<table>
<thead>
<tr>
<th>Centre name:</th>
<th>St. Vincent’s Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000483</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Coosan Road, Athlone, Westmeath.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>090 648 3100</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:joseph.ruane@hse.ie">joseph.ruane@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
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<tr>
<td>Provider Nominee:</td>
<td>Joseph Ruane</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Pauline Lee</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Jillian Connolly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Catherine Rose Connolly Gargan</td>
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<td>39</td>
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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 judgements about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her 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
▪ to carry out thematic inspections in respect of specific outcomes
▪ 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.

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. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
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, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
20 February 2014 18:30 20 February 2014 22:00
21 February 2014 09:00 21 February 2014 13:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Description</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
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<tr>
<td>Outcome 03: Suitable Person in Charge</td>
<td></td>
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<tr>
<td>Outcome 06: Safeguarding and Safety</td>
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<tr>
<td>Outcome 07: Health and Safety and Risk Management</td>
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<tr>
<td>Outcome 08: Medication Management</td>
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<td>Outcome 11: Health and Social Care Needs</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents Rights, Dignity and Consultation</td>
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<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
St. Vincent's Care Centre is a nursing home located in the town of Athlone, Co. Westmeath. It is currently registered as a designated centre under the Health Act 2007 for providing services to 40 residents.

The centre comprises of two separate units the Auburn Unit and the Sonas Unit. A previous inspection was carried out in July 2013, based on information received by the Health Information and Quality Authority (the Authority). Inspectors identified eight actions on that inspection. In January 2014, the Authority received concerns regarding restrictions placed on visiting hours and the nutrition needs of residents particularly in the evening. The Authority also issued a Provider Lead Investigation in January 2014 relating to the systems in place to safeguard residents who are at risk of being absent without leave. On inspection, inspectors identified that seven of the eight actions identified in July 2013 had been addressed. Improvements had been made to staff training, consultation with residents and/or their representative, care planning, referrals to Allied Health Professionals and the management of complaints. The one outstanding action relating to the external grounds had not been satisfactorily addressed.
Through observation, reviewing of documentation and meeting with residents and staff, inspectors found on this inspection that there were good systems in place for the care and welfare of residents. The processes in place to assure good governance and management were robust.

Inspectors identified that further improvements were needed in relation to consultation with residents particularly around any restrictions imposed regarding visiting times. Inspectors observed adequate food and drink to be available to residents throughout the day as discussed in Outcome 15. Inspectors also reviewed the systems in place for complaints and were satisfied that the centre is adhering to the organisational policy.

The Action Plan at the end of this report highlights were improvements are required to meet 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.

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**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.**

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**Outcome 01: Statement of Purpose**

*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.*

**Theme:**

Leadership, Governance and Management

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**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Prior to inspection, inspectors reviewed the most recently submitted statement of purpose for the designated centre. The statement of purpose contained all of the information as stipulated in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older Persons) Regulations 2009 (as amended). Prior to inspection the Authority had received information that there had been a restriction placed on visiting hours within the centre, as discussed in Outcome 16. This was confirmed on inspection. The statement of purpose states that the centre has an open visiting time during the day except for meal times, however it does not stipulate the exact time in which the restrictions commence.

**Judgement:**

Non Compliant - Minor
**Outcome 03: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The person in charge had not changed since the previous inspection. The inspectors met with the person in charge on the second day of inspection. The person in charge demonstrated to inspectors that they had comprehensive knowledge of the daily operations of the centre and care needs of the residents. There were robust systems in place to ensure that the person in charge was informed of practices. Inspectors observed a good support system in place through other members of the management team which enabled good governance and management. The person in charge demonstrated a clear understanding of the appropriate regulations relevant to their role and their statutory obligations.

**Judgement:**
Compliant

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**Outcome 06: Safeguarding and Safety**
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.

**Theme:**
Safe Care and Support

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
An action arising from the previous inspection was to ensure that all staff had training in relation to adult protection. Inspectors reviewed the staff training records. There was evidence that all staff have received the appropriate training and that there was a system in place to ensure that training was updated when necessary. Inspectors spoke to staff regarding the actions to be taken in the event of an allegation or suspicion of abuse, and staff demonstrated that they were informed of the appropriate actions to be taken. Residents spoken to confirmed that they felt safe in the designated centre. There were no allegations of abuse being investigated at the time of inspection.

