<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mont Vista Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0070</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Retreat Road</td>
</tr>
<tr>
<td></td>
<td>Athlone</td>
</tr>
<tr>
<td></td>
<td>County Westmeath</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>09064 72887</td>
</tr>
<tr>
<td>Fax number:</td>
<td>09064 74224</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:marythecla.garvey@susc.org">marythecla.garvey@susc.org</a></td>
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<tr>
<td>Type of centre:</td>
<td>☒ Voluntary</td>
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<tr>
<td>Registered providers:</td>
<td>Siste Thecla Garvey</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Gabrielle Flanagan</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>14 October 2010</td>
</tr>
<tr>
<td>Time inspection took place:</td>
<td>Start: 13:00hrs Completion: 16:00hrs</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Catherine Connolly-Gargan</td>
</tr>
<tr>
<td>Support inspector:</td>
<td>None</td>
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<td>☒ Announced</td>
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<td>Purpose of this inspection visit:</td>
<td>☒ Follow-up inspection</td>
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<tr>
<td></td>
<td>☐ Application to vary registration conditions</td>
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<td>☐ Notification of a significant incident or event</td>
</tr>
<tr>
<td></td>
<td>☐ Notification of a change in circumstance</td>
</tr>
<tr>
<td></td>
<td>☐ Information received in relation to a complaint or concern</td>
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About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly “spot check” the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.
About the centre

Description of services and premises

Mont Vista Nursing Home is owned by the La Santé Union religious congregation, and has accommodation for up to 17 residents over 65 years who require long-term care and palliative care or who have problems associated with dementia. Care is provided for sisters of the La Santé Union congregation only in this centre.

The centre is organized over two floors with communal space and bedrooms on each floor. All rooms are suitably furnished to meet the needs of the residents. Access between floors is facilitated by a lift and also by stairs with hand-rails on both sides. Accommodation consists of 17 single bedrooms. Two disabled access showers with toilet and hand washing facilities are exclusively available for the five residents on the ground floor. Twelve residents on the first floor have hand-washing facilities in their bedrooms and access to two disabled access bath/showers. There are also three wheelchair accessible toilets with handwashing facilities on the first floor.

The layout and design of the centre provides an adequate environment for residents. There are six areas including a lobby and sunroom with comfortable seating where residents can sit and relax located throughout the centre. There is a separate dining room, which is served by a spacious well-equipped kitchen. There are also two kitchenettes, one located on each floor with facilities to prepare a snack for residents outside of mealtimes if required.

The centre has a large oratory used by the residents, their families and the local community. There is a separate disabled access toilet with handwashing facilities within close proximity to meet the needs of visitors to the centre.

Mont Vista is on an elevated site with an enclosed courtyard to the rear. Office space is provided for administration staff and nurses.

Externally, there is an enclosed sheltered garden area where residents have access to safe and secure outdoor space. Those who are able also have access to a large, well-maintained garden area surrounding the centre. There is ample car parking space to the side of the building.

Location

Mont Vista Nursing Home is located on Retreat Road within a short distance of Athlone town centre. Our Lady’s Bower Convent, where many of the current residents previously lived, is located across the road within easy access and within view of the centre.

<table>
<thead>
<tr>
<th>Date centre was first established:</th>
<th>1995</th>
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<tr>
<td>Number of residents on the date of inspection</td>
<td>16</td>
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<td>Number of vacancies on the date of inspection</td>
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### Dependency level of current residents

<table>
<thead>
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<th>Dependency level of current residents</th>
<th>Max</th>
<th>High</th>
<th>Medium</th>
<th>Low</th>
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<tr>
<td>Number of residents</td>
<td>4</td>
<td>4</td>
<td>8</td>
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### Management structure

The provider of Mont Vista Nursing Home is Sr. Thecla Garvey on behalf of the La Sainte Union congregation. She is assisted by an administrator, Seamus Moriarty. The Person in Charge is Gabriella Flanagan. The person in charge is supported in her role by an assistant matron, staff nurses, carers, catering and cleaning staff and a maintenance person. Staff report directly to Sr. Thecla Garvey and the person in charge.

