



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	St Vincent's Hospital
Name of provider:	Health Service Executive
Address of centre:	Woodstock Street, Athy, Kildare
Type of inspection:	Unannounced
Date of inspection:	09 April 2021
Centre ID:	OSV-0000520
Fieldwork ID:	MON-0030766

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

St Vincent's Hospital is located on the fringe of the busy town of Athy and was originally built in 1844. The original building (which is a listed/protected structure) is no longer used for resident care activities but accommodates the nursing management, hospital administration and clerical teams. It also includes the day care unit, allied health care, primary care teams and the staff/visitors restaurant and hospital chapel. The centre is spread over a large campus and can accommodate up to 104 residents. Residents are cared for in pre-cast buildings dating from the 1970's which are attached to the old hospital building by link corridors. These buildings comprise of single, twin, triple and four-bedded rooms, some of which have en-suite facilities. All accommodation is on the ground floor level with direct access from each unit to the original hospital building and to the grounds. The gardens are spacious and well maintained with seating for residents and their visitors. Other areas include day rooms, kitchenettes, offices and treatment rooms. There is also a large main kitchen and laundry and ample parking space provided for residents and visitors. There are plans to replace the existing pre-cast buildings with a new purpose built facility in 2020. According to St. Vincent's Hospital's statement of purpose the centre aims to provide a warm, welcoming, safe, respectful and caring environment for all residents entrusted to their care. The centre's primary objective is to provide a comprehensive multi-disciplinary service that will effectively address and meet the identified needs of all residents living there. It provides rehabilitation, respite and extended care to both male and female residents over the age of 18 although the majority are over 65 years of age.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

74

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 9 April 2021	09:15hrs to 17:30hrs	Catherine Rose Connolly Gargan	Lead

What residents told us and what inspectors observed

The accommodation comprised six units one of which was vacant. A four bedded extension to St. Joseph's Unit was nearly completed. While, improvements were made in Le Cheile unit which is a dementia specific unit, it was evident that the other units had not been appropriately maintained and the premises did not meet with regulatory requirements. While there was a relaxed and welcoming atmosphere in each of the units the poor environment impacted on residents' living experiences.

The inspector met with many of the residents while visiting the individual units but spoke to eight residents in more detail and spent some time observing residents' daily lives and care practices in two units to gain insight into residents' living experiences in the designated centre. All residents who spoke with the Inspector expressed high satisfaction levels with the service they received and the 'exceptional' and 'outstanding' kindness and care given to them from staff. Two residents described the centre as being their 'refuge' and a place where they felt 'safe and secure' during the COVID-19 pandemic. The inspector observed that residents and staff remained within their designated units and did not mix with residents or staff in any of the other units to contain the spread in the event of a COVID-19 outbreak. Staff wore appropriate personal protective equipment (PPE).

This unannounced inspection was carried out over one day and COVID-19 national level restrictions were in place at this time. On arrival to the centre, the inspector was met by the centre's receptionist and joined by the person in charge, who ensured that all necessary infection prevention and control measures, including hand hygiene and temperature checking were implemented, prior to accessing the centre. Following an opening meeting, the inspector was guided on a tour of the centre by the person in charge. Residents' accommodation is arranged on the ground floor in six separate units. Our Lady's, Holy Family, St. Anne's and Le Cheile units are located in the main building. St. Joseph's and Nightingale units are located in a second building on the other side of the car part in front of main premises. There were no residents' accommodated in Nightingale unit and the inspector was told this unit was closed.

Each of the five units that were operational, functioned as self contained units with dining and sitting room facilities in all, except St Joseph's unit which did not have a dining room. Residents mostly had their meals in their bedrooms in this unit. Although no maintenance work was taking place on the day of inspection, it was evident that some painting and repairs to corridor walls was underway in St Anne's unit. The inspector saw that the main corridor to Le Cheile and St Anne's units was recently repainted and the floor covering was replaced to a very good standard. Residents' framed art work and local scenes were displayed on walls along this corridor. High quality directional signage was erected since the last inspection to assist residents with accessing the centre. Refurbishment of Le Cheile dementia unit was also completed since the last inspection and included replacement of floor covering and upgrading of residents' bedrooms and communal areas. Le Cheile unit

provided accommodation for 20 residents in two pods each accommodating ten residents in nine three bedded rooms and two single bedrooms. Use of memorabilia and decor familiar to residents, combined with bright contrasting colours and textures provided a comfortable and therapeutic environment for residents in this unit. Residents here had access at will to safe landscaped gardens that were planted and designed to optimise their sensory needs.

