. Another error identified that medication from the blister pack was transferred to another container before being dispensed and as this contravened established medication procedures staff had been advised to adhere to the procedures in place to ensure safe administration of medication.

Outcome 9

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

References:

Regulation 36: Notification of Incidents
Standard 29: Management Systems
Standard 30: Quality Assurance and Continuous Improvement

Standard 32: Register and Residents' Records

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector noted that there were few falls recorded for this centre and no resident had sustained serious injuries. The person in charge said that staff were diligent in their observation of residents who had mobility problems and needed support. There were two medication errors described in the previous outcome where no adverse consequences had occurred. These errors were not reported in the regular incident returns and the inspector requested that they were included in the next quarterly notifications returned to the Authority.

Theme: Effective care and support

The fundamental principle of effective care and support is that it consistently delivers the best achievable outcomes for people using a service within the context of that service and resources available to it. This is achieved by using best available national and international evidence and ongoing evaluation of service-user outcomes to determine the effectiveness of the design and delivery of care and support. How this care and support is designed and delivered should meet service users' assessed needs in a timely manner, while balancing the needs of other service users.

Outcome 11

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

References:

Regulation 6: General Welfare and Protection
Regulation 8: Assessment and Care Plan
Regulation 9: Health Care
Regulation 29: Temporary Absence and Discharge of Residents
Standard 3: Consent
Standard 10: Assessment
Standard 11: The Resident's Care Plan
Standard 12: Health Promotion
Standard 13: Healthcare
Standard 15: Medication Monitoring and Review
Standard 17: Autonomy and Independence
Standard 21: Responding to Behaviour that is Challenging

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The centre was providing care to 17 members of the La Sante Congregation who have long-term medical or dementia care needs. The majority of residents were noted to have a range of complex medical care issues and many residents had problems associated with confusion. The inspector noted that 11 residents were assessed as having maximum or high levels of care needs. Nursing and care staff were knowledgeable about residents specific care needs such as residents who had a tendency to wander or who needed high levels of care. While some residents were unable to convey their views the majority were able to tell the inspector that they received care and treatment that helped them remain as independent as possible and promoted their well being.

The inspector found that there were comprehensive assessment and care planning systems in place. A number of care records were reviewed to assess this outcome. There were recognised assessment tools in use to evaluate residents' progress and to assess levels of risk for areas such as continence care, mobility, pressure area problems, falls and communication. Care plans were up to date and reflected current needs and were noted to be reviewed as required at three-monthly intervals. Resident's wishes were noted to have been included in care records. The inspector saw references to the way a resident liked her food presented, how she liked to dress and the times she wished to get up and retire recorded to guide and inform staff. Specialist equipment was also identified where required.

The care of residents with diabetes was discussed with staff. Three residents had diabetes and two were insulin dependant. All had appropriate diets and there was appropriate monitoring and reviews of their care needs in place. Residents who needed palliative care support and pain management had been referred to the palliative care team who advised on medication regimes. The person in charge reported that the staff had established good working relationships with community health professionals and with specialist services. Most resident retain the services of their own general practioner (GP). There was evidence in care and medical records that conveyed that residents were reviewed expediently when their care needs changed and that nursing and medical assessments and treatment were promptly employed to address problems presented.

No residents had wound care problems at the time of this inspection.

There was a record of resident's health condition and treatment given completed daily by nurses. The inspector noted that this record provided a good account of staff interactions with residents, the care provided and reflected areas identified for attention in care plans.

The inspector observed several positive interactions between staff and residents. Staff were observed to talk to residents and include them in conversations throughout the day and were also observed to be sensitive to residents who needed extra attention and were available to provide this when needed. For example, the inspector noted that one resident who tired easily was observed by staff who asked if she wanted to rest during the afternoon or take part an activity.

Outcome 12

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

References:

Regulation 19: Premises

Standard 25: Physical Environment

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The home is a two-storey building with lift and stairway access to the upper floor. It has an entrance porch that leads to the ground floor facilities such as the main sitting room, the oratory and dining room. All residents rooms are single occupancy. Five rooms are located on the ground floor and 12 on the upper floor. There are two disabled access showers with toilet and hand-washing facilities available on the ground floor and two similar shower facilities and an additional three wheelchair accessible toilets were also available on this floor.

Furniture and fittings of an appropriate standard were provided and the building was noted to be in good decorative order. The centre was visibly clean and well organised. Residents rooms were appropriately furnished and many reflected residents own choices and had their own books, pictures and religious emblems on display. There were no new premises deficits identified during this inspection. The lack of a separate cleaning room to store cleaning products and equipment that was identified during a previous inspection had been remedied.

Theme: Person-centred care and support

Person-centred care and support has service users at the centre of all that the service does. It does this by advocating for the needs of service users, protecting their rights, respecting their values, preferences and diversity and actively involving them in the provision of care. Person-centred care and support promotes kindness, consideration and respect for service users' dignity, privacy and autonomy.

Outcome 15

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

References:

Regulation 20: Food and Nutrition
Standard 19: Meals and Mealtimes

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

Residents' were provided with a varied diet and meals were prepared fresh on-site with an emphasis on home cooking. There was good attention paid to nutrition and to ensuring that residents had choices at mealtimes and that snacks were readily available if residents required or requested food outside meal times. Residents who needed assistance or who needed specialist attention were observed to have appropriate assistance and were well supported by staff who knew their dietary habits and their preferences in how food was served. Refreshments and liquids were offered throughout the day.