In January 2014, the Authority issued a Provider Lead Investigation to the centre
regarding the policies and systems in place to safeguard residents who were at risk of being absent without leave. The information submitted to the Authority demonstrated that there were satisfactory systems in place. This was followed up on inspection and inspectors found that the information provided was implemented in practice. There were appropriate risk assessments completed of residents that were identified as being at risk. Each resident had a missing person profile which could be utilised in the event of being absent without leave. There was evidence of appropriate resources being available to staff in the event of action needing to be taken. There was also evidence of appropriate safeguards such as regular checks of any individuals at high risk of being absent without leave. Inspectors reviewed documentation following incidents relating to individuals being absent without leave and there was evidence of consultation with individual residents regarding safeguards that had been implemented.

Residents’ finances were not inspected on this monitoring event.

**Judgement:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 07: Health and Safety and Risk Management</strong></th>
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<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
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</table>

**Theme:**
Safe Care and Support

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
The designated centre has a policy in place regarding Health and Safety. There is also a risk management policy in place. The inspectors were satisfied that the risk management policy identifies and manages the risks specific to the designated centre. There was evidence that learning had taken place from specific incidents such as falls and residents being absent without leave. Inspectors observed the manual handling practices of staff to be appropriate.

There is a policy in place regarding the evacuation of residents in the event of an emergency, for example a fire. There was evidence that the individual needs of the residents had been assessed to ensure that staff were aware of the equipment needed for each resident. However there was no link to the manual handling needs of a resident in the event of an evacuation. There was evidence of mandatory fire drills taking place, however there was no evidence that the fire drills reflected the reduced staffing levels at night. Staff spoken to demonstrated knowledge of the procedure to complete in the event of a fire. An area of vulnerability identified by the inspectors, was the use of agency staff in the evening. The person in charge stated that agency staff are only utilised as a last resort and have all of the appropriate mandatory training (see Outcome 18), however due to the decrease in staffing at night, unfamiliar staff increases the risk to residents. The person in charge has identified this as a risk in the risk register of the...
centre.

On inspection, a number of residents were presenting with influenza like symptoms, however there was no confirmation at the time that influenza was present in the centre. Inspectors observed the practices of staff and found that all adequate precautions were being implemented to reduce the risk in the event of receiving confirmation that influenza was present. The person in charge had notified the relevant stakeholders once staff became aware of the risk and measures had been taken to safeguard all residents. Inspectors observed staff implementing appropriate practices such as good hand hygiene practices and the use of personal protective equipment to safeguard the other residents. There was evidence of guidelines relating to the management of influenza outbreak throughout the centre. Inspectors were concerned that due to the layout of the premises and the number of multiple occupancy rooms it would, however, be challenging to safeguard all residents if influenza was confirmed. This is discussed further in Outcome 12.

Judgement:
Non Compliant - Minor

Outcome 08: Medication Management
Each resident is protected by the designated centres policies and procedures for medication management.

Theme:
Safe Care and Support

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.

Findings:
There were written operation policies and procedures in place relating to the ordering, prescribing, storing and administration of medications to residents. Inspectors observed the administration of medication to residents in the evening and found that the practices were in line with current guidelines and legislation. Inspectors reviewed the medication administration records and were satisfied that medication was identified, the signature of the administrating nurse was present and the administration times of medication correlated with the prescription sheet.

Inspectors also were satisfied that there were systems in place for reviewing and monitoring safe medication management practices.

Judgement:
Compliant
**Outcome 11: Health and Social Care Needs**

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.

**Theme:**
Effective Care and Support

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Inspectors reviewed a sample of individual care plans from both the Sonas and Auburn unit. There were two actions arising from the previous inspection. The action regarding residents being facilitated to appropriate health care and support had been satisfactorily implemented. Inspectors found that all relevant assessments were completed on admission for residents and appropriate care plans developed as a result of the pre mentioned assessments. There was evidence of referral to a variety of Allied Health Professionals dependent on the need of the resident. There was evidence that the health needs of residents were met through timely access to G.P services. The daily records reflected the care plans from both a health and social perspective.