However, the quality of decor, maintenance, fixtures and furniture in the refurbished Le Cheile unit was in stark contrast to the residents' environments in the other four units where residents lived. The inspector saw that St Anne's, Our Lady's, Holy Family and St Joseph's units were in varying states of dilapidation and disrepair. Although some painting work had started on the corridor walls in St Anne's unit, the floor covering was worn and damaged in several areas. Staff spoken with were unsure when painting would recommence or if the floor covering would be replaced. Our Lady's, Holy Family and St Joseph's units required repair in several areas. Walls were stained and paint was peeling and missing. The surfaces were cracked on some walls and pieces of plaster were loose in Holy Family and Our Lady's units. Floor coverings were also worn and damaged in these units.

St Anne's and Holy Family units each provide accommodation for 24 residents in six, four bedded rooms. St Joseph's unit provides accommodation for 17 residents in two single and five bedrooms with three beds in each. Our Lady's unit provides accommodation for 19 residents in one twin bedroom, three bedrooms with three beds in each and two bedrooms with four beds in each. Residents in bedrooms with three and four beds shared one television and one large wardrobe with four compartments in a two on the bottom and two on the top design. The two top wardrobes were out of reach and residents told the inspector that staff got their clothes from these wardrobes for them. Comments made by residents about their living environment included, that they would 'love to see the place painted', 'if I had a paintbrush and paint, I would paint this room myself', 'the floors are in a bad state but everything else is good' and 'I will put up with the place in any state so long as I get the care I am getting'. Some residents had shelving and were able to display their photographs and ornaments but several other residents had no shelves. The inspector saw that some residents used the electric trunking as shelf space. Another resident had her photographs in frames and hanging on the wall behind her bed. She said that it made the bed space feel like her 'own place'.

The inspector saw that items of residents' assistive equipment was stored in two residents' communal bathrooms in two units. Staff explained that as many of the residents used large assistive chairs, there was a shortage of appropriate storage space for them. The inspector also saw that sluice rooms were packed with equipment which was difficult to access. Cleaning equipment, laundry skips, bags of waste awaiting collection and commodes were stored in the sluice rooms. The inspector visited the centre's laundry. There were separate entrance and exit doors in the laundry area which consisted of two rooms, one of which was an ironing room. The room with the washing machines and dryers did not provide enough space to keep clean and soiled laundry separate. The concrete surface of the floor was exposed in areas where the floor covering was missing and torn. The washing machines were resting on an exposed concrete platform. There was no procedure in

place to clean the laundry area. The inspector noticed that the walls were cracked in some areas and covered in a film of heavy dust.

Although many of the residents liked to spent time sitting by their beds, the designated activity staff on each of the units were observed encouraging residents to participate in a variety of small group and one-to-one activities. The weather was nice and two staff accompanied two residents in assistive wheelchairs on a walk around the campus. Residents in each unit had independent access to a unit specific interesting, well maintained and beautiful garden. Staff had worked with residents to make these communal gardens even more special, with the addition of colourful pots that many residents had been involved with painting ad decorating. Residents were recently involved in decorating trees in the gardens for Easter. One resident liked to sit in a small conservatory area to relax. Some residents said they loved watching the family of rabbits playing in the garden. The centre had a large activity room in a separate area to the units and activities in this room were suspended due to COVID-19 restrictions. All residents who spoke with the inspector said they missed going to the activities room and they missed meeting their friends there. This feedback was also reflected in minutes of the residents' meetings. The person in charge told the inspector that they were planning ways in which they could safely get residents back to the activity room as soon as possible.

Residents were complementary about the choice and quality of the food served. Residents enjoyed the home cooked meals and were offered a choice every day. Staff were observed bringing residents a selection of snacks and drinks during the day. Compassionate visits were facilitated, and systems were in place to ensure that visitors were screened appropriately prior to entering the centre, and were provided with personal protective equipment. Visiting restrictions were eased in line with public health guidance and scheduled visits had recommenced. Some relatives were seen dropping off items for residents and the inspector given assurances that they were given to residents on their relatives' behalf. Residents understood the need for the restrictions, but told the inspector they missed the good times they enjoyed with their families before the pandemic. Residents said that staff helped them to keep in touch with their families by telephone and various social media. Staff were observed by the inspector to be caring, gentle and kind towards residents.

