

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

**Inspection report  
Designated centres for older people**



<b>Centre name:</b>	Mont Vista
<b>Centre ID:</b>	0070
<b>Centre address:</b>	Retreat Road
	Athlone
	Co. Westmeath
<b>Telephone number:</b>	0906-472887
<b>Type of centre:</b>	<input type="checkbox"/> <b>Private</b> <input checked="" type="checkbox"/> <b>Voluntary</b> <input type="checkbox"/> <b>Public</b>
<b>Registered provider:</b>	La Sante Union Congregation
<b>Person authorised to act on behalf of the provider:</b>	Seamus Moriarity (Application in process)
<b>Person in charge:</b>	Gabrielle Flanagan
<b>Date of inspection:</b>	29 April 2013
<b>Time inspection took place:</b>	<b>Start:</b> 09:50 hrs <b>Completion:</b> 12:40 hrs
<b>Lead inspector:</b>	Geraldine Jolley
<b>Support inspector:</b>	Bríd McGoldrick
<b>Type of inspection:</b>	<input checked="" type="checkbox"/> <b>Announced</b> <input type="checkbox"/> <b>Unannounced</b>
<b>Number of residents on the date of inspection:</b>	17
<b>Number of vacancies on the date of inspection:</b>	0

## 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 Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

**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 to:

- follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- address a specific issue based on information received.

An application to vary the conditions of registration had been received and the nominated provider had changed. The required information and notifications had been provided to the Authority.

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

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

This inspection was announced and took place during the morning of 29 April 2013. The main purposes of the inspection were to interview the new provider Seamus Moriarity nominated on behalf of the organisation and to view the three new rooms that had been constructed. An application to vary one of the conditions of registration and to increase the number of residents that can be accommodated from 17 to 20 had been forwarded to the Authority on 18 January 2013.

The inspectors conducted the "fit person" interview with the provider, viewed the new facilities and part of the building, reviewed staff deployment and discussed the

management of some aspects of clinical care with the provider and person in charge. In all four outcomes were reviewed. The responses to the actions from the last inspection conducted on 28 December 2012 were not fully reviewed and are included in this report so that an update can be provided to the Authority.

The provider demonstrated good knowledge of his regulatory responsibilities and those of the person in charge. These included being aware that the person in charge had a full time presence in the centre, ensuring that staffing levels were adjusted to meet resident's changing needs and monitoring clinical practice and governance arrangements to ensure the health and well being of residents was protected. The provider described his commitment to ensuring the service met regulatory requirements, was a safe and good environment for residents to live in and ensuring that the governance systems met the needs of the service. He was committed to completing the environmental changes to a high standard to ensure the environment met the changing needs of residents. The inspectors were satisfied that there was a high level of compliance with regulatory requirements and that the provider and person in charge were committed to ensuring that residents had access to quality care and a safe environment.

During this inspection the inspectors identified that the out of hours on call service needed review and that staff working across different roles needed to have their responsibilities clearly defined. The Action Plan at the end of this report identifies these areas where improvements must be made to meet the requirements the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

## Outcomes covered on inspection

### **Theme: Leadership, Governance 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: Statement of Purpose**

The new provider had reviewed the statement of purpose and had included the provider change and the new premises arrangements..

#### **Outcome 3: Suitable Person in Charge**

There had been no change in the person in charge arrangements. The person in charge Gabrielle Flanagan was on duty. She worked full time as required by Regulation 15(2) Person in Charge and a senior staff nurse takes charge in her absence.

### **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 7: Health and Safety and Risk Management**

The inspectors found that the works in progress were being managed safely and the area where work was underway was not accessible to residents or others in the building.

The areas of the building viewed by the inspectors were clean and well maintained and no risk or hazards were identified.

### **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: Health and Social Care Needs**

There were 17 residents accommodated during the inspection. The majority (11 residents) were in the maximum or high dependency care categories with the remaining six residents assessed as having medium dependency care needs. The person in charge told inspectors that no residents were in receipt of end of life care and no critical care matters were in receipt of attention. One resident had a wound care problem and had been referred to an out patient clinic for review. Nurses were assessing and reviewing the wound and it had improved well over time. There was no community tissue viability specialist available in the area and none of the nursing staff had a substantive qualification in wound care management. In view of this deficit the inspectors formed the view that as the dependency level of residents was significantly high that training on this topic should be provided for staff.

### **Outcome 12: Safe and Suitable Premises**

Three new rooms had been constructed within part of the existing building. This work was not fully complete. Windows were being fitted on the day of inspection. The size of rooms and associated en suite areas which comprised of accessible showers, toilets and wash hand basins met space requirements as outlined in the Authority's Standards. The inspectors noted that accessibility, fixtures and fittings

such as grab rails were in place in toilets and showers in line with Part M building regulations. The rooms had good light and access to an enclosed garden area that was under construction.

The refurbishment also includes the creation of an internal laundry area, the decoration and refurbishment of another single room and a staff area.

