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<th>Mount Cara</th>
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<tr>
<td>Centre ID:</td>
<td>ORG-0000747</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Redemption Road, Blackpool, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 4395737</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:carahouse@eircom.net">carahouse@eircom.net</a></td>
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<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
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<tr>
<td>Provider Nominee:</td>
<td>Mary O'Sullivan</td>
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<tr>
<td>Person in charge:</td>
<td>Mary O'Sullivan</td>
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<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

▪ to monitor compliance with regulations and standards
▪ to carry out thematic inspections in respect of specific outcomes
▪ following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
▪ arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 04 June 2014 12:00
To: 04 June 2014 19:00

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

| Outcome 14: End of Life Care |
| Outcome 15: Food and Nutrition |
| Outcome 18: Suitable Staffing |

Summary of findings from this inspection
This inspection report sets out the findings of a thematic inspection by the Health Information and Quality Authority of Mount Cara Nursing Home which focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection the person in charge had received information on an upcoming seminar. The centre had received evidence-based guidance and had undertaken a self-assessment in relation to both outcomes.

The person in charge had completed the self assessment questionnaires. The inspector reviewed relevant documentation prior to the inspection. The inspector met residents, relatives and staff and observed practice on inspection. Documents in the centre were also reviewed such as, training records, residents' care plans, medical prescriptions, policies, menus and also reports from relevant specialist services.

Mount Cara is a sheltered housing facility providing respite, convalescence and continuing care for older adults. The residents were of low to medium dependency and there was a contract of agreement with the residents that they will move to a nursing home setting, if their dependency level changes. The HSE supports the centre in finding suitable nursing homes for the residents when this is required.

The inspector spoke with residents and relatives and they all expressed a high level of satisfaction with the quality and choice of food, the times of meals and the ethos of the centre. The inspector joined residents at dinner time and assessed the food and the dining experience with the residents. Residents expressed that they were very content in Mount Cara and were complimentary of the food and of the staff. The inspector also observed afternoon tea being served and was present at teatime to speak with staff and residents. Staff, with whom the inspector spoke, were knowledgeable about the residents and their nutritional and dietary needs.
End-of-life care was assessed from information in the care plans of residents, interviews with residents, relatives and staff and the policy on end-of-life care for the centre. The inspector also viewed information in the care plan of a resident who had died suddenly in the centre.

The inspector's findings were of full compliance in the area of food and nutrition and a minor non-compliance in the area of end of life care. These findings were made in regards to the requirements set out in the Regulations under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and National Quality Standards for Residential Care Settings for Older People in Ireland.

Next of kin questionnaires were not sent out as they were not applicable to this supported living centre.
Outcome 14: End of Life Care
Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:
Person-centred care and support

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

Findings:
There were written operational policies and protocols in place for end-of-life care in the centre. These were being updated and were in the process of being circulated to staff. The policy offered guidance for staff in caring for the spiritual needs of the residents. The policy also offers guidance for staff in eliciting the wishes of the residents as regards end of life care and preferred place of death. However, there was no documentary evidence in the care plans to support this. The person in charge informed the inspector that training was planned for the staff and that the documentation would then be put in place.

The inspector spoke with the person in charge, the nursing staff, care staff, administration staff and kitchen staff. They told the inspector how they would care for the residents and relatives in the event of a sudden death in the centre. The inspector viewed the training records. The person in charge explained that end of life training had not been undertaken by staff but she outlined her plans for training to commence.

A comfortable sitting room was available for family and friends to use as an overnight facility or they had the option of staying in the room with their relative in the event of an emergency. Facilities were provided for relatives to have refreshments and snacks from the kitchen as well as from the staff in the centre. A single room was available for all residents in the centre.

The inspector read in the files that the specialist palliative care services had been availed of by some residents prior to admission and that this service could be contacted again if the need arose. There had been a sudden death in the centre and the inspector viewed the file of the deceased resident. There were indications that all medical care had been attended to and that the relatives were contacted. There was evidence that the staff had provided emotional support to the family and that the spiritual needs of the resident had been attended to. The person in charge told the inspector that the other residents and the staff had attended a service in memory of the deceased resident and that support was available within the centre from the pastoral care person and the priest.

The inspector viewed the care plans of residents and observed that end of life wishes
had not been ascertained. However, residents also told the inspector that they felt their wishes would be respected by staff in the centre if they were to become ill or their needs changed. They were all aware that they would be moving to a nursing home or hospital if this were to happen. There were indications in the care plans that residents had access to regular general practitioner (GP) care and the appropriate medications were prescribed for them. The person in charge explained to the inspector that the self assessment questionnaire provided by the Authority had provided her with information with which to augment her existing policy in line with the Regulations.

