<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mount Carmel Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000734</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Abbey Street, Roscrea, Tipperary.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>0505 21146</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mlarkin@mountcarmelnursinghome.ie">mlarkin@mountcarmelnursinghome.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Sisters of St. Marie Madeleine Postel</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Marie Keegan</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary Costelloe</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Paul Dunbar</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>28</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>1</td>
</tr>
</tbody>
</table>
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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 February 2015 10:00</td>
<td>23 February 2015 17:00</td>
</tr>
<tr>
<td>24 February 2015 09:30</td>
<td>24 February 2015 15:00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Statement of Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Governance and Management</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
</tr>
<tr>
<td>Outcome 10: Notification of Incidents</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
</tr>
<tr>
<td>Outcome 14: End of Life Care</td>
</tr>
<tr>
<td>Outcome 15: Food and Nutrition</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
</tr>
<tr>
<td>Outcome 17: Residents' clothing and personal property and possessions</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
</tr>
</tbody>
</table>

**Summary of findings from this inspection**

This report sets out the findings of a registration inspection, which took place following an application to the Health Information and Quality Authority (the Authority) Regulation Directorate, to renew registration. This inspection was announced and took place over two days. As part of the inspection the inspectors met with residents and staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files.

Overall, the inspectors found that the provider and person in charge continued to demonstrate a high level of commitment to meeting the requirements of the Health
Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

There was evidence of good practice in all areas. Staff demonstrated a comprehensive knowledge of residents’ needs, their likes, dislikes and preferences. The centre was clean, warm and comfortable. The communal areas were appropriately furnished and the décor was pleasant.

On the day of inspection, the inspectors were satisfied that the residents were cared for in a safe environment and that their nursing and healthcare needs were being met. The inspector observed sufficient staffing and skill mix on the days of inspection.

The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for both residents and staff was evident.

The collective feedback from residents and relatives was one of satisfaction with the service and care provided.

Some improvements were required in the areas of fire safety, risk management, medication management, the statement of purpose and reviewing of staffing levels particularly at weekends. These areas are included in the action plan at the end of the report.

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

**Outcome 01: Statement of Purpose**

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspectors reviewed the statement of purpose. It required some updating in order to fully comply with the requirements of the Regulations including the criteria used for admission, the organisational structure and the arrangement’s for the management of
the centre in the absence of the person in charge. This was discussed with the person in charge who agreed to update same and forward to the Chief Inspector.

Judgment:
Non Compliant - Moderate

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

Findings:
The inspectors were satisfied that there was a full time person in charge with the appropriate experience and qualifications for the role. Deputising arrangements were in place in the absence of the person in charge. There was an on call out of hours system in place.

Systems were in place to review the safety and quality of care. Regular audits were carried out in relation to falls, hygiene and infection control, medication management, care planning and health and safety. Results of audits were discussed with staff to ensure learning and improvement to practice. The person in charge spoke about a new quality management system that had recently been introduced, she discussed the wide range of monthly audits that were planned.

The provider had established a clear management structure. The management team were in regular contact. While a clinical nurse manager (CNM) had recently been recruited to support the person in charge, the CNM also had to work shifts on the floor due to current nursing staff shortages. The provider and person in charge told inspectors that two new nursing staff had been recruited, one nurse was due to commence employment the day following the inspection and another due to commence shortly. They stated that the additional nursing staff would allow the CNM to have a more meaningful management role and support the person in charge.

Judgment:
Compliant
### Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The centre had a resident’s guide which was available to residents and visitors, it was displayed in a prominent place. The guide contained all information as required by the Regulations.

Contracts of care were in place for all residents. The inspectors reviewed a sample of contracts of care. They included the fees to be charged, the services to be provided and details of additional charges were set out.

**Judgment:**
Compliant

### Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The recently appointed person in charge was a registered nurse with the required experience in the area of nursing older people and worked full-time in the centre. She had been employed in the centre since 1995.