**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: Suitable Staffing**

The inspectors viewed the staff rota and the staff deployment model. The inspectors were concerned to find that the provider has responsibility for all out of hours on call duty. While there have been few problems to address the inspectors were told they concluded that the on call arrangements to ensure senior staff were available to provide advice and guidance should be reviewed to ensure the provider could maintain working hours in accordance with the statutory working time directive

The staff deployment model allowed for two nurses including the person in charge to be on duty during the morning and early afternoon. They were supported by three care staff. In the afternoon and evening (after 15:00 hrs) there was one nurse and two carers on duty. At night there was one nurse and a carer. Day staff were supported by two catering staff, a cleaner, a laundry assistant and a maintenance man. There is also an additional member of staff available each afternoon to undertake social care. Cleaning staff are available six days a week. The inspectors noted that staff roles varied between care and nursing duties and requested that this arrangement was clarified to ensure appropriate accountability was maintained for nurses on the professional register.

**Actions reviewed on inspection:**

The actions from the last inspection were not reviewed during this inspection. The provider and person in charge had indicated in their response to the report that all actions had been addressed. The action in relation to notifications was complete. The required information had been provided to the Authority.

***Outcome 7: Health and safety and risk management***

**Action required from previous inspection:**

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

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 to remedy defects.

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.

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.

These actions were not reviewed and are included in this report so that an update on the actions taken can be provided.

### ***Outcome 9: Notification of incidents***

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

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

This action was complete.

The two medication errors not been included in the period covered by the quarterly notification when they occurred had been addressed. The medication errors had been included in a subsequent notification.

#### ***Report compiled by:***

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

30 April 2013

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



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

<b>Centre Name:</b>	Mont Vista
<b>Centre ID:</b>	0070
<b>Date of inspection:</b>	30 April 2013
<b>Date of response:</b>	22 May 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: Governance, Leadership and Management**

***Outcome 1: Statement of purpose and quality management***

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

The statement of purpose was not kept under review.

**Action required:**

Revise statement of purpose to take account of additional rooms when work is complete.

**Action required:**

Keep the statement of purpose under review.

\* 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 5: Statement of purpose Standard 28: Purpose and Function	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The Statement of Purpose will be ammended to reflect the additional rooms , the change of provider and the new staffing levels.	1 Month

**Theme: Safe care and support**

***Outcome 7: Health and safety and risk management***

<b>The provider is failing to comply with a regulatory requirement in the following respect:</b>  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 no checks recorded.	
<b>Action required:</b>  Make adequate arrangements for reviewing fire precautions, and testing fire equipment at suitable intervals.	
<b>Action required:</b>  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 to remedy defects.	
<b>Reference:</b> Health Act, 2007 Regulation 32: Fire Precautions and Records Standard 26: Health and Safety	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
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	Immediately

<p>maintenance man is absent the checks are carried out by the Nurse-in-Charge and recorded in the fire book . Our Fire alarm maintenance company Siemens carry a full fire alarm service every 3 months and issues us a test certificate -Our maintenance man checks the system once a week.</p>	
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<p><b>The person in charge is failing to comply with a regulatory requirement in the following respect:</b></p> <p>The records conveyed that where falls were unwitnessed that neurological observations were not routinely recorded in accordance with best practice guidance for falls management.</p>	
<p><b>Action required:</b></p> <p>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.</p>	
<p><b>Action required:</b></p> <p>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.</p>	
<p><b>Reference:</b></p> <p>Health Act, 2007  Regulation: Regulation 31: Risk Management Procedures  Standard 26: Health and Safety  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 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>

**Theme: Effective care and support**

***Outcome 11: Health and social care needs***

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

There was an absence of wound care expertise in the area and none of the staff team had substantive training on wound care.

**Action required:**

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

**Action required:**

Provide a high standard of evidence-based nursing practice.

**Reference:**

Health Act, 2007  
Regulation 6: General Welfare and Protection  
Standard 13: Health Care  
Standard 18: Routines and Expectations

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

**Timescale:**

Provider's response:

We will arrange for one of our nurses to attend the diploma course in wound care management as soon as we have sourced one.

Two months

**Theme: Workforce**

***Outcome 18: Suitable staffing***

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

Staff roles varied between care and nursing duties and it was not clear how accountability was maintained for nurses on the professional register when undertaking non nursing roles.

The on call arrangements to ensure senior staff were available to provide advice and guidance needed review to ensure the provider could maintain working hours in accordance with the statutory working time directive.

**Action required:**

Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

Put in place suitable and sufficient care to maintain each resident's welfare and wellbeing, having regard to the nature and extent of each resident's dependency and needs.

**Reference:**

Health Act, 2007  
Regulation 16: Staffing  
Standard 23: Staffing Levels and Qualifications

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

**Timescale:**

Provider's response:

With the addition of three new rooms we will review staffing levels, skill mix and roles to ensure that at all times (night and day), there are adequate staff on duty to meet the assessed needs of the residents taking into account the size, layout and purpose of Mont Vista.

An on call roster for senior staff will be put in place.

Two months