<table>
<thead>
<tr>
<th>Staff designation</th>
<th>Person in Charge</th>
<th>Nurses</th>
<th>Care staff</th>
<th>Catering staff</th>
<th>Cleaning and laundry staff</th>
<th>Admin staff</th>
<th>Other staff</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
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<td>2</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1 maintenance person</td>
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</table>
A registration inspection was completed by the Authority on the 21 and 22 January 2010. Inspectors’ findings required the provider to urgently address inadequate fire procedures, the role of the person in charge in the governance of the centre, the supervision of vulnerable residents, inadequate sluicing facilities and training and staffing levels. These requirements were documented in an immediate action plan letter sent to the provider by the Authority on 25 January 2010. Response from the provider on 09 February 2010 was not adequate. Telephone contact was made by the inspector with the administrator on behalf of the provider regarding inadequate provider responses.

A follow-up visit to the centre undertaken by the Authority on 29 March 2010 to review progress with immediate action plan, found that not all of the actions were adequately addressed. Outstanding actions included fire safety procedures, adequate involvement in governance by the person in charge, training and staffing arrangements and provision of sluicing facilities. A second letter was sent by the Authority to the provider on 29 March 2010 requesting immediate address of fire safety procedures, governance by the person in charge, training and staffing arrangements and provision of sluicing facilities. Provider response returned on 13 April 2010 was adequate.

On 07 April 2010, the draft inspection report and action plan was sent to the provider for her response. Provider response was returned on 20 April 2010 and was not adequate. The Authority met with the provider, person in charge and the administrator. This meeting was arranged to discuss the inadequate provider response and to review their legal responsibilities on 04 May 2010. On 17 May 2010, the registration report and action plan were sent back to the provider for revision. This revised document was returned on 13 June 2010 and provider responses were satisfactory to the Authority.

Of the 36 requirements set out in the Action Plan, 34 had been fully addressed to a good standard. Two actions, provision of a cleaning room and provision of a treatment room were not completed. However, the providers projected completion time for these actions was in two years, as part of a second phase of refurbishment. These requirements are restated in the action plan and recommendations at the end of this report.

Improvements noted by the inspector included the introduction of an enhanced risk assessment process, improved supervision of residents and staff, maintenance of staff files, ongoing assessment of residents to reflect changing needs, improved staff training and restraint management.

Staff told the inspector that they were consulted and had contributed to addressing the issues identified during the registration inspection. Although the provider was not available on the day of inspection, the inspector found on previous contacts that she was committed and determined to provide a high standard of safe care and
quality of life for residents. On the day of the inspection the person in charge, administrator and staff as a team were enthusiastic and committed in their approach to continually improve the service. Residents were very complimentary of the care they enjoyed in Mont Vista nursing home.
Issues covered on inspection:

This was an announced follow-up inspection of provider responses to the action plans, including immediate actions developed by the Authority following registration inspection of the 21 and 22 January 2010.

Actions reviewed on inspection:

**Action required from previous inspection:**
Put in place unobstructed means of emergency escape by removing locks that require a manual unlocking procedure from designated fire escape doors.

This action was satisfactorily completed. Additional fire doors have also been put in place to strengthen compartmentalisation arrangements for evacuation purposes in the event of fire in the centre.

**Action required from previous inspection:**
Put in place adequate means of evacuating dependent residents down the stairs if necessary from the first floor in the event of fire.

This action was satisfactorily completed. Evacuation mattresses are located within easy access on the first and ground floors. All staff has been trained on correct procedures for using these mattresses and had supervised practice using it. A training video was also available for reference if necessary.

**Action required from previous inspection:**
Make arrangements for all persons working in the centre to participate in regular simulated fire drills that take account of staffing levels during the day and night.

