

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



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|---|---|
| Centre name: | St Vincent's Community Nursing Unit |
| Centre ID: | OSV-0000533 |
| Centre address: | Irishtown, Mountmellick, Laois. |
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| Type of centre: | The Health Service Executive |
| Registered provider: | Health Service Executive |
| Provider Nominee: | Dorothy Mangan |
| Lead inspector: | Mary O'Donnell |
| Support inspector(s): | Leanne Crowe |
| Type of inspection | Unannounced Dementia Care Thematic Inspections |
| Number of residents on the date of inspection: | 73 |
| Number of vacancies on the date of inspection: | 0 |

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 09 June 2016 08:30 To: 09 June 2016 19:00

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

| Outcome | Provider's self assessment | Our Judgment |
|---|-----------------------------------|--------------------------|
| Outcome 01: Health and Social Care Needs | Substantially Compliant | Non Compliant - Moderate |
| Outcome 02: Safeguarding and Safety | Compliance demonstrated | Compliant |
| Outcome 03: Residents' Rights, Dignity and Consultation | Compliance demonstrated | Compliant |
| Outcome 04: Complaints procedures | Substantially Compliant | Substantially Compliant |
| Outcome 05: Suitable Staffing | | Compliant |
| Outcome 06: Safe and Suitable Premises | | Non Compliant - Major |
| Outcome 07: Health and Safety and Risk Management | | Compliant |

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care. The inspection also followed up on progress with completion of actions required to address non-compliances with the regulations from the registration inspection in December 2014. There were seven actions required in the action plan from this inspection and six were satisfactorily completed. The action relating to premises had been progressed. HIOA was formally notified that funding was allocated for the construction of a 130 bedded facility on a site behind the centre and building works were due to commence in January 2020. As an interim measure significant restructuring work had been carried out, but the premises continued to provide significant challenges to the provision of person-centred care that respected the privacy, dignity and independence of residents. The provider had applied to remove the restrictive registration condition.

Since the previous inspection the Health Information and Quality Authority (HIQA) received unsolicited information relating to risks associated with immobility. Inspectors formed the view that the layout of the facility did not fully support residents to remain physically active but there was scope for improvement to support residents to maximise their level of functioning within the existing facility.

As part of the thematic inspection process, providers were invited to attend information seminars given by HIQA. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the self-assessment and the inspectors' rating for each outcome.

Inspectors met with residents and staff members during the inspection. They tracked the journey of four residents with dementia within the service. They observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Documentation such as care plans, medical records and staff training records and policies were reviewed.

St. Vincent's Hospital has a dementia specific unit with eight places. On the day of inspection 35 of the 73 residents in the centre were deemed to have a dementia related condition. Twenty-four residents had a formal diagnosis of dementia, two of whom were under 65 years of age. Staff training was prioritized and there was a clinical nurse specialist (CNS) in dementia care on site to support residents, their families and staff to provide person-centred care. Positive care was observed during the formal observation periods and inspectors noted the refurbishment works had incorporated aspects of good dementia design.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission, residents had a comprehensive assessment and care plans were in place to meet their assessed needs. The health needs of residents were met to a high standard. Residents had access to medical services and a range of other health services and evidence-based nursing care was provided. Residents' nutritional needs were met and end-of-life preferences were recorded. Measures were in place to prevent unnecessary admissions to hospital. However physiotherapy services were limited to 10 hours per week and residents did not have access to a pharmacist or dental services. In addition residents referred to the diabetic clinic waited for up to 8 months for an appointment.

Improvements were required in relation to procedures for blood glucose monitoring and actively promoting the mobility of residents to promote positive health for residents.

The reconfiguration of the first floor eliminated multi-occupancy bedrooms and created sufficient numbers of bathroom and toilet facilities for 25 residents and a single room for end of life care. Beds had been removed from wards on the ground floor but the 12 multi-occupancy rooms had not been reconfigured to create additional personal space for residents. There were inadequate numbers of bathrooms and toilets and their location did not meet the needs of residents or promote the dignity, well being and independence of residents.