Residents said that they felt able to talk to staff if they were not satisfied with any aspects of the service and believed they would be listened to. One resident said their complaint was dealt with promptly and they were satisfied with the outcome.

The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered

Capacity and capability

Management systems in place were effective and ensured good quality care was

delivered to the residents. Delay with progressing plans to improve residents' living environment in the centre as submitted by the provider to the Chief Inspector in 2018 continued to negatively impact on their lived experiences in four out of the five units of residents' accommodation in the centre. The provider committed in May 2018 to replacing the designated centre with a new build consisting of 100 beds in two 50 bed phases by December 2021 and the provider confirmed that funding was approved for construction of the new premises. Construction works on a new build have not commenced to date. Modified plans were submitted in February 2020 but were also not progressed. The management team were generally proactive in responding to issues as they arose. Eight of the 12 regulations identified as needing improvement actions on the last inspection in June 2019 were completed. Actions required but not yet completed under the four remaining regulations were progressed but their completion was dependant on refurbishment of the centre's interior environment which was in a dilapidated state in four of the five units that provided accommodation for residents in the centre.

St Vincent's Hospital is operated by the Health Services Executive (HSE). The general manager has recently commenced in her role as the person delegated by the provider with responsibility for senior management oversight of the service. The person in charge works full time in the centre and reports directly to the general manager. She is supported in her role by two assistant directors of nursing (ADONs), clinical nurse managers (CNMs) and a team of nursing staff, care staff, housekeeping, catering, administration and maintenance staff. Staff in the centre also had support and advice from a clinical nurse specialist in dementia care to ensure that evidence based clinical care was provided. One of the ADONs deputises in the absence of the person in charge. The person in charge meets with the clinical management team on a weekly basis. Governance and management meetings are attended by the general manager and demonstrated that all aspects of the service were discussed and actions were completed as required.

The provider ensured that the service was adequately resourced and had contingency arrangements to manage a potential COVID-19 outbreak in the centre. There were sufficient resources and staffing to provide care in accordance with the centre's statement of purpose. Staff training arrangements ensured that staff attended mandatory training and were informed regarding best practice in caring for residents. Staff who spoke with the inspector and the inspectors observations of practices gave assurances that staff were competent with carrying out their respective roles. Staff said they were supported by management with ongoing training and supervision. Each member of staff were aware of their roles and responsibilities regarding the provision of person-centred care and timely assistance to the residents.

The service ensured that all staff received up-to-date training in infection control procedures and practices and have kept this training ongoing to ensure staff are skilled in infection prevention and control and were made aware of the most up-to-date public health guidance. Members of staff on each unit also completed infection prevention and control champion training and this ensured supervision of practices and that any queries could be addressed on site. Systems were in place to screen residents, staff and visitors for symptoms of COVID-19 infection. The centre had

experienced three COVID-19 infection events since April 2020 which mostly involved staff. These incidents of infection were well managed and the infection was contained. Three residents who tested positive for COVID-19 had made a full recovery.

The provider had management systems in place to ensure that the service provided was safe, consistent and effectively monitored to ensure that residents' needs were met to a good standard. Quality improvement issues had been identified and an action plan was developed but progress on decorating and repairing the centre premises was very slow. Multidisciplinary reviews of each resident's healthcare needs were carried out to ensure that residents' changing needs were met. Systems in place to monitor the quality of the service included a schedule of audits which informed continuous improvements and monitoring key performance indicators such as falls, restrictive practice, antibiotics use monitoring, medication, and wound management

Residents were facilitated and encouraged to give feedback on the running of the centre and their feedback was used to improve the service. The annual review of the quality and safety of the service delivered to residents in 2020 was completed in consultation with residents. .

A record of all accidents and incidents that occurred in the centre was maintained and appropriate action was taken to mitigate recurrence. Incidents were been notified to HIQA as required by the regulations. New staff who joined the service were appropriately inducted and Garda Vetting was sought for all staff before commencement of employment. The provider was a pension agent for some residents' social welfare pensions and the arrangements in place met regulatory requirements.