The option of a resident being facilitated to return home to die, if this was an expressed wish, was discussed with the person in charge. She told the inspector said that every effort would be made to ensure this could happen. However, there was no documentation seen by the inspector, in the residents' care plans, which supported any discussion with residents about preferred place of death. The person in charge outlined her plans to ensure that staff are trained in the process of how to have these discussions, before end-of-life care planning is introduced. The person in charge indicated that she understood that initiating the discussion in Mount Cara would facilitate the residents when moving to another centre. Staff in Mount Cara had built up a very good rapport with the residents, some of whom were eight years in the centre. The inspector was informed that the GP was available for advice for all those involved.

The inspector met with the priest and the pastoral care person who were visiting the centre on the day of inspection. They told the inspector that they were available to talk to and listen to the residents if they expressed any wishes or anxieties. The residents confirmed this to the inspector. The inspector saw that residents were participating fully in the service which was being held on the day of inspection. The residents were given a choice of whether to attend or not.

The inspector spoke with residents who said that they were informed and supported when a resident, who had previously resided in the centre, passed away. The person's name would be mentioned at the weekly religious service. There was an oratory in the centre and the inspector saw that the door to this was always open for staff, residents and relatives. There were suitable books and information available in the oratory. The person in charge said that it was planned to augment the choice on offer to include advice on bereavement and counselling services.

The person in charge stated that if a resident died unexpectedly in the centre the family or representatives would be given verbal advice on what to do following the death. Information in the policy advised staff on the steps to be taken in this event.

Clothing inventories were maintained and updated when necessary. The inspector and the person in charge discussed the fact that next of kin questionnaires were not distributed to relatives, on behalf of the Authority, because of the function of the centre as a sheltered housing centre.

**Judgement:**
Non Compliant - Minor
**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

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

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

**Findings:**
The inspector reviewed the self-assessment questionnaire for the centre and the policies on nutrition, mealtimes and hydration. These were found to be relevant to the care provided. The inspector viewed training records which indicated that staff had attended training on aspects of diet, portion control and nutrition from a dietician and a speech and language therapist (SALT).

The inspector observed mealtimes including dinner at 13.00hrs, afternoon tea at 15.30hrs and the evening meal at 17.30hrs. The inspector sat at the dining table at the invitation of a resident. The resident told the inspector that there was a choice of meals on offer at each mealt ime and that the quality of the food was particularly good. Other residents spoke with the inspector about their satisfaction with the time at which meals are served as well as the fact that their choice of dining venue was respected. They told the inspector that breakfast was served from 08.00hrs onwards and that they had a choice of whether to dine in their bedroom or use the dining room.

On the day of inspection the inspector noticed that there was one main course on the menu at dinner time and the inspector sampled the food. It was served hot and was very well presented. The person in charge explained to the inspector that any resident who had a different preference would be accommodated. All of the residents utilised the main dining room and the staff ensured that these residents maintained their independence. Residents having their meals were appropriately served and were seen to receive their meal in a timely manner. Second helpings were readily available. After dinner, residents were offered a choice of desserts and tea or coffee.

The inspector observed that the staff members were available in the dining room to ensure that residents were satisfied with their meals and saw that the residents required very little assistance. The inspector spoke with staff who told the inspector that they were aware of the actions to take if a resident appeared to be choking or presented with a swallowing difficulty. Cutlery was appropriate to the needs of the resident and the inspector noted that one resident was given assistance to cut up his food. This was done in a willing and respectful way. The dining room was bright and well decorated. The residents were able to dine with dignity and there was plenty of space between the tables. The tables were set up with care and the crockery and cutlery were of good quality. Flower arrangements were on display.

Snacks and hot/cold drinks including juices and fresh drinking water were readily
available throughout the day. The complaints log was reviewed and there was evidence that any complaints concerning food were acted on promptly and the complainant's satisfaction with the outcome recorded. Residents’ meetings were not facilitated in the centre but the person in charge said that she was going to recommence this practice, to allow the residents a forum, to discuss issues such as menu choice and dining arrangements.