The inspectors discussed with staff the system for record keeping as due to the volume of information being retained in one file it was challenging to retrieve information easily.

Inspectors reviewed the system for ensuring that all care plans were reviewed at three monthly intervals or sooner if necessary. There was clear evidence that this occurred. Inspectors noted that care plans were updated if needed as a result of a change in the residents’ status. The person in charge has also implemented a system which ensures that staff are aware on commencement of their working day of any resident who may be of increased risk based on an incident or change in status, for example falls.

Through observation, speaking with staff and a review of documentation it was also apparent that efforts were being made to alleviate the underlying causes of behaviours that challenge for residents through therapeutic and non-restrictive methods.

Another action arising from the previous inspection pertained to residents or their representative being included in the development of care plans. There was evidence that residents or representatives had been included in the planning of care. However there were instances when a representative had signed the care plan even though there was no evidence that the resident themselves was not in a position to do so.
There was evidence throughout both the Sonas and Auburn units of social activities taking place. This was reflected in the daily nursing notes.

**Judgement:**
Non Compliant - Minor

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**Outcome 12: Safe and Suitable Premises**

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.

**Theme:**
Effective Care and Support

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**Outstanding requirement(s) from previous inspection:**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
An action arising from the previous inspection, which occurred on the 2nd July 2013 was that the external grounds of the campus were not suitable for residents. The registered provider had stated that it was anticipated that the work would begin in September 2013. However on this inspection there was no evidence that work had commenced. The person in charge informed inspectors that some trees had been removed, however inspectors observed the external grounds to remain a significant risk to residents walking in the area. There are no clear footpaths and the surface was broken in areas. There is an internal garden located in the designated centre, however residents currently have to walk through a corridor which is utilised primarily for laundry which decreases the accessibility. The person in charge outlined plans to inspectors regarding placing a doorway in the communal area, which would increase the accessibility for residents to access the outdoors.

Inspectors spoke with the person in charge regarding the statutory requirement for premises to be altered by July 2015. Currently there are 8 multiple occupancy rooms between the Auburn and Sonas Unit. The Auburn Unit contains two three bedded rooms and two four bedded rooms. The Sonas Unit contains one three bedded room, two five bedded rooms and one four bedded room. The designated centre applied for a variation in conditions of the current registration for a reduction of providing services to forty two individuals to forty residents, which was granted by the Authority. The Statement of Purpose was accordingly adapted to reflect the new layout of the centre. The measurements provided confirm that currently the centre is in compliance with the National Quality Standards for Residential Care Settings for Older People in Ireland, however there was evidence that the multiple occupancy rooms compromise the privacy and dignity of residents currently residing in them as discussed in Outcome 16.

**Judgement:**
**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection:**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There were two actions arising from the previous inspection, regarding the maintenance of a record of all complaints, inclusive of outcome and ensuring complainants are informed of the outcome of their complaint. Inspectors were satisfied that both actions had been addressed.

There are policies and procedures for the management of complaints. Inspectors observed information throughout the designated centre informing both residents and relatives of the system in place for making a complaint. The person in charge is the nominated person to deal with all complaints. There is a complaints log in place, and a record of both verbal and written complaints and the outcome of the process. A monthly audit takes place of all complaints.

Inspectors reviewed the process for one complaint currently being addressed by the registered provider and the person in charge. There was evidence that the policy of the designated centre has been adhered to and the complainant had been kept informed of the progress to date.

**Judgement:**
Compliant

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**Outcome 15: Food and Nutrition**

*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.*

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Prior to the inspection, the Authority had received information regarding the nutritional
needs of residents not being met, particularly in the evening. Inspectors observed the evening routine on the first day of inspection and found that residents had a variety of choice as regards to food and drink. At 7.00pm, there was a choice of sandwiches, biscuits, bananas or cereals for residents. Following on from this at 9.00pm, tea was offered to residents. Inspectors spoke to one resident who had declined and were informed that they were 'full of tea', they followed up by informing inspectors that they were satisfied with the food available. Inspectors reviewed a residents satisfaction survey which was completed in October 2013 and 88% of respondents stated that they were very satisfied with the food and drink provided in the centre.

Inspectors also observed water and juice available in communal areas and water available in the residents' rooms.