Regulation 15: Staffing

Staffing levels and skill mix in the centre were adequate to meet the assessed needs of the residents in each of the units in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were facilitated to attend mandatory and professional development training appropriate to their roles. The management structures in place ensured staff were supervised and supported according to their role. Training in infection prevention and control procedures and practices was ongoing to mitigate risk of COVID-19 infection in the centre.

Judgment: Compliant

Regulation 21: Records

Records and documentation as required by Schedule 2, 3 and 4 of the regulations were securely stored.

While records confirming quarterly servicing of the fire alarm system were available, a record of the centre's annual fire alarm system certification and a record of the annual emergency lighting certificate for 2020 was not readily available on the day of inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had systems in place that identified that the quality and safety of the centre environment needed remedial action. However resources were not made available to maintain residents' accommodation to a high standard and the premises was allowed to become dilapidated.

Judgment: Not compliant

Regulation 3: Statement of purpose

The registered provider had prepared a Statement of Purpose containing the information as required by Schedule 1 of the regulations. The document was recently updated and described the facilities and the services provided.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications and quarterly reports were submitted within the specified timeframes and as required by the regulations .

Judgment: Compliant

Regulation 34: Complaints procedure

A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. The inspector reviewed the complaints log which contained detail of the complaint, the investigation process, the outcome of investigation which was communicated to complainants and complainants' satisfaction with the outcome was recorded to inform referral to the appeals process. All complaints reviewed had been dealt with appropriately.

Judgment: Compliant

Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the regulations were reviewed and updated within the previous three years. In addition, a suite of other relevant policies and procedures were in place regarding the COVID-19 pandemic and were updated to reflect evolving public health guidance.

Judgment: Compliant

Quality and safety

Residents were supported and encouraged by the person in charge and staff team to have a good quality of life that was respectful of their wishes and preferences. There was effective consultation with residents and their care needs were being met through good standards of nursing care and access to healthcare services. Residents were provided with opportunities for social engagement and supported to keep in touch with their families. However, the poor condition of residents' living environment was negatively impacting on their quality of life, safety, privacy, dignity.

The centre premises is not purpose built and therefore posed challenges regarding the layout of bedrooms, utility facilities and storage. There was evidence of some improvements made by the provider to the premises since the last inspection in June 2019 including the refurbishment of one residential unit for residents with dementia. This work was completed to a very good standard and provided residents in this unit with a bright and homely living environment. A new modular unit with

four en-suite bedrooms was under construction and at an advanced stage. The new wardrobes installed in 2019 as an interim measure pending completion of refurbishment works did not now meet residents' needs. Some bedside lockers were also replaced and these provided residents with useful space for storing their valuables.

Residents appeared to be very well cared for and they gave positive feedback regarding their life and care in the centre. The inspector found that residents were consulted with about how the centre was run and were supported and encouraged to make choices about their day-to-day lives, within public health guidance. There was evidence that resident meetings took place and ongoing communication had taken place with residents' families during the COVID-19 pandemic. From a review of the minutes of residents' meetings it was clear that the person in charge and the management team were proactive in addressing any concerns or issues raised.

Environmental cleaning procedures were consistently completed by competent staff but cleaning procedures were not effective due to the damaged surfaces on floors and walls in most of the units accommodated by residents. This was in contrast to and was clearly evidenced by the high standards of cleaning that staff were able to achieve and maintain in the upgraded unit and link corridor.

There was satisfactory oversight of risk in the centre. Review of risk management in the centre was a standing agenda item in management meetings. There was evidence that risks were appropriately escalated. The systems in place ensured measures were in place to protect residents from risk of fire. Staff fire safety training and drills were carried out in the centre. Fire safety plans displayed identified fire compartments to assist staff in the event of a fire in the centre. Personal emergency evacuation plans (PEEPs) were in place for each resident and clearly described their equipment and staff needs including whether they had a cognitive impairment. Additional fire drills were required to ensure that all residents in the larger compartments could be evacuated at night.

Residents nursing and healthcare needs were met to a high standard and monitoring procedures were in place for early detection of any deterioration in residents' health or wellbeing. Each residents' needs were assessed and their care plans were person centred reflecting their individual preferences regarding their care and supports.