This action was satisfactorily completed. Fire drills are completed twice yearly. Procedures and equipment are in place for transfer of residents to the local convent building owned by the congregation.

**Action required from previous inspection:**
Draw up, display and implement clear procedures to be followed in the event of fire.

This action was satisfactorily completed. Procedures were displayed on large laminated notices which could be easily referenced.

**Action required from previous inspection:**
Make arrangements for a competent person to assess and provide certification that all fire safety requirements have been complied with for all parts of the centre. Fax a copy of the fire officer’s report to the inspection team.

This action was satisfactorily completed. Fire safety certification was received by the Authority for all parts of the building.
**Action required from previous inspection:**
Make arrangements for a fire officer from the statutory fire authority to conduct a familiarization visit of the centre. Fax a copy of the letter from the statutory fire authority confirming their intention to conduct a familiarisation visit to the centre to the inspection team.

This action was satisfactorily completed. The local fire authority conducted a familiarisation visit.

**Action required from previous inspection:**
Put in place a formal documented programme whereby the person in charge is given support and supervision to professionally develop her governance and management skills.

This action was satisfactorily completed. A comprehensive programme was put in place by the provider to address this area. A consultant was contracted by the provider to provide guidance and support to the management team in developing the role of the person in charge in the governance of the centre. The person in charge and the deputy person in charge were facilitated to attend a programme on ‘Clinical Governance and Quality Management in Residential Care Settings for Older Persons’. The centre has also joined ‘Nursing Homes Nursing Project Group’ to enable the person in charge to network with peers and to attend study days provided by this group.

**Action required from previous inspection:**
Put in place a process whereby the person in charge is afforded autonomy and flexibility within her role to meet all requirements of the role of person in charge.

This action was satisfactorily completed. A multidisciplinary clinical governance and risk management committee meeting was held on the 26 May 2010. Plans were in place to have a GP and a pharmacist as associate members of this committee. The person in charge chairs quarterly committee meetings and completes associated administration tasks. Minutes were recorded for these meetings. The inspector found that risk management procedures now in place were of a good standard. Review of quality and safety of care and quality of life for residents was in place. The person in charge has also commenced evaluating training needs and performance of staff based on the dependency needs of the residents in the centre.

**Action required from previous inspection:**
Review staffing levels whereby the person in charge is engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

This action was satisfactorily completed. The provider has put additional staffing resources (a staff nurse) in place. The person in charge is supernumerary for three days each week to enable her to meet all the requirements of her role since March
2010. Inspectors observed these management days scheduled on the duty rota and viewed a newly refurbished office designed to meet her needs.

**Action required from previous inspection:**
Furnish the inspection team with documentary evidence on how this will be achieved.

This action was satisfactorily completed. A detailed document was received by the Authority on the 28 May 2010 that met this requirement.

**Action required from previous inspection:**
Put arrangements in place to ensure that there is adequate staff available to supervise vulnerable residents in all parts of the centre at all times.

This action was satisfactorily completed. Additional care assistant hours have been put in place to provide supervision of residents in the large sitting room at all times. The inspector viewed this supervision in place. The carer was assisting residents with various recreational activities of interest to them. All hazardous chemical were locked away in steel cabinets to negate risk of ingestion by vulnerable residents.

**Action required from previous inspection:**
Provide documentary evidence of the proposal on how this will be achieved.

This action was satisfactorily completed. A detailed document was received by the Authority on the 28 May 2010 that met this requirement.

**Action required from previous inspection:**
Provide training to all staff on environmental hygiene and infection control and prevention in accordance with recommended practice.

This action was satisfactorily completed. Training on environmental hygiene and infection control and prevention has been provided to all staff.

**Action required from previous inspection:**
Upgrade the premises to include necessary sluicing facilities as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

This action was satisfactorily completed. A number of items of equipment had been removed from the sluice providing additional space. A bedpan decontamination unit has been installed. All staff had full training on correct use of the unit. A service contract is in place for this equipment.
**Action required from previous inspection:**
Provide documentary evidence of the proposal for this upgrade to the inspection team.

