<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mount Alvernia Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>ORG-0000723</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Newberry, Mallow, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>022 21405</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:julia.kelleher@hse.ie">julia.kelleher@hse.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Gretta Crowley</td>
</tr>
<tr>
<td>Person in charge:</td>
<td>Julia Kelleher</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>John Greaney</td>
</tr>
<tr>
<td>Support inspector(s):</td>
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</tr>
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<td>the date of inspection:</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.
Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor 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: 15 May 2014 08:00
To: 15 May 2014 15:00

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

<table>
<thead>
<tr>
<th>Outcome 08: Medication Management</th>
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<tbody>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
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<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
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<tr>
<td>Outcome 14: End of Life Care</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
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Summary of findings from this inspection
This inspection report sets out the findings of a one day thematic inspection which focused on two specific outcomes, End of Life Care, and Food and Nutrition. In preparation for this thematic inspection providers attended an information seminar, received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector met residents, relatives, staff and observed practice throughout the inspection. The inspector reviewed policies, training records, care plans, medical records and analysed survey questionnaires completed by relatives and received by the Authority following the inspection.

The person in charge, who completed the provider self-assessment tools, had judged the centre to be in minor non compliance under both outcomes. The provider had identified actions within the self-assessment questionnaire to ensure they moved towards full compliance under both outcomes.

The inspector found that residents’ end-of-life needs were well managed with good access to medical and specialist palliative care. Records indicated that residents received a good standard of care in their final days but improvement was required to ensure that all care plans provided a comprehensive assessment of needs and to ensure that residents had been consulted in relation to their end of life care.

Residents and relatives spoken with by the inspector were complimentary of the food provided and of the assistance provided by staff, however, improvements were required. While residents were offered a choice at mealtimes, meal choices were ascertained in excess of one week in advance of mealtimes and the inspector was
not satisfied that this was good practice. Efforts had been made to improve the
dining rooms, however, the space available in each of the dining rooms was not
adequate to support mealtimes to be sociable occasions.

Overall, the inspector's findings concurred with the self-assessment questionnaire
completed by the person in charge for both outcomes. While the thematic inspection
focused on two outcomes as described above, the inspector reviewed other
outcomes in so far as they related to end-of-life care and food and nutrition. These
are discussed in the body of the report.

Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007
(Care and Welfare of Residents in Designated Centres for Older People)
Regulations 2009 (as amended) and the National Quality Standards for
Residential Care Settings for Older People in Ireland.

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

Theme:
Safe Care and Support

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

Findings:
As discussed in Outcome 15, prescription sheets did not always direct medications to be
crushed where this was specified by the speech and language therapist.

Judgement:
Non Compliant - Minor

Outcome 11: Health and Social Care Needs
Each residents wellbeing and welfare is maintained by a high standard of evidence-
based nursing care and appropriate medical and allied health care. Each resident has
opportunities to participate in meaningful activities, appropriate to his or her interests
and preferences. The arrangements to meet each residents assessed needs are set out
in an individual care plan, that reflect his/her needs, interests and capacities, are drawn
up with the involvement of the resident and reflect his/her changing needs and
circumstances.

Theme:
Effective Care and Support

Outstanding requirement(s) from previous inspection:
No actions were required from the previous inspection.
Findings:
As discussed in Outcome 15, care plans did not always adequately direct care to be provided in relation to end of life care or dietary requirements, such as for residents diagnosed with diabetes.

Judgement:
Non Compliant - Minor

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Care and Support

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

Findings:
As discussed in Outcome 15 there was limited dining space to ensure that meals were sociable occasions.

Judgement:
Non Compliant - Minor

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:
The provider submitted a self-assessment questionnaire in advance of the inspection that identified the centre as being in minor non-compliance with Regulation 14 and Standard 16, which address end-of-life care. The non-compliance related to gaps in the maintenance of documentation and deficits in care planning.

There was a policy in place for the management of end of life dated November 2013.
and there was a procedure to monitor if staff had read and understood the policy. A number of questionnaires were received from relatives of deceased residents and most were extremely complimentary of the care provided to their relatives.

Residents were comprehensively assessed on admission and at regular intervals thereafter using evidence-based assessment tools. A review of a sample of care plans identified that residents preferences in relation to end of life care were addressed with varying degrees of detail. For example, in a number of care plans it was clear that staff members had comprehensive discussions with residents in relation to end of life preferences, including preferred place to die and how to meet their spiritual needs. Other care plans only made reference to residents’ religion in the section dealing with spirituality and dying and there was no mention of discussion around end of life preferences. Based on a sample of records of deceased residents viewed by the inspector, care plans did not adequately address the care to be provided when end of life was imminent, however, a new template for recording end of life care plans had recently been introduced but not yet implemented, as no residents had died since its introduction.

Friends and family were facilitated to be with residents at end of life. There was no specific end of life room but residents approaching end of life were facilitated with a single room, if one was available, and, if not, other residents may be moved temporarily to free up a single room. The person in charge (PIC) informed the inspector that residents that wished to return home were facilitated to do so, however, this option had not been taken up by residents/family. Feedback from residents and relatives was positive in relation to the standard of care provided in the centre.

Residents were reviewed regularly by their general practitioner (GP) and there was access to out-of-hours GP services. There is good access to palliative care services and there was evidence of regular referral and review.

Religious and cultural preferences were respected and residents were facilitated to be attended by a member of the clergy, when required.

Records of residents' personal property were completed on admission, however these were not routinely updated. The person in charge and other staff members informed the inspector that personal possessions were returned to relatives and a system for recording returned property had recently been introduced, but there had been no occasion to implement the process since its introduction.

A programme was under way to support all nursing staff undergo comprehensive training in palliative care and it was anticipated to be completed in the months following this inspection.