Staff were very knowledgeable about residents' likes, past hobbies and interests which were documented in social assessments and care plans so that they could support residents with engaging in activities that met their needs and interests. There were systems in place to safeguard residents from abuse and training for all staff was in place.

Regulation 11: Visits

The centre was COVID-19 free at the time of this inspection. Easing of restrictions in line with public health guidance for residents to receive their visitors safely were in

progress. Staff were committed to ensuring residents and their families remained in contact by telephone and various social media. Compassionate visits were safely facilitated for residents including residents who became very ill.

Judgment: Compliant

Regulation 12: Personal possessions

The inspector found that residents were not facilitated to retain access and control over their personal clothing and possessions

- residents' wardrobes in multiple occupancy bedrooms were fitted along a wall away from their bed areas. The wardrobes were designed in a two compartments on the bottom and two compartments on top arrangement. Each resident had one compartment for storage of their clothing. Residents were unable to reach their clothing in the two top compartments independently.
- Space provided in some residents' wardrobes in one of the residential units was not adequate. For example, one resident's wardrobe provided nine inches of hanging space. Other items of clothing were stored in a drawer unit shared by other residents in the bedroom.
- Some residents had little or no shelf space to display their photographs and ornaments.

Judgment: Substantially compliant

Regulation 17: Premises

The centre premises did not meet residents' individual and collective needs as follows;

- St Joseph's unit provided accommodation for 17 residents. The residents in this unit has less than two square meters communal space available to them which did not enable them to sit together in the sitting room if they wished.
- Residents in St Joseph's unit did not have access to a dining area and most of the residents dined in their bedrooms.
- Floor covering was worn and damaged in St Joseph's, St Anne's, Holy Family and Our Lady's units and some areas of the floor surfaces were uneven. The floors could not be cleaned to the appropriate standard and damaged flooring posed a risk to the safety of residents
- Walls and wooden surfaces were stained, damaged and paintwork was peeling or missing in several areas including in residents' bedrooms and communal rooms in St Joseph's, St Anne's, Holy Family and Our Lady's units.

- Paint was missing from parts of the arm rests and wooden frames on some residents' bedside chairs in St Joseph's unit.
- The layout of the laundry area containing washing machines and dryers did not permit unidirectional flow of used and contaminated linen.
- There was inadequate storage facilities for residents' assistive equipment in St Joseph's, St Anne's, Holy Family and Our Lady's units and residents' toilets and showers were not available to them as they were being inappropriately used as storage areas.
- A cleaners' room was available in St Anne's unit only and cleaning equipment was inappropriately stored in the sluice rooms. This posed a risk of cross contamination.
- Sluice rooms in the centre were cramped and they did not have a sink available for washing equipment.

Judgment: Not compliant

Regulation 26: Risk management

The risk management systems in place supported identification and assessment of risks in the centre. The centre's risk register had a record of the risks identified, assessment completed and with appropriate controls were in place. All identified risks were regularly reviewed.

Judgment: Compliant

Regulation 27: Infection control

Infection prevention and control procedures in the centre were not adequate due to the following;

- there was damage to floor covering, peeling, missing and chipped paint on the walls and the wooden surfaces on door frames, skirting boards and window boards in five of the six units in the centre. The wooden surfaces on some residents' chairs were damaged in one unit. These damaged surfaces could not be effectively cleaned.
- the cleaner's room did not have a hand washing sink available for staff to wash their hands.
- inappropriate storage of cleaning and residents' assistive chairs and other equipment in residents' communal bathrooms posed a risk of cross infection.
- missing paint and damage to walls, exposed masonry on the floor surfaces and on platforms under washing machines did not enable effective cleaning and posed a risk of cross infection.
- a cleaning procedure was not in place for cleaning of the floors and the walls