This action was satisfactorily completed. A detailed document was received by the Authority on 28 May 2010 that met this requirement.

**Action required from previous inspection:**
Review staffing levels, skill mix and roles to ensure that at all times (night and day); there are adequate staff on duty to meet the assessed needs of the residents taking into account the size, layout and purpose of the residential setting.

This action was satisfactorily completed. The person in charge reviewed staffing levels and skill mix to meet the assessed needs of the residents. Additional staff nurse, carer and laundry hours have been put in place. There was evidence of ongoing monitoring of this area by the person in charge through quality and safety reviews and clinical outcome measures.

**Action required from previous inspection:**
Provide documentary evidence to the inspection team detailing a proposal which demonstrates that staffing levels are adequate at all times in the centre.

This action was satisfactorily completed. The Authority received a detailed document on 28 May 2010 that met this requirement.

**Action required from previous inspection:**
Implement a programme of mandatory education and training for staff and introduce a means of monitoring training to ensure it is maintained and kept up-to-date.

This action was satisfactorily completed. Elder abuse recognition and prevention, moving and handling, hygiene and infection prevention and control, fire safety and health and safety training was provided for all staff.

**Action required from previous inspection:**
Furnish the inspection team with a copy of this programme and proposed monitoring system.

This action was satisfactorily completed. The Authority received a detailed document on 28 May 2010 that met this requirement.
**Action required from previous inspection:**
Implement a programme of cardiopulmonary resuscitation education and training for staff and introduce a means of monitoring this training to ensure it is maintained and kept up-to-date. Provide documentary evidence to the inspection team of a copy of this programme and the proposed monitoring system.

This action was satisfactorily completed. Training in cardiopulmonary resuscitation (CPR) was provided to all staff in June 2010. A training matrix tool is in use to monitor training given. An emergency policy references this procedure. The Authority received a detailed document on 28 May 2010 that met this requirement.

**Action required from previous inspection:**
Review the adequacy of emergency equipment available in the centre for facilitating residents’ access to appropriate healthcare.

This action was satisfactorily completed. A checking system was introduced whereby assurance is provided that emergency equipment is functioning at all times and ready for use if necessary.

**Action required from previous inspection:**
The activities programme in the centre requires development to ensure activities are specific to individual residents’ needs and that each resident, including those with physical, cognitive or sensory disability, is afforded opportunities for participation in purposeful and meaningful activity.

This action was satisfactorily completed. Care assistant staff coordinate activities with residents. Assessment tools have been put in place to ascertain residents’ preferences in this area, for example ‘Key to me’. All residents participate in religious activities. This is a fundamental aspect of their life and is an essential aspect of their fulfilment. A Sister’s forum is held in the sitting room every afternoon. It is a very sociable occasion where all the Sisters meet with Sisters from the Convent or from other parts of the congregation. The inspector observed this in progress while inspecting the centre. Many residents read and others assist with small chores. Some residents also like to chat with each other.

**Action required from previous inspection:**
Programmes of suitable and meaningful activities are to be developed in consultation with the residents.

This action was satisfactorily completed. An activities list has been developed in consultation with the residents.
Action required from previous inspection:
This programme should be clearly displayed to enable residents to choose what activity to attend.

This action was satisfactorily completed. The activities programme was displayed in a clear format.

Action required from previous inspection:
Redraft the statement of purpose to include all matters as listed within Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009

This action was satisfactorily completed. A revised Statement of Purpose was sent to the Authority.

Action required from previous inspection:
Develop a health and safety policy for the centre which is implemented and reflects the practices and procedures of all staff working in the centre.

This action was satisfactorily completed. A new health and safety policy has been developed. With the assistance of an external risk management consultant, the provider, person in charge and the administrator have identified and risk assessed hazards in the centre. Controls are implemented to address hazards and staff had received training which is scheduled to be updated on an annual basis.