These issues are discussed further in the body of the report and the actions required are included in the action plan at the end.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

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

Findings:

This outcome sets out the inspection findings relating to healthcare, nursing assessments and care planning. The social care of residents with dementia is comprehensively covered in Outcome 3. On the previous inspection the evening meal/tea was served too early and did not suit the needs of residents. The timing of lunch and tea time had been changed to suit the needs of residents. Lunch was now served at 1.00pm and tea time was at 5.00pm. This action was satisfactorily completed.

Overall there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Comprehensive assessments were carried out and care plans were developed in line with residents' changing needs. Residents and their families, where appropriate, were involved in the care planning process, including end-of-life care plans which reflected the wishes of residents with dementia. Systems were in place to prevent unnecessary hospital admissions. The nutritional and hydration needs of residents with dementia were met and residents were protected by safe medication policies and procedures. Pharmacy and physiotherapy services were limited and procedures for monitoring blood glucose required review. Improvements were required in relation to promoting residents' mobility.

The unit was serviced by two medical officers who visited the unit twice daily. Residents also had access to out of hours medical services and to allied healthcare professionals including dietetic, speech and language, occupational therapy, ophthalmology and podiatry services. The centre also had access to the mental health of later life services, with onsite visits from a consultant led psychiatry of later life team. The centre had access to a physiotherapist for 10 hours per week and a physiotherapy assistant on a full time basis. Staff explained that the physiotherapy service had been cut back and they felt that many of the residents would benefit from more physiotherapy input.

Inspectors focused on the experience of residents with dementia and they tracked the journey of four of residents with dementia. They also reviewed specific aspects of care such as nutrition or wound care in relation to other residents.

There were systems in place to optimise communications between the resident/families, the acute hospital and the centre. The person in charge visited prospective residents in hospital prior to admission. This gave the resident and their family information about the centre and also to ensure that the service could adequately meet the needs of the resident. The person in charge was on the local placement forum and had access to referral forms and the Common Summary Assessments (CSARS), which detailed the assessments undertaken by a geriatrician, a medical social worker and a comprehensive nursing assessment. Inspectors examined the files of residents who were transferred to hospital from the centre and found that appropriate information about their health, medications and their specific communication needs were included with the transfer letter.

Residents had a comprehensive nursing assessment on admission. The assessment process involved the use of validated tools to assess each resident's risk of malnutrition, falls, level of cognitive impairment and their skin integrity. There was also a pain assessment tool for residents who were non-verbal. A care plan was developed within 48 hours of admission based on the residents' assessed needs. Care plans contained the required information to guide the care of residents, and were updated routinely on a three-monthly basis or to reflect the residents' changing care needs. There was documentary evidence that residents and relatives where appropriate had provided information to inform the assessments, care plans and care plan reviews. Staff nurses, multitask attendants, residents and relatives who spoke with inspectors demonstrated appropriate levels of knowledge about care plans.

Staff provided end-of-life care to residents with the support of their general practitioner and the community palliative care team. The inspectors reviewed a number of 'End-of-life' care plans that outlined the physical, psychological and spiritual needs of the residents, including residents' preferences regarding their preferred setting for delivery of care. Single rooms were available for end-of-life care and one resident was under the care of the community palliative care team at the time of inspection.

Staff outlined how religious and cultural practices were facilitated within the centre. Inspectors noted that staff, trained to replace percutaneous endoscopic gastrostomy (PEG) tubes and administer subcutaneous fluids to treat dehydration were some of the measures in place to avoid unnecessary hospital admissions. Residents had access to rapid diagnostics in the acute hospital and could have tests such as X-rays without having to go through the Accident and Emergency Department.

A number of residents were admitted to the centre with pressure ulcers. A nurse in the centre with specialist knowledge of wound care had input into policy development and supported nurses with expert advice and guidance to manage wounds effectively. Inspectors tracked wound care for two residents and found their wounds were either healed or healing.

Two residents who were case tracked had diabetes. Inspectors observed that residents did not have individual glucose monitors and in one case the glucose monitor had not been appropriately cleaned after use. This practice did not accord with HIQA guidance of blood glucose monitoring. Residents with diabetes were managed by the GP and referred to the diabetic clinic where appropriate. Inspectors noted that people referred to the diabetic clinic waited for up to eight months for an appointment.