in the laundry.
Judgment: Not compliant
Regulation 28: Fire precautions
The inspector was not assured that residents could be safely evacuated in the event of a fire, as there was limited evidence that simulated full compartment evacuations having been completed. The largest compartment accommodated eight residents and three staff were rostered in the unit at night time. The management team were requested to simulate an evacuation drill and submit the results to the chief inspector following the inspection. Further drills are required to ensure that all staff are familiar with the process.
Judgment: Substantially compliant
Regulation 5: Individual assessment and care plan
Improvements were required to ensure that formal four monthly reviews of residents' care plans were completed in consultation with the residents. This action is necessary to ensure that residents were aware of and in agreement with their plan of care and given the opportunity to inform and direct their care.
Judgment: Substantially compliant
Regulation 6: Health care
There were good standards of evidence based health and nursing care provided in this centre. Residents were supported to safely attend out-patient and other appointments in line with public health advice. Residents had timely access to general practitioners (GPs), specialist medical and nursing services including psychiatry of older age, palliative care, tissue viability and dementia care. Allied health professionals provided timely support for residents on-site as appropriate. .
Judgment: Compliant
Regulation 7: Managing behaviour that is challenging

There was positive approach to care for residents who were predisposed to experiencing episodes of responsive behaviours. Sixteen residents were using full length bedrails. Their needs were assessed and procedures were in place to ensure any restrictions posed by this equipment was minimised. Any restrictive procedures or equipment were closely monitored and regularly reviewed.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from risk of abuse. All staff had completed up-to-date safeguarding training.

Judgment: Compliant

Regulation 9: Residents' rights

The layout and poorly maintained environment in five units of the six residential units negatively impacted on residents privacy, dignity and their quality of life.

- residents' privacy was nor assured by the arrangements in place where their bedrooms shared shower and toilet facilities in three units. Residents in room 2 in St Anne's unit, in room 1 in Holy Family unit and in room 1 in Our Lady's unit shared shower and shower facilities with the sitting rooms in these units.
- one television screen was available to residents in three and four bedded rooms which did not ensure they had a choice of television listening or viewing.
- Although improved since the last inspection, shelf space continued to be limited in many multiple occupancy rooms and this impacted on residents' ability to display their personal photos and ornaments.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for St Vincent's Hospital OSV-0000520

Inspection ID: MON-0030766

Date of inspection: 09/04/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>i. A copy of the centre's annual fire alarm system certification and a record of the annual emergency lighting certificate for 2020 was submitted to HIQA office post inspection- Complete</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The provider's remedial action plan to enhance the quality and safety requirements of the centre by the 31/12/21</p> <p>i. Flooring replacement or reinforcement schedule of works for the floor covering in specified areas in each unit – Ongoing with full completion the end Qtr 4, 2021</p> <p>ii. Painting & Plastering enhancement schedule of work for specific corridor and ward areas- Ongoing with full targeted completion end of Qtr4, 2021</p>	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal	

possessions:

The provider's action plan to address residents' individual personal storage space needs by the 31/12/21

- i. The adequate supply of individual wardrobe space within close proximity of each individual resident's personal space – Ongoing with full completion the end of Qtr 4, 2021
- ii. Shelving provision to display personal photographs and ornaments will be fitted in conjunction with the provision of new wardrobes for residents. – Ongoing with full completion the end of Qtr 4, 2021

Regulation 17: Premises

Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

The provider's action plan for specific premise areas to enhance residents' individual and collective needs by 31/12/21

- i. The reconfigure of one (area approx 57msq) of the two dining areas for residents' onsite to address communal area requirement for St Joseph's area. This area during the pandemic was utilised for visiting in line with public health guidance to address insufficient communal area - Completed.
- ii. Flooring replacement or reinforcement schedule of works for the floor covering in specified areas in each unit – Ongoing with full completion the end Qtr 4, 2021
- iii. Painting & Plastering enhancement schedule of work for specific corridor and ward areas- Ongoing with full targeted completion end of Qtr4, 2021
- iv. Occupation Therapist and IPC Link Nurse to complete IPC audit of the chairs in all units to identify scheduled of works for the repair and replacement – Ongoing with full completion the end Qtr 4, 2021
- v. Industrial dryers to be relocated to clean area of laundry with the completion of technical upgrades to support this service with the upgrade of specific wall surfaces to a washable surface – Targeted completion the end of Qtr4, 2021
- vi. Alternative viable storage options sourced where required to address areas with insufficient equipment storage. With the proposed reduction of beds additional space available for resident's specialised chair to be located at bedside. The reduction of multioccupancy rooms from 4 to 3 bedded will allow the residents additional space to keep this own personal chair beside their bed in turn reduce the need for further storage for same – Ongoing with full completion the end of Qtr 3, 2021

vii. Removal the storage of cleaning equipment in the sluice rooms: A SOP currently being developed for the use of disposable disinfectant wipes to use for cleaning equipment in consultation with IPC ADON – Full completion date the end of Qtr 3, 2021

viii. All schedule of works completed will be subjected to an IPC audit in conjunction with IPC ADON – Ongoing