Action required from previous inspection:
Develop care plans for residents that also fully describe their personal, social and physical care needs.

This action was satisfactorily completed. Care plans were completely revised. A suite of assessment tools is now used to develop each care plan. A nursing model of care is used which focuses assessment of activities of living. The care plans reflects all aspects of the person and are balanced between physical, psychological and social wellbeing. Daily nursing evaluations were comprehensive and completed fully in the residents’ documentation reviewed by the inspector.

Action required from previous inspection:
Care plans to be developed and agreed with each resident and where they are cognitively impaired with resident’s representatives.

This action was satisfactorily completed. Appropriate arrangements were in place, where residents were unable to agree this aspect of their care due to severe cognitive impairment.
**Action required from previous inspection:** Record the residents/relatives consent to the care plan developed.

This action was satisfactorily completed. Residents agree their own care plan by their signature or by the signature of their relatives.

**Action required from previous inspection:** Notify the resident of care plan review.

This action was satisfactorily completed. Care plans were reviewed on a three-monthly basis. Residents and families were made aware of this procedure.

**Action required from previous inspection:** Commence a process of bringing files of staff currently employed in the centre in line with the requirements outlined in Schedule 2 of the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2009.

This action was satisfactorily completed. All staff files met the requirements outlined in Schedule 2 of the Health Act 2007 (Care and Welfare of residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Action required from previous inspection:** Develop and implement written policies and procedures relating to the recruitment, selection and vetting of staff taking cognisance of the information set out in the legislation.

This action was satisfactorily completed. A policy identifying the process and procedures for recruitment and selection of staff was developed in July 2010.

**Action required from previous inspection:** Redraft the complaints policy to ensure all aspects of the complaints procedure are implemented and operational in the centre.

This action was satisfactorily completed. The complaints procedure was revised and met the requirements of the regulations.

**Action required from previous inspection:** The policy must be displayed in the centre.

This action was satisfactorily completed. The policy was displayed in the centre.
**Action required from previous inspection:**
Put in place a system for reviewing the quality and safety of care provided to and the quality of life of residents. Utilise data collated to manage clinical risk and improved resident care outcomes.

This action was satisfactorily completed. Review of the quality and safety of care and the quality of residents is in place. A number of key quality indicators are used to measure quality and safety of care. These include incidence of pressure ulcers, falls, restraints and complaints. This process is tied in with the multidisciplinary clinical governance and risk management committee meetings. Action plans are developed through analysis of the data collated. The Cornell Brown Scale for Quality of Life in Dementia was in use to review quality of life for all residents but especially those with dementia.

**Action required from previous inspection:**
Put in place arrangements to inform all staff of the provisions of the Health Act 2007, all care and welfare of residents’ standards and regulations and their impact on the role of the centres staff.

This action was satisfactorily completed. Each staff member was provided with copies of the regulations and standards. A series of in-service training sessions were facilitated in June 2010 to meet this requirement. Copies of this document are available for staff to reference if required.

**Action required from previous inspection:**
Take reasonable measures to prevent accidents to residents’ by securing the door of the laundry and the sluice.

This action was satisfactorily completed. All chemicals are secured in steel cabinets in these rooms. Vulnerable residents do not have access to this storage. Inspectors confirmed that they were in place.

**Action required from previous inspection:**
Develop a forum to ensure that residents are consulted and participate in the organisation of the centre. Seek feedback from residents on an ongoing basis to inform future planning.

This action was satisfactorily completed. The residents all take part in a Sisters’ Council, which is convened on a daily basis. The sisters meet with the provider and all information regarding the congregation and running of the centre is shared with them. The sisters are involved in decisions regarding the centre that may impact on them. The meeting is held in private and minutes are not recorded in keeping with the expressed wishes of the sisters. The provider shares information with the management team on behalf of the sisters.
**Action required from previous inspection:**
Ensure that a comprehensive risk management policy is in place and that the missing person policy as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 is fully developed and implemented.