There were systems in place to ensure residents' nutritional needs were met, and that they did not experience poor hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis, and weekly when indicated. Nutritional care plans were in place that detailed residents' individual food preferences, and outlined the recommendations of dieticians and speech and language therapists where appropriate. Nutritional and fluid intake records when required were appropriately maintained. Inspectors joined residents having their lunch in the dining room, and saw that a choice of meals was offered. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors found that residents on diabetic and fortified diets, and also residents who required modified consistency diets and thickened fluids received the correct diet and modified meals were attractively served. Mealtimes in the dining room were social occasions with attractive table settings and staff sat with residents while providing encouragement or assistance with the meal. Inspectors tracked the care of a resident who had nutrition via a peg tube and found that the care plan directed the resident's care in relation to the management of the tube, rest periods and the feeding regime. Weight records showed that the resident was starting to gain weight.

Staff told inspectors that dental services were no longer provided on site.. But residents could access dental services in the community. Some residents were on high sugar suppliments and many of the residents were on medications with dry mouth as a side effect. These residents were at risk of dental decay. There was no evidence that any of the four residents case tracked had seen a dentist since admission.

There were arrangements in place to review accidents and incidents within the centre and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised, medications reviewed and care plans were updated to include interventions to mitigate the risk of further falls.

There were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were implemented in practice. Inspectors found that practices in relation to prescribing and medication reviews met with regulatory requirements and staff were observed to follow appropriate administration practices. Residents did not have access to the pharmacist and plans to include the pharmacist in the three-monthly review of medications had not been progressed.

Inspectors followed up on unsolicited information relating to risks associated with declining mobility. Inspectors observed that the layout of the centre did not fully support residents with poor mobility to exercise and maximise their full potential. Upstairs on St. Mary/Teresa's Ward, the dining room and sitting room were situated at either end of a long corridor. Toilets were not situated in close proximity to the dining room and an inspector had to provide a seat for a resident who needed to rest on her way back from the bathroom. Residents on the first floor also had to travel downstairs to access the garden or to engage in group activities. Inspectors observed that many residents were transported by wheelchair because they were not capable of walking the distances required. Residents in St Martha's dementia specific unit were all mobile but, according to data gathered weekly by the person in charge, 71.6% of the residents in the main

unit spent prolonged periods in bed or confined to a chair. Inspectors case tracked two of these residents and found that one resident could move about himself while in bed and staff supported him to get up at a time of his choosing for approximately two hours each day. The other resident was bedbound for four to five days each week. Neither of the residents availed of physiotherapy services. Staff said they repositioned the residents and massaged her legs when applying moisturiser but the residents did not have a care plan to ensure that their limbs were adequately exercised. The activity schedule viewed did not include exercise sessions. The physiotherapy assistant worked with residents who were referred for a walking programme but the physiotherapy resource in the unit was limited to 10 hours each week. Staff interviewed stated that residents, especially younger residents, would benefit from more physiotherapy treatments.

Inspectors observed that heparin and oral anti-coagulant medications were prescribed and administered appropriately. Suitable arrangements were in place to monitor residents who were prescribed anti-coagulant therapy.

Inspectors held the view that residents were not fully supported to maintain their capacity to remain physically active. Residents would benefit from improved access to physiotherapy services and there was also scope for improvement within the existing facility and resources.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

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

Findings:

The safeguarding policy had been updated to reference the National Policy 'Safeguarding Vulnerable Persons at Risk of Abuse' (2015). Training records indicated that all staff had annual training on the prevention, detection and response to abuse.

Staff who spoke with inspectors were knowledgeable about the various types of abuse, recognising abuse, and were familiar with the reporting structures in place. The person in charge and her deputy were familiar with their roles in investigating any allegation. There were no abuse allegations being processed at the time of inspection.