There were appropriate policies in place regarding the nutritional needs of residents and care plans reviewed demonstrated to inspectors that appropriate systems were in place to monitor the nutritional status of residents.

There is a visiting restriction in place for mealtimes, and inspectors reviewed the policy regarding this which stated that this was for the dignity of residents who may require assistance. However there was evidence of relatives being facilitated to visit during mealtimes upon request.

Judgement:
Compliant

Outcome 16: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each residents 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.

Theme:
Person-centred care and support

Outstanding requirement(s) from previous inspection:
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There was one action arising from the previous inspection regarding consultation with residents and/or their next of kin. At the time of the previous inspection there was insufficient evidence of an advocacy service being instigated to promote and protect the rights of residents. Inspectors were satisfied that this action was addressed. There were posters displayed prominently throughout the designated centre of the advocacy service available to residents. There were also suggestion boxes available at the entrance to each unit. Inspectors reviewed documentation demonstrating that an advocate had been involved in specific resident issues.
The statement of purpose of the designated centre states that residents meeting take place on a six weekly basis. Inspectors reviewed the minutes of these meetings. There were inconsistencies in the intervals of the meetings, however there was evidence that the advocate was present and that the residents had the opportunity to express their views.

As previously stated inspectors reviewed the results of satisfaction surveys which were completed in 2013 and in 2012, which addressed the areas of nutrition, health, hygiene and activities. There was a high satisfaction rating recorded in each. Inspectors spoke to residents who stated that they were happy with the services provided.

Inspectors observed staff to engage in an appropriate and respectful manner with residents and there was signage present in the event of a resident being assisted with personal care.

As previously stated the Authority were informed prior to inspection that restrictions had been place on visiting in the centre. This was confirmed on arrival at the designated centre, where inspectors observed signage stating that there was no visiting after 8.45pm in the designated centre. On discussion with staff they informed inspectors that there is flexibility on request, however this was not documented. The person in charge stated that this decision was made as a result of a change in circumstances within the centre, however inspectors found no evidence of consultation with the residents regarding the restrictions in visiting.

As stated in Outcome 12, there was evidence that the privacy and dignity for residents was compromised based on the number of multiple occupancy rooms. Although efforts had been made to personalise the space of the areas of residents, the multiple occupancy rooms increase the challenge to create a homely environment for residents. Inspectors discussed this with the person in charge who confirmed that this was a challenge experienced. There were partitions in place within the rooms however they did not reach the ceiling and inspectors observed a lot of noise in multiple occupancy rooms based on individual residents watching different programmes on their televisions whilst other residents were sleeping. Inspectors also observed visitors sitting with their relatives in the multiple occupancy rooms, as their relative was unable to attend the visitors' room at that time, however other residents were in bed sleeping. Staff were observed trying to uphold the dignity of residents in the environment however inspectors formed the view that without changes to the layout of the rooms, privacy and dignity was compromised.

Judgement:
Non Compliant - Minor
**Outcome 18: Suitable Staffing**
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.

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection:**
No actions were required from the previous inspection.

**Findings:**
Due to the time of the inspection, inspectors had the opportunity to review the staffing levels both during the day and at night. Inspectors observed staff to have the opportunity to not only meet the care needs of the residents but to also engage with the residents in a respectful and dignified manner.

Inspectors reviewed the staffing roster and confirmed that they accurately reflected the staffing on both days of inspection. As stated in Outcome 7, a risk identified was the use of agency staff for the first time at night due to the reduction in staffing. The person in charge acknowledged this, however there is a system in place to ensure that agency staff completing their first shift in the centre are appropriately supervised. Inspectors reviewed the information held by the designated centre in respect of agency staff and confirmed that they had received all of the mandatory training. Therefore the view was formed that the risk present was around unfamiliarity of the residents as opposed to skill.

The roster confirmed that there was a registered nurse on duty at all times and as stated in Outcome 6, all staff had received the appropriate mandatory training in the appropriate time.

Inspectors also reviewed staff files, which demonstrated that there is an appropriate recruitment system in place.

**Judgement:**
Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Jillian Connolly
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<tr>
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<td>20/02/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>24/06/2014</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure 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.

Outcome 01: Statement of Purpose

Theme:
Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was a statement of purpose in place, however it was not update to reflect the specific restrictions placed on visiting hours within the designated centre.