The inspector had lunch with residents. All were offered a choice of main meal and dessert. Food was attractively presented, hot and was well received by residents. All three residents interviewed expressed satisfaction with their meals and told the inspector that they "always have good food" and that "meals over Christmas were wonderful".

The inspector spoke with catering staff and found that there was there was documentary information describing residents' requirements and specialist needs maintained in the kitchen.

Outcome 16

Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.

References:

Regulation 10: Residents' Rights, Dignity and Consultation
Regulation 11: Communication
Regulation 12: Visits
Standard 2: Consultation and Participation
Standard 4: Privacy and Dignity
Standard 5: Civil, Political, Religious Rights
Standard 17: Autonomy and Independence

Standard 18: Routines and Expectations
Standard 20: Social Contacts

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

This outcome was partially reviewed. The inspector found that residents were able express their views about the service and that their experiences were taken in to account in the way the service was organised and delivered. Residents told the inspector that they could exercise personal choices and autonomy in many aspects of their lives such as how they spent their time, when they got up and went to bed and when they saw visitors. Residents said that they were able to talk to staff at any time and overall felt that they were listened to and cared for in accordance with their wishes. Two residents said they appreciated the way staff helped them continue their religious observances and helped them go to the oratory to spend time in prayer.

Visitors were warmly welcomed to the centre and over the Christmas season there had been many visits from relatives, friends and people from the community who wished to share Christmas with the community here. Sisters from other areas and communities were also welcomed and encouraged to be part of life in the centre.

Theme: Workforce

The workforce providing a health and social care and support service consists of all the people who work in, for, or with the service provider and they are all integral to the delivery of a high quality, person-centred and safe service. Service providers must be able to assure the public, service users and their workforce that everyone working in the service is contributing to a high quality safe service.

Outcome 18

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

References:

Regulation 16: Staffing
Regulation 17: Training and Staff Development
Regulation 18: Recruitment
Regulation 34: Volunteers
Standard 22: Recruitment
Standard 23: Staffing Levels and Qualifications
Standard 24: Training and Supervision

Action(s) required from previous inspection:

No actions were required from the previous inspection.

Inspection findings

The inspector found that the staff allocation was appropriate to meet the needs of the resident group. The daily rota provides two nurses, three care staff, two catering staff, cleaning and laundry staff during the day. The number of carers reduces to two during the afternoon but this number is maintained until 10pm when one nurse and one carer is available throughout the night. Additional staff are employed if residents care needs indicate that the normal staff allocation would not be sufficient the inspector was told.

The person in charge allocates an additional nurse three mornings each week to enable her to carry out her administrative and management responsibilities. The staff structure includes a full time administrator/manager who oversees the general business of the centre. There is also a full-time maintenance man who deals with the general maintenance and upkeep of the internal and external environment.

Closing the visit

At the close of the inspection feedback was provided to the person in charge which highlighted both good practice and where improvements were needed.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents and staff during the inspection.

Report compiled by:

Geraldine Jolley
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

14 January 2013

Action Plan

Provider's response to inspection report *

Centre Name:	Mont Vista
Centre ID:	0070
Date of inspection:	28 December 2012
Date of response:	6 February 2013

Requirements

These requirements set out the actions that must be taken to meet 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*.

Theme: Safe care and support

Outcome 7: Health and safety and risk management

The provider is failing to comply with a regulatory requirement in the following respect:

The weekly checks of the fire alarm were generally recorded but the inspector noted that there was a gap for some periods. For example, from 17 December 2012 - no checks recorded.

Action required:

Make adequate arrangements for reviewing fire precautions, and testing fire equipment at suitable intervals.

Action required:

Maintain, in a safe and accessible place, a record of all fire alarm tests carried out at the designated centre together with the result of any such test and the action taken

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

to remedy defects.	
Reference: Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: The fire panel and exit doors are checked on a daily basis and recorded in the fire book by our maintenance man - When our maintenance man is absent the checks are carried out by the Nurse-in-Charge and recorded in the fire book.	Immediately

The person in charge is failing to comply with a regulatory requirement in the following respect: The records conveyed that where falls were unwitnessed that neurological observations were not routinely recorded in accordance with best practice guidance for falls management.	
Action required: Ensure that the risk management policy covers, but is not limited to, the identification and assessment of risks throughout the designated centre and the precautions in place to control the risks identified.	
Action required: Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.	
Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Regulation 8: Assessment and Care Planning Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:

<p>Provider's response:</p> <p>A Neurological Observation sheet is now in use to record incidents involving residents. This data will be reviewed and analysed every month. Action plans for improvement will be prepared where there are areas for improvement identified through analysis of data.</p>	<p>Immediately</p>
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Outcome 9: Notification of incidents

The person in charge is failing to comply with a regulatory requirement in the following respect:

Medication errors had not been included in the incident reports to the Authority.

Action required:

Provide a written report to the Chief Inspector at the end of each quarter of the occurrence in the designated centre of any accident.

Reference:

Health Act, 2007
 Regulation 36: Notification of Incidents
 Standard 29: Management Systems
 Standard 30: Quality Assurance and Continuous Improvement

Please state the actions you have taken or are planning to take with timescales:

Timescale:

Provider's response:

Two medication errors that occurred in 2012 were not reported in the three-monthly returns on 31 October 2012 - we have included in the returns of 31 January 2013 - In future any errors will be reported in the three-monthly reports.

Immediately

Any comments the provider may wish to make:

Provider's response:

we would like to acknowledge the courtesy shown to both residents and staff by the inspector during her visit

Provider's name: Seamus Moriarty

Date: 6 February 2013