Residents had a locked drawer in their rooms for money and valuables and the administration officer managed the finances for some residents. The inspectors did not have an opportunity to interview this person or to review the system in place to manage residents' money. However on the previous inspection the system was found to be

sufficiently comprehensive to ensure transparency and security. The person in charge provided details of increased security measures put in place since the previous inspection and confirmed that residents' financial transaction records were signed and witnessed by two staff and subject to regular audits.

There was a policy and procedures in place that promoted a positive approach to the behaviours and psychological symptoms of dementia (BPSD). The clinical nurse specialist in dementia reviewed all residents who had responsive behaviours. Residents were appropriately assessed and care plans based on the assessments were implemented and reviewed. Residents had access to mental health of later life services and from the cases tracked it was evident that physical or chemical restraint was used only as a last resort.

Data on restraint usage, gathered on a weekly basis, showed that 23 residents used bedrails, six wore security bracelets and one resident used a lap belt. Care plans were in place and restraint use was reviewed regularly. Inspectors saw records of regular checks of residents when restraints were in use. Incidents of physical and chemical restraint were appropriately notified to the Authority. Efforts were made to promote a restraint free environment and there was evidence that less restrictive devices were used such as low-low beds and crash mats.

Judgment:

Compliant

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Findings:

Aspects of the environment such as communal bedrooms and the location of bathrooms and toilets did not support the privacy and dignity of residents and these are actioned under Outcome 6. Residents with dementia were consulted with and participated in the organisation of the centre. Overall, residents' privacy and dignity was respected, and residents were supported to make choices. There were opportunities for most of the residents to participate in activities that suited their interests.

Staff worked to ensure that each resident with dementia received care in a dignified way that respected their privacy. Staff were observed knocking on bedroom and bathroom doors, and privacy locks were in place on all bathroom and toilet doors. Staff used 'Do not Disturb' signs attached to the screens when delivering personal care. Inspectors observed staff interacting with residents in an appropriate and respectful manner, and it was clear that staff knew the residents well.

The privacy, dignity and overall quality of life for the residents in St Mary/Teresa's was enhanced by their newly refurbished unit with single and twin bedroom accommodation. Residents had access to a day room and a dining room. However residents downstairs lived in multi-occupancy rooms. St Joseph's Ward was closed and the three other wards downstairs had 12 four-bedded rooms, and single rooms were used for end-of-life care. Toilet and bathroom facilities were inadequate. There were no en-suite facilities and residents on both floors had to cross the corridor in order to access bathrooms or toilets. This did not support privacy and dignity or promote continence. Residents on the ground floor had free access to secure well maintained gardens. Residents from upstairs were assisted downstairs by staff to attend divisional therapy and to sit in the garden. Residents, relative and staff who spoke with inspectors were pleased with the refurbished first floor and the additional space created for residents on the ground floor. A staff member interviewed by inspectors said 'Now that we see the difference the extra space has made for residents, neither the residents or the staff want to go back to the way things were'

Staff engaged therapeutically with individual residents and worked to create a homely and interesting place for residents to live. There was an abundance of reminiscence materials rummage boxes, clocks, calendars and orientation boards to support residents with a cognitive impairment. Signage to support residents with dementia was evident on the ground floor and had been ordered for the first floor. Residents were involved in choosing curtains, paints and homely furnishings for the unit.

Independent advocates were available and contact details prominently posted in day rooms. Residents had availed of advocacy previously but no resident was availing of the service at the time of inspection.

The residents' action group (RAG) meetings were held three-monthly in each ward and attended by residents and relatives where appropriate. Minutes of the RAG meeting were posted on the notice board in the day room. There was evidence that issues raised were followed up by management and implemented. For example the chef attended the RAG meeting and menus had been changed following feedback from residents.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that their rights were upheld. Residents' right to refuse treatment or care interventions were respected. For example, a resident who was at risk of injury from falls refused to wear hip protectors. Staff sought the permission of the resident before undertaking any care task. Residents were satisfied with opportunities for religious practices. Arrangements were in place for residents to vote in the recent election.