Action Required:
Under Regulation 5 (3) you are required to: Keep the Statement of purpose under review.

Please state the actions you have taken or are planning to take:
The statement of purpose will be amended to include the exact times in which visiting restrictions commence. These restrictions will apply in future to protected meal times in palliative situations visiting outside of these hours can be agreed with the unit manager.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
**Outcome 07: Health and Safety and Risk Management**

**Theme:**
Safe Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There was no evidence that assessments had taken place to ensure that the staffing levels reflected the needs of the residents in the event of a fire, particularly when staffing levels were reduced at night.

**Action Required:**
Under Regulation 32 (1) (c) (iii) you are required to: Make adequate arrangements for the evacuation, in the event of fire, of all people in the designated centre and the safe placement of residents.

**Please state the actions you have taken or are planning to take:**
The weekly Resident profile from each unit for fire evacuation will include the manual handling needs of a Resident in the event of an evacuation.

All Staff have received training in the Progressive Horizontal Evacuation method which is used in the centre.

A fire evacuation drill will be carried out to reflect reduced staffing levels similar to staffing levels on night duty.

**Proposed Timescale: 31/03/2014**

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**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Care plans were agreed with representatives without clear evidence of the resident’s inability to do so themselves.

**Action Required:**
Under Regulation 8 (1) you are required to: Set out each resident’s needs in an individual care plan developed and agreed with the resident.

**Please state the actions you have taken or are planning to take:**
All Residents will be consulted regarding their care plan. In the event of a Resident being unable or not wishing to sign their care plan then a significant other will do so on their behalf and this will be noted in the care plan.

**Proposed Timescale: 31/03/2014**
**Proposed Timescale: 24/06/2014**

### Outcome 12: Safe and Suitable Premises

**Theme:**
Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The external grounds of the designated centre are not suitable for residents to walk in.

**Action Required:**
Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

**Please state the actions you have taken or are planning to take:**
Planning permission has been granted by Westmeath Council to make necessary changes to improve grounds. Preparatory work has commenced on the campus.

Following a tender process a contractor has been appointed pending the agreement of satisfactory production of a method statement for the execution of works. Works expected to commence on site in May 2014 and to be completed 30th of September 2014.

**Proposed Timescale: 30/09/2014**

### Outcome 16: Residents Rights, Dignity and Consultation

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Although efforts had been made to uphold the privacy and dignity of residents, the current layout of the multiple occupancy rooms did not facilitate this.

**Action Required:**
Under Regulation 10 (c) you are required to: Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

**Please state the actions you have taken or are planning to take:**
The following actions will be taken to increase the privacy and dignity of residents residing in multiple occupancy rooms.

**Action 1:** To reduce noise levels: The position and quantity of televisions in the bedroom will be reassessed to meet individual Resident’s needs.

**Action 2:** Screening / Partitions: The partitions in the multi-occupancy rooms will be...
raised to ceiling level.

There is a dignity in care charter displayed on each unit which includes dignity, respect privacy, self esteem and autonomy.

Proposed Timescale:
Action 1 30th August 2014
Action 2 30th October 2014

**Proposed Timescale:** 30/10/2014

**Theme:**
Person-centred care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Although there was evidence of residents being consulted through residents' meetings and satisfaction surveys, there was no evidence of residents being consulted or informed of the restriction in visiting hours.

**Action Required:**
Under Regulation 10 (g) you are required to: Put in place arrangements to facilitate residents consultation and participation in the organisation of the designated centre.

**Please state the actions you have taken or are planning to take:**
Resident meetings are held at the centre and the matter of restricted visiting hours will be included on the agenda for the next meeting.

**Proposed Timescale:** 30/04/2014

**Theme:**
Person-centred care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Although the person in charge discussed with inspectors the rationale for the restriction in visiting hours, there was no documented evidence of this.

**Action Required:**
Under Regulation 12 (2) you are required to: Ensure that there are no restrictions on visits except when requested by a resident or when the visit or timing of the visit is deemed to pose a risk.

**Please state the actions you have taken or are planning to take:**
With the exception of protected meal times there will be no restrictions on visits except when requested by a Resident or when the visit or timing of the visit is deemed to pose a risk.
Proposed Timescale: 24/06/2014