This action was satisfactorily completed. A risk management policy was drafted and has been implemented. A risk register had also commenced.

**Action required from previous inspection:**
Provide appropriate, safe and accessible storage facilities for all equipment.

This action was satisfactorily completed. The store room was viewed by the inspector. It was tidy and well organised. All equipment was spotlessly clean. Commodes were in an area partitioned off from other equipment. They were thoroughly cleaned and decontaminated before placing in the storage area.

**Action required from previous inspection:**
Put a process in place where all near misses are recorded as part of the risk management documentation procedures.

This action was satisfactorily completed. Although no near misses were noted, they are included in the risk management procedures. Staff are aware of the significance of recording any near misses as part of this process.

**Action required from previous inspection:**
Commence a process where analysis is done of all accidents, incidents and near misses in the centre identifying trends and areas where improvement can be made.

This action was satisfactorily completed. All accidents, incidents and near misses were accurately recorded and analysed to identify trends and areas where improvements could be made to reduce risk. This area is fully reviewed at the quarterly multidisciplinary clinical governance and risk management committee meetings.

**Action required from previous inspection:**
Provide a cleaning room appropriate to the size of the centre for use by cleaning staff to store equipment, to prepare and to dispose of cleaning solutions.

This action was not completed. A cleaning room has been identified for construction in phase two of the centres refurbishment project. The provider has projected completion for two years time. This action has been restated in the action plan at the end of this report.
**Action required from previous inspection:**
Revise polices and procedures to comply with current legislation, regulations and standards.

This action was satisfactorily completed. All required policies and procedures have been revised or completed. Staff are in the process of reading them and the person in charge has training in progress for their implementation.

**Action required from previous inspection:**
Provide a treatment room.

This action was not completed. However all rooms are not single occupancy rooms. A treatment room has been identified for construction in phase two of the centre's refurbishment project. The provider has projected completion for two years time. This action has been restated in the action plan at the end of this report.

**Action required from previous inspection:**
Put procedures in place whereby all waste generated by the centre is stored safely and is inaccessible to unauthorised persons.

This action was satisfactorily completed. The inspector viewed the area. Waste is enclosed in a steel cage until it is removed by a waste management company.

**Action required from previous inspection:**
Carry out a risk assessment of the residents’ health and safety while cleaning is taking place in the centre.

This action was satisfactorily completed. Additional electrical sockets have been installed to prevent further risk from cleaning equipment flexes.

**Action required from previous inspection:**
Develop and implement a comprehensive policy detailing all aspects of restraint management for residents in the centre.

This action was satisfactorily completed. A comprehensive restraint management policy has been developed. A small number of residents have bedrails in place. Assessment, monitoring and release procedures are in place. Use of restraints is documented in residents’ care plans.

**Action required from previous inspection:**
Develop a communication policy detailing all aspects of communication within the centre.

This action was satisfactorily completed. A communication policy is in place that references all aspects of communication in the centre.
**Action required from previous inspection:**
Develop a rota detailing a senior on-call structure as part of the emergency plan for the centre that informs staff who to call in an emergency or for professional advice out of hours.

This action was satisfactorily completed. A senior on-call rota with phone numbers has been developed and was displayed in the staff office.

**Action required from previous inspection:**
Produce a written residents’ guide that includes a summary of the statement of purpose, terms and conditions of residence, a contract for provision of services and facilities, a summary of the complaints procedure and the address and telephone number of the Chief Inspector of Social Services at the Health Information and Quality Authority.

This action was satisfactorily completed. A resident’s guide was completed and viewed by the inspector.

**Action required from previous inspection:**
Furnish the Chief Inspector and each resident with a copy of the Residents Guide.

This action was satisfactorily completed. A copy has been provided to each resident for their information.

**Action required from previous inspection:**
Develop and implement a comprehensive medication management policy that includes the following key elements:
- anticoagulation therapy
- as-required medications
- self-administration of medication
- management of medication errors
- administration of intramuscular injections
- medication patches
- crushing medications

This action was satisfactorily completed. The medication management policy has been revised and references all areas identified in the action plan. All staff are aware of the additions made to the policy.