Addressing the social needs of residents was integral to the role of nurses and multi-task attendants. They were supported by activity staff and residents' wishes were prioritised when planning activities and excursions. Residents' wishes and preferences also informed their daily routine and they were encouraged to personalise their bedroom space. One resident had a May altar by her bedside. There were no restrictions on visitors and there were a number of areas where residents could meet visitors in private, including a pleasant quiet room in St. Joseph's Ward. The centre was located close to the town centre and residents were active in the local community. A number of residents attended a local vintage rally and others had attended a fashion show recently.

In the case of a resident who was case tracked, her care plan included facilitating a friend who attended day care in the unit to call to visit her in the afternoon. Inspectors observed that staff in day care supported this plan. Family members were encouraged to take residents out and maintain contacts with their community. Residents had access to national and local newspapers.

There was a variety of activities available to residents in the centre, organised by the activities staff. The activity schedule included activities arranged for the mornings and afternoons and included music, quizzes, colour therapy, boccia and religious activities. Inspectors observed residents engaging in activities in the diversional therapy room in the morning and the afternoon. On the day of the inspection, actors from an external theatre had performed an interactive re-telling of the 1916 Easter Rising, in which staff and residents from all the units were observed to engage in. Residents from both floors also sat out in the garden in the afternoon listening to music and eating ice creams. The lack of activities at the weekend was an issue raised in a recent resident satisfaction survey. Inspectors saw that management had responded by providing live music on Sunday and the diversional therapy room was open on the June bank holiday for residents to use. However activity provision at the weekend was an ongoing issue for residents.

Staff also informed inspectors that 1 to 1 time was scheduled for residents who had more severe dementia or those who preferred not to participate in the group activities. Reading, reminiscence and hand massage were some of the 1:1 activities provided. Life stories were documented and each resident's participation in activities was recorded and used to plan future activities. Other related records included details of the resident's individual interests, level of communication, enjoyment and mood. Residents were also observed to spend time watching TV, but TV viewing was not overused to occupy residents with dementia. Residents in the main part of the unit did not have a social kitchen but domestic activities such as gardening were encouraged with a potting table in the enclosed garden. Residents showed inspectors the containers they had planted with lettuces and strawberries. Residents with dementia in St Martha's had access to a kitchen and a daily meal was cooked there to provide activity and enhance sensory stimulation for residents.

Inspectors observed interactions between staff and residents using a validated observational tool to rate and record, at five minute intervals, the quality of interactions between staff and residents. The observations were done in the dining rooms and the diversional therapy room. All the interactions observed were positive and mostly associated with the task of preparing for a meal or an activity. Positive connective care was also observed and genuine fondness between residents and staff was evident. Staff availed of opportunities to interact with residents and they interacted as equal partners as they discussed family, what they did for the weekend and offered choice at mealtimes. Opportunities to enhance the mealtime experience for people with dementia were identified and discussed at feedback.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

Findings:

There was a system in place to ensure that the complaints of residents with dementia or their representative were listened to and acted upon, and they had access to an appeals procedure.

There was a complaints policy in place, and although the complaints procedure was not displayed prominently in the centre, it was summarised in the residents' guide book. Throughout the inspection it was clear that residents were familiar with the person in charge, and would find the person in charge easy to approach with any concerns or complaints. The inspectors reviewed the 15 complaints records on file since Jan 2015 and details were maintained about each complaint, details of any investigation into the complaint and whether or not the complainant was satisfied with the outcome. All complaints on record were resolved to the satisfaction of the complainant.

There was evidence that complaints were taken seriously and led to improvements in service provision. There was a nominated person from outside the unit appointed to review complaints to ensure complaints were appropriately managed in line with the policy.

Judgment:

Substantially Compliant

Outcome 05: Suitable Staffing

Theme:

Workforce

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

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

Findings:

There was a stable workforce in the centre and all of the staff were long-term employees. The recruitment procedures in place met the regulatory requirements, and included Garda vetting. An orientation programme was available to support new staff in their roles. Staff were supervised appropriate to their role, and performance management meetings were also conducted.

A number of volunteers regularly visited residents in the centre. Garda clearance was sought for these volunteers and they had signed an agreement which outlined the volunteer's role and responsibilities. This was an action from the previous inspection which had been completed.