**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 provider submitted a self-assessment questionnaire in advance of the inspection that identified the centre as being in minor non-compliance with Regulation 20 and Standard 19, which address food and nutrition.

There was a policy for the management of food, nutrition and hydration, most recently reviewed in February 2014. This policy was supported by a policy on the management of dysphagia, which was developed in 2013. Staff were facilitated to attend training on nutrition related topics including nutrition for older people, nutrition and dietetics, and dysphagia. Based on a sample of records reviewed, all residents had a nutritional assessment on admission and at regular intervals thereafter using a recognised assessment tool. Residents were weighed on admission and monthly thereafter. A sample of care plans reviewed by the inspector did not adequately address residents' dietary and care requirements, such as for residents diagnosed with diabetes.

Residents were referred and regularly reviewed by speech and language therapy, however residents were not regularly reviewed by a dietitian. The inspector was informed by the person in charge that there was limited access to dietetics. There was limited access to dental and no evidence of a programme of ongoing assessment and review by a dentist except in the event of dental problems.

A number of residents with swallowing difficulties were prescribed modified diets following speech and language therapy assessments and a copy of these were maintained in the residents' records, in a kitchenette in each unit and also in the main kitchen. Care staff and kitchen staff members spoken with by the inspector were knowledgeable of residents individual needs in relation to likes and dislikes and also relation to the prescribed consistency of food, however, not all staff were familiar with the quantity of thickener to be added to fluids for residents that required thickened fluids.

Residents were offered a choice of food at mealtimes, however, this was usually ascertained in excess of one week in advance. A menu was not on display outlining the options available. The inspector was informed by staff that residents frequently changed their minds and this was always accommodated.
The inspector observed mealtimes including breakfast, mid-morning snacks and lunch. Food appeared to be nutritious and was available in sufficient quantities. Residents requiring assistance were assisted by staff in a respectful and discreet manner and the inspector observed that there were sufficient numbers of staff available to meet the needs of residents at mealtimes. Fresh drinking water was readily available throughout the day and light snacks and warm drinks were offered between meals and at night.

Administration offices are on the ground floor and resident accommodation is on the first, second and third floors. St Camillus is on the first floor and accommodates 14 residents, Clyda is on the second floor and accommodates 15 residents and Avondhu is on the third floor and accommodates 14 residents. One bedroom had been closed in both St. Camillus and Avondhu in order to increase the dining area available for residents.

The dining room in St. Camillus contained four dining tables with seating for four residents at each. Mealtimes appeared to be sociable occasions and residents were seen to interact with each other. However, there was limited space to move around the dining room and the furniture and décor was functional in nature. The dining room in Clyda contained 2 dining tables with seating for six at each, however, if all seats were occupied it would not allow each person to dine comfortably. There were two small dining rooms in Avondhu with room for one dining table in each. The inspector acknowledges that efforts had been made to improve the dining experience of residents within the limitations of the premises.

The chef had recently commenced a process of consultation with residents in relation to dietary needs, however there was no evidence of changes implemented as a result of feedback from residents. A sample of medication prescription records were reviewed and indicated that nutritional supplements were prescribed by the residents' general practitioner. However, prescription sheets did not always direct medications to be crushed where this was specified by the speech and language therapist.

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:**

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

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<tbody>
<tr>
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</tr>
<tr>
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<td>15/05/2014</td>
</tr>
<tr>
<td>Date of response:</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 08: Medication Management

Theme:
Safe Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Prescription sheets did not always direct medications to be crushed where this was specified by the speech and language therapist.

Action Required:
Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

Please state the actions you have taken or are planning to take:
Speech and language reports are followed through whereby all medication that is required to be crushed is now written up to be crushed.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Proposed Timescale: 17/06/2014

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

**Theme:**
Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Care plans did not always adequately direct care to be provided in relation to end of life care or dietary requirements, such as for residents diagnosed with diabetes.

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

**Please state the actions you have taken or are planning to take:**
Care plans have all been updated to direct care to be provided for dietary requirements and for end of life care is ongoing.

Proposed Timescale: 30/06/2014

**Theme:**
Effective Care and Support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Residents were not regularly referred and reviewed by dietetic and dental services.

**Action Required:**
Under Regulation 9 (2) (b) you are required to: Facilitate each resident’s access to physiotherapy, chiropody, occupational therapy, or any other services as required by each resident.

**Please state the actions you have taken or are planning to take:**
Dental care is now being processed by a mobile dental service and this will be carried out by 30/8/14. However, dietetic service is not yet available, due to HSE moratorium on recruitment. However, I am in the process of submitting a business case to secure a contract for session dietetic input. This is submitted to senior management who will process same.

Proposed Timescale: 30/06/2015
**Outcome 12: Safe and Suitable Premises**

**Theme:**
Effective Care and Support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was limited dining space and the furniture and décor was functional in nature.

**Action Required:**
Under Regulation 19 (3) (g) part 1 you are required to: Provide adequate sitting, recreational and dining space separate to the residents private accommodation.

**Please state the actions you have taken or are planning to take:**
We are unable to provide extra space but we are upgrading décor in the dining rooms.

**Proposed Timescale:** 30/07/2014

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**Outcome 15: Food and Nutrition**

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

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Residents were offered a choice of food at mealtimes, however, this was usually ascertained in excess of one week in advance.

**Action Required:**
Under Regulation 20 (2) part 5 you are required to: Provide each resident with food that is varied and offers choice at each mealtime.

**Please state the actions you have taken or are planning to take:**
Menus are pre-written and displayed in dining room, however residents are now asked at each mealtime their choice of meal from the menu and if they do not like the menu they are offered something else they like.

**Proposed Timescale:** 17/06/2014