**Action required from previous inspection:**
Provide all staff with job descriptions detailing their roles and responsibilities.

This action was satisfactorily completed. All staff were provided with job descriptions.
**Action required from previous inspection:**
Develop a comprehensive induction process in consultation with current staff in the centre and make available for all new staff to the centre.

This action was satisfactorily completed. The staff education and training policy referenced induction and ongoing training. This process is in place and available for new staff.

**Action required from previous inspection:**
Put a process in place whereby all staff are afforded a formal appraisal and evaluation of their professional development needs to meet the needs of the residents at all times Commence a documented programme and schedule of professional development for each staff member including for person in charge.

This action was satisfactorily completed. All staff have had formal appraisal by the person in charge where areas of strengths and weaknesses were identified and corrected. 100% of care assistant staff have completed FETAC (Further Education and Training Award) Level 5 courses.

**Action required from previous inspection:**
Make the shower facility used by residents in the three-bedded room safe for residents use at all times.

This action was satisfactorily completed. This three-bedded room has been refurbished into two single bedrooms with disabled access shower, toilet and hand washing facilities.

**Action required from previous inspection:**
Provide a sufficient number of toilets having regard for the number of dependent persons, wheelchair users and visitors to the centre.

This action was satisfactorily completed. A new disabled access toilet has been completed on the ground floor. There are now disabled access toilets for residents use on the ground and first floor.

**Action required from previous inspection:**
Provide hand-washing facilities for toilets on the first floor.

This action was satisfactorily completed. Two toilets on the first floor have been converted into one toilet with hand-washing facilities.
<table>
<thead>
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<th>Standard</th>
<th>Best practice recommendations</th>
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<td>Standard 26.</td>
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</tr>
<tr>
<td>Health and</td>
<td>Cleaning services are now in place on Sundays evidenced by the staffing</td>
</tr>
<tr>
<td>safety</td>
<td>rota.</td>
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**Report compiled by:**
Catherine Connolly-Gargan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

14 October 2010

<table>
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<th><strong>Chronology of previous HIQA inspections</strong></th>
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<tr>
<td><strong>Date of previous inspection</strong></td>
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<tr>
<td>---------------------------------------------</td>
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<tr>
<td><strong>21 and 22 January 2010</strong></td>
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<td><strong>29 March 2010</strong></td>
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Health Information and Quality Authority
Social Services Inspectorate

Action Plan

Provider’s response to additional inspection report*

<table>
<thead>
<tr>
<th>Centre:</th>
<th>Mont Vista Nursing Home</th>
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</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>0070</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>14 October 2010</td>
</tr>
<tr>
<td>Date of response:</td>
<td>13 December 2010</td>
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</tbody>
</table>

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Did not provide a separate cleaning room appropriate to the size of the centre.

Action required:

Provide a cleaning room appropriate to the size of the centre for use by cleaning staff to store equipment, to prepare and to dispose of cleaning solutions.

Reference:

Health Act, 2007
Regulation 19: Premises
Standard 25: Physical Environment

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

<table>
<thead>
<tr>
<th>Timescale:</th>
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* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Provider's response:

A cleaning room will be constructed in phase two of our centre's refurbishment project within 2 years.

| Within 2 years |  |
These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

<table>
<thead>
<tr>
<th>Standard</th>
<th>Best practice recommendations</th>
</tr>
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<tbody>
<tr>
<td>Standard 25: Physical Environment</td>
<td>Install a dedicated treatment room with facilities in place for clinical examinations and therapy if required. Provider’s response: A treatment room will be constructed in phase two of our centre’s refurbishment project within 2/3 years.</td>
</tr>
</tbody>
</table>
Any comments the provider may wish to make:

Provider's response:

(No response made).

Provider's name: Sr Thecla Garvey
Date: 13 December 2010