Inspectors found there were sufficient staff on duty to meet the holistic needs of residents. Residents' dependencies were determined using a validated tool. 45 residents were maximum dependency, 13 were high dependency, 13 were medium dependency and two residents were low dependency. Residents and relatives were highly complementary of the staff and they agreed that there were adequate staff on duty both day and night.

There was a planned staff roster in place, with any changes clearly indicated. The staffing in place on the day of inspection was reflected in this roster. Review of the staff rosters indicated that the skill-mix was 45%- 50% nurses and 50%-55% multi-task attendants. The person in charge told inspectors that staffing levels had remained consistent even though the numbers of residents had decreased from 106 to 77. Rates of absenteeism due to sick leave were high, running at 9.2% at the time of inspection. This was mostly accounted for by long term sick leave. Staff moved between units or part-time staff worked additional hours to provide cover and agency staff were not required.

There was an effective system to ensure that all staff attended mandatory training and refresher training. Interviews and training records confirmed that staff had up to date mandatory training. Staff also had training on dementia care and the management of behaviours that challenge. A two day programme called 'Enhancing and Enabling Wellbeing for People with Dementia' was being rolled out for all staff. Training was also provided on other aspects relevant to dementia care such as end-of-life care, the use of incontinence wear, nutrition and dysphagia. The implementation of training was consistently monitored and inspectors observed staff using good practices in relation to communication, de-escalation and safe manual handling techniques.

Staff who spoke with inspectors had knowledge of all the residents. Effective systems were in place to ensure that all team members had appropriate information to provide the care and support the residents required. For example, the staff who worked in the kitchenette and those who supported residents to eat and drink attended the handover meeting in the morning so that they were fully informed about residents changing needs and recommendations from allied health professionals regarding a modified diet and fluid consistency. The staffing arrangements provided for the supervision of residents in communal rooms and inspectors found that a culture had been created where staff took pride in their work, creating a positive environment for residents with dementia.

Judgment:
Compliant

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

In the self-assessment St. Martha's Ward, the Dementia Specific Unit was deemed compliant and the rest of the premises was moderately non-compliant. The provider acknowledged that the indoor space did not allow for free movement of residents. Multi-occupancy rooms did not support the privacy and dignity of residents and space for personal possessions was limited. Upstairs the residents could not look out the windows unless they were standing up and there was no dining room and inadequate toilet and bathroom facilities on the ground floor. Inspectors agreed with the self-assessment findings and while acknowledging the significant refurbishment works completed on the first floor, this outcome was deemed to be in major non-compliance because there were insufficient toilet facilities on St. Frances' Ward and the location of three of four toilets in St. Anne's Ward meant that they were not accessible to many of the residents.

The centre was registered in November 2015 for 106 places, with a condition restricting admissions to the unit (except Dun Aine- palliative care suite) until a satisfactory plan had been submitted to reconfigure the environment to improve the privacy, dignity and quality of life for residents. In 2016, HIQA was formally notified that funding had been ring fenced for the construction of a new 130 bed facility at the back of the existing centre. Building work scheduled to begin in January 2020 was due for completion by July 2021. In the interim a significant refurbishment project had been completed since the previous inspection. The refurbishment had resulted in a reduction of places and the centre had 99 places on the day of inspection.

The entire unit had been painted and decorated and new flooring had been provided throughout. Each unit had a new kitchenette and a sluice room installed. Garden areas including two secure gardens were furnished, suitably landscaped and accessible to residents on the ground floor. The garden shared by two male units had a vintage tractor and a potting area for gardening.

Beds has been removed from the 12 multi-occupancy rooms on the ground floor to create four-bedded rooms. The amalgamated wards on the first floor, St Mary/Teresa's, was reconfigured to provide mostly twin room accommodation. There were adequate bathroom and toilet facilities for 25 residents. Concerted efforts were made to create a homely environment with pictures, suitable soft furnishings and domestic-type furniture. Contrasting colours were used effectively on grab-rails and toilet doors and in refurbished bathrooms and toilets. The majority of residents had their name and a picture to help them to recognise their bedrooms. Appropriate signage had been sourced and was in place on the ground floor to support residents to identify various communal rooms.