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

The provider's action plan to ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infection control compliance by 31/12/21

i. Flooring replacement or reinforcement schedule of works for the floor covering in specified areas in each unit – Ongoing with full completion the end Qtr 4, 2021

ii. Painting & Plastering enhancement schedule of work for specific corridor and ward areas- Ongoing with full targeted completion end of Qtr4, 2021

iii. IPC audit of chairs in all units in conjunction with Occupational Therapist and IPC Link Nurse to identify and complete repair and replacement requirement – Ongoing with full completion the end of Qtr4, 2021

iv. Designated hand washing facilities for cleaning room obtained through a targeted communication to staff to redirect them to utilize the hand washing sink located outside the cleaning room – Complete

v. Alternative viable storage options sourced to address identified areas with insufficient equipment storage. With the proposed reduction of beds additional space available for resident's specialised chair to be located at bedside. The reduction of multioccupancy rooms from 4 to 3 bedded will allow the residents additional space to keep this own personal chair beside their bed in turn reduce the need for further storage for same – Ongoing with full completion the end of Qtr 3, 2021

vi. Dirty to Clean Laundry Directional Flow achieved through the relocation of existing industrial dryers to be relocated to clean area of laundry with upgrade of relevant wall surfaces to a washable surface – Completion end of Qtr4, 2021

vii. Removal of the storage of cleaning equipment in the sluice rooms. A SOP being developed for the use of disposable disinfectant wipes to use for cleaning equipment in consultation with IPC ADON– Completion end of Qtr3 2021

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: The plan delivered to enhance fire precautions compliance by the 31/12/21</p> <ul style="list-style-type: none"> i. A new fire drill record form has been developed and this includes the simulated full compartment evacuations to capture all zones and not just bedroom areas - Complete. ii. A simulation evacuation drill completed and submitted to the Chief Inspector - Complete. iii. Ensure that all staff are familiar with this process – Ongoing 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Staff have been directed to actively contacting resident’s families regarding individual assessment and care planning and ensure they appropriate document same. Targeted approach in particular with visiting restrictions eased in line with public health guidance and scheduled visits recommenced– Ongoing</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The providers compliance plan to enhance residents privacy, dignity and their quality of life by the 31/12/21.</p> <ul style="list-style-type: none"> i. Reconfiguration of the bedrooms from 4 to 3 bedded in multiple occupancy rooms to provide additional space to enhance residency privacy, dignity and quality of life - Complete ii. Assurance of residents' privacy where bedrooms have designated shared shower/toilet facilities with the insertion of accessible lock on doors (room 2 in St Anne's unit, room 1 in Holy Family unit and room 1 in Our Lady's unit) – Ongoing with full completion end Qtr 	

3, 2021

iii. Provision of technology for each residents that requests the use of same to promote choice of television listening or viewing. A particular focus on limited television screen availability to residents in multiple occupancy rooms – Ongoing

iv. Shelving provision will be fitted with the new wardrobes where residents' ability is limited to display their personal photos and ornaments in particular in certain multiple occupancy rooms - Ongoing with full completion end of Qtr 4, 2021

v. Residents no access to the bathroom adjacent to the resident's bedroom via the sitting room: A bathroom on the corridor has been designated to the residents that use this sitting room - Complete

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that a resident uses and retains control over his or her clothes.	Substantially Compliant	Yellow	01/10/2021
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes	Substantially Compliant	Yellow	01/10/2021

	and other personal possessions.			
Regulation 17(1)	The registered provider shall 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.	Not Compliant	Orange	31/12/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	31/12/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	15/06/2021
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant		15/06/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre	Not Compliant	Orange	31/12/2021

	has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	31/12/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/12/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are	Substantially Compliant	Yellow	15/06/2021

	aware of the procedure to be followed in the case of fire.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	15/06/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/12/2021
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Not Compliant	Orange	31/12/2021