The inspector spoke with the chef who said that she regularly met with the person in charge to discuss the residents' dietary needs. The chef showed the inspector her files, which contained relevant information, including a copy of the most recent assessments carried out by the speech and language therapist, the dietician and a record of residents’ food preferences. The chef indicated that she received relevant training in nutrition but her HACCP (Hazard Analysis Critical Control Points) and hand hygiene training would benefit from being updated. The chef explained to the inspector how she ensures that the diet is nutritious by having a variety of meat, vegetables and fruit sourced from a reputable supplier, as well as providing home baked bread and cakes. She baked on Wednesday for the weekly supply but baked wholemeal bread daily. The inspector saw that there was good communication between the chef and the staff about visits from the dietician, whom the chef said would suggest supplements or fortified food if a resident had nutritional issues. There was a three weekly menu rotation in place and the chef confirmed that if a resident did not like what was on the menu, an alternative was available. The inspector was shown a menu plan for a resident who was a diabetic. It had been drawn up by the chef and the resident and signed by both of them.

It was evident to the inspector that the individual resident's preferences and habits were known to staff and accommodated by them. The inspector heard the staff speaking to the residents at each meal time and saw the different portions and food choices which were produced. The inspector noted that the food had no added salt or sugar when being prepared and the individual resident could add this as required.

Documentation submitted to the Authority indicated that:
1 resident was on a puréed/mashed diet
4 residents were on nutritional supplements
3 residents were on a diabetic diet
2 residents was on a gluten free diet.

A sample of medication administration charts and care plans were reviewed by the inspector. These indicated that nutritional supplements were prescribed by the GP. If a resident was judged by the dietician to need nutritional support she suggested the type of supplement to be given. The inspector saw these supplements being given to the residents and saw that they were documented as administered, by the nursing staff. One resident explained to the inspector that she had been underweight when she arrived in the centre and had gained weight as a result of the diet selection and supplements available to her.

The inspector joined the residents for tea at 17.00 and observed that mealtimes were seen by the residents as social occasions. Residents were seen to engage in
conversation with each other. They spoke to the inspector about their lives in the centre and how their needs were met. All the residents at the table were seen to eat a variety of food and they were offered home-made cake afterwards. The choice at teatime was extensive and the residents had been asked earlier in the day to choose from the menu. The residents were offered, omelette, a fry, beans on toast and quiche among other choices. The residents told the inspector that they would have tea and a snack at 20.00hrs and that food was available on request at any time of the day or night. This was confirmed to the inspector by the staff nurses, chef and care assistants.

All residents had access to dietary, dental, as well as speech and language services and there was evidence of this in the sample of care plans reviewed. The inspector noted that all residents had a malnutrition universal screening tool (MUST) assessment and that this was repeated three-monthly or when required. A food chart was also completed for new admissions. If a dietary need or weight loss was identified the GP was informed and the appropriate service contacted to review the resident. Residents with diabetes and coeliac disease were provided with the appropriate diet.

Residents were able to access tea making facilities in the dining room during the day. The inspector observed afternoon tea and cake being served to residents at 15.30hrs and family members told the inspector that they would be offer tea when visiting their family member.

**Judgement:**
Compliant

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**Outcome 18: Suitable Staffing**
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

**Theme:**
Workforce

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

**Findings:**
Training for staff to support them in providing best evidenced based practice had not been provided in the area of palliative and end of life care.

**Judgement:**
Non Compliant - Minor
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

Provider’s response to inspection report

<table>
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<td>ORG-0000747</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 14: End of Life Care

Theme:
Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The wishes of the residents’ as regards end of life care such as their preferred place of death had not been documented in the care plans.

Action Required:
Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

Please state the actions you have taken or are planning to take:
A single room is already available to each resident. There are no shared bedroom at Mount Cara.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
A resident may return home at any time if that is their wish, with the support of family, Public Health Nurse and the G.P.

We will develop and document our policy and practice to:
Discuss the subject of End of Life Care with the Residents,
Identify their preferred place of death,
Liaise with families and relevant services to facilitate these choices.

The information will be documented in each resident’s Care Plan.

**Proposed Timescale:** 31/10/2014

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**Outcome 18: Suitable Staffing**

**Theme:**
Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Staff had not been provided with access to training in end-of-life care to enable them to provide care in accordance with contemporary evidenced based practice.

**Action Required:**
Under Regulation 17 (1) you are required to: Provide staff members with access to education and training to enable them to provide care in accordance with contemporary evidence based practice.

**Please state the actions you have taken or are planning to take:**
I am in the process of organising staff training to enable staff at Mount Cara to carry out their duties and responsibilities in accordance with and in compliance with Regulation 17 and in relation to our capacity to fulfil this regulation.

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