Although significant improvements were made, the limitations of the building meant that

there were significant deficits in the premises which did not meet residents' needs. The issues identified impinged on residents' rights to dignity and privacy.

Beds had been removed from the twelve multi-occupancy rooms on the ground floor to create four-bedded rooms. However the multi-occupancy rooms made it difficult for staff to ensure that residents' privacy and dignity were maintained at all times. Although the number of beds had been reduced the rooms had not been reconfigured to increase the resident's individual personal space. For example the screening was still in place for six beds. The dependency of the residents and the need for assistive equipment made the task of ensuring the screens stayed closed impossible for staff. The hand washing sink was positioned behind the screen within a resident's bed space in all the multi-occupancy rooms. The inspector also noted that it was difficult to maintain the privacy and dignity of each resident as the screening did not prevent noise and odours.

Some wards especially in St Frances' and St. Anne's wards had an inadequate number of toilets, bathrooms and wash-hand basins to meet residents' needs as follows:

St. Frances' Ward (22 male places) had 16 residents accommodated in four multi-occupancy rooms and a single room reserved for end-of-life care. There were two toilets which were situated in the shower rooms which could not be accessed if someone was using the shower.

St. Anne's Ward (22 male places) had 16 residents in four multi-occupancy rooms, had one toilet in the shower room situated in the bedroom area. Residents had to negotiate a ramp to access the two toilets (one wheelchair accessible) situated across from the day room.

St Annes Ward – 21 female places and 1 palliative Care room (male/female).

One toilet in the shower room plus two toilets with wash-hand basins (1 assisted) in close proximity to the bedroom area (opposite room 1)

The toilet with shower close to Dun Aine is sometimes used by residents was not accessible to residents on the day of inspection as the palliative care suite was in use.

1 ensuite with shower and toilet in Dun Aine (additional to the above)

St. Paul's Ward (22 male places), had 14 residents in four multi-occupancy rooms and a single room for end-of-life care. The 14 residents had access to two assisted toilets and one ordinary toilet. In addition the shower room had an assisted toilet and a separate bathroom with an assisted bath but no toilet.

St Martha's (8 places) was a purpose-built unit for people with dementia. Accommodation comprised eight single bedrooms, two sitting rooms and a kitchen. There were four shower rooms with a toilet and one bathroom with a wheelchair accessible toilet and two separate wheelchair accessible toilets.

St Mary/Teresa's Ward which was (25 places) had 21 residents accommodated in 12 twin rooms and one single room. The second single room was reserved for end of life

care. Residents had one toilet, two assisted toilets, a bathroom with an assisted bath and toilet and three shower rooms - two with assisted toilets.

Despite this, staff had made efforts to assist residents to personalise their space with family photographs, pictures and favourite ornaments. Call bells were provided in all bedrooms and communal areas. The corridors were wide, had grab-rails, were clutter-free and allowed residents plenty of space to walk around inside.

The design and layout of the dementia specific unit encouraged residents to wander in a safe environment. Corridors were designed to allow residents to walk unimpeded. Inspectors noted that grab-rails were provided in circulating areas of the centre but not in the communal areas within the unit itself. There was appropriate signage used, such as labelling on bathroom and toilets doors to orientate residents and to promote independence.

The front hall was large and there was a chapel off the hall, which provided a quiet space for residents. St Joseph's ward was closed but residents and their families had access to a pleasant quiet room in that unit. A room with refreshment facilities was available for family members to use while staying with an ill resident.

Inspectors found that a high level of cleanliness and hygiene was maintained throughout the building. Household staff, when interviewed were knowledgeable about infection control measures and the safe use and storage of cleaning chemicals and disinfectant agents.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

Theme:
Safe care and support

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

Findings:
Inspectors read the Risk Management Policy which was reviewed in June 2015 had found that it included all measures and actions in place to mitigate the risks identified, including all the risks specified in the Regulations.

The Emergency plan was revised in January 2016 and included all emergency situations including flooding, fire, gas explosion, electricity failure, heating failure and water loss. Arrangements for the total evacuation of the centre were also detailed. This action was satisfactorily completed.

Judgment:
Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

Report Compiled by:

Mary O'Donnell
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

| | |
|----------------------------|-------------------------------------|
| Centre name: | St Vincent's Community Nursing Unit |
| Centre ID: | OSV-0000533 |
| Date of inspection: | 09/06/2016 |
| Date of response: | 11/07/2016 |

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents had restricted access to physiotherapy services, which were limited to ten hours per week.

Residents with diabetes who required specialist referral waited for up to 8 months for an appointment in the diabetic clinic.

Dental services did not meet the needs of the residents.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 06(2)(c) you are required to: Provide access to treatment for a resident where the care referred to in Regulation 6(1) or other health care service requires additional professional expertise.

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

Discussions have commenced with the Physiotherapy Manager highlighting the concerns raised regarding additional resources for the unit and possible solutions to same. Commitment has been given to assist in implementing an enhanced and appropriate programme following individual assessment of resident's suitability for same within our existing resources.

The person in charge has been in touch with the specialist diabetic services in local acute services. An additional endocrinology consultant has been appointed to the service. All residents referred to that service waiting an appointment have been identified and discussed with the Clinical Nurse Specialist and urgent follow up requested.

Residents referred to the service will also have access to the new podiatry service if required and follow up with the Clinical Nurse Specialist.

Discussions have taken place with HSE Senior Dentist in the region. All residents with a medical card can access dental services. Staff will ensure that residents are aware of the assistance and support available in accessing private dental practices. The option of domiciliary services will be explored with local dentists in the area.

Proposed Timescale: 28/10/2016

Theme:

Safe care and support

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

Residents were not fully supported to maintain their capacity to mobilise as detailed in the report.

Monitoring of blood glucose was not in line with HIQA guidance

2. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

All corridors identified will be fitted with handrails on both sides of the corridor.

Local policy and procedures will be reviewed and updated to ensure compliance with infection control guidelines and HIQA 'Risk Management of Blood Glucose monitoring in

Designated Centres – Safety Alert 005/2014'
Compliance will be audited on a monthly basis for three months and reviewed on an ongoing basis thereafter.

Proposed Timescale: 30/09/2016

Theme:

Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

A qualified pharmacist visited the centre only to deliver controlled drugs and plans to involve the pharmacist in the review of medications could not be progressed due to limited resources.

Residents did not have access to a pharmacist.

3. Action Required:

Under Regulation 29(1) you are required to: Make available to the resident a pharmacist of the resident's choice or who is acceptable to the resident.

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

Additional pharmacist hours have been approved for the unit. A pharmacist will be on site at least one full day per week. The pharmacist will undertake medication prescription reviews, attend local Drugs and Therapeutics' meeting, review policy and procedures, assist in implementation of regional / national guidelines and be available to residents and staff for education and training. The pharmacist commenced in post on 20th June 2016.

Proposed Timescale: 20/06/2016

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

The complaints policy was not prominently displayed.

4. Action Required:

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The complaints policy and contact details of the complaint officer/s will be prominently displayed in all areas

Proposed Timescale: 15/07/2016

Outcome 06: Safe and Suitable Premises

Theme:

Effective care and support

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

Beds had been removed from wards on the ground floor but the 12 multi-occupancy rooms had not been reconfigured to create additional personal space for residents.

On the ground floor, there were inadequate numbers of bathrooms and toilets and their location did not meet the needs of residents, facilitate continence promotion or promote residents' dignity, well being and independence.

5. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

All multi-occupancy rooms on the ground floor will be reconfigured to create additional personal space for residents living in the rooms, in line with S.I No. 293 of 2016 - 4-1A, 4-1C.

Capital monies have been sanctioned and planned for a new 130 bedded facility for completion by 2021.

In the meantime staff will endeavour to continue to promote residents dignity, well being and independence within the current facility.

A decision is pending following an application to remove Condition 8 from the units registration.

Proposed Timescale: 31/07/2021