The person in charge was actively engaged in the governance of the service and accepted responsibility and accountability for its governance, operational management and administration. Suitable governance arrangements were in place in the absence of the person in charge. The CNM deputised in the absence of the person in charge.
The person in charge was knowledgeable regarding the Regulations, the Authority’s Standards and her statutory responsibilities.

The person in charge continued to update and maintain her clinical knowledge and had recently completed education on ethical framework in palliative care, European certificate in palliative care, final journeys what matters to me end of life, use of syringe drivers, the management and treatment of Parkinson’s disease, infection control, food hygiene, care planning and health and safety. She had attended a three day national dementia training programme. She was currently undertaking a certificate in business management.

The inspector observed that she was well known to staff and residents. Throughout the inspection process the person in charge demonstrated a commitment to delivering good quality care to residents and to improving the service delivered. All documentation requested by the inspector was readily available.

**Judgment:**
Compliant

---

**Outcome 05: Documentation to be kept at a designated centre**

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The inspectors were satisfied that records as required by the Regulations were maintained in the centre.

All records as requested during the inspection were made readily available to the inspectors. Records were maintained in a neat and orderly manner and kept in a secure place.

All policies as required by Schedule 5 of the Regulations were available. Systems were in place to review and update policies. Staff spoken with were knowledgeable of policies. Policies were centre specific and generally implemented, the medication policy was not fully reflected in practice.
The person in charge informed inspectors that resident's records are kept for seven years after which point they are disposed of safely.

The inspectors reviewed the directory of residents and noted that it did not fully comply with the requirements of the Regulations. The address and telephone number of the next of kin and general practitioner (GP) was not always included.

Inspectors reviewed a sample of staff files. Files generally contained all of the information as required by the Regulations, there was no photographic identification in respect of one staff members file.

**Judgment:**
Non Compliant - Moderate

---

### Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

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

**Findings:**
The person in charge and the provider were aware of the requirement to notify the Chief Inspector of the proposed absence of the person in charge.

**Judgment:**
Compliant

---

### Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.
Findings:
The provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse.

There were policies on identifying and responding to allegations or suspicions of abuse. Staff spoken with described clearly what they would do if they suspected abuse and were knowledgeable regarding their responsibilities. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse.

The inspectors were satisfied that residents' finances were managed in a clear and transparent manner. There was a policy in place on the management of residents' personal property. Small amounts of money were kept for safekeeping on behalf of some residents. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two staff members.

All residents had access to a secure lockable storage in their bedrooms should they wish to securely store any personal items.

The inspectors reviewed the policies on responding to behaviours that challenge and use of restraint. The policy on behaviours that challenged outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours that challenged. The person in charge told inspectors that there were no residents at present who presented with behaviours that challenged.

The policy on restraint was based on the national policy 'Towards a restraint free environment' and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible.

Staff promoted a restraint free environment. There were six residents using bedrails at the time of inspection, some at the resident's own request. The inspector noted that risk assessments for the use of bedrails, alternatives tried or considered and care plans were documented in all cases. Staff carried out regular checks on residents using bedrails and these checks were recorded. Ten staff had attended training on the use of restraint during 2014.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were observed to be relaxed and happy in the company of staff. Residents spoke highly of staff and stated that they were happy and felt safe living in the centre.

Judgment:
Compliant
Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Safe care and support

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

Findings:
While the provider had systems in place to protect the health and safety of residents, staff and visitors, the inspectors had concerns relating to some fire safety issues and some risk management documentation was unclear.

There was a health and safety statement available. An inspector reviewed the risk management policy and risk register, all risks specifically mentioned in the Regulations such as assault, accidental injury, aggression and violence and self harm were included. The inspectors noted many inconsistencies in the documentation including measures and actions in place to control risks identified were not always clear, risk assessments were not always dated, timeframes/date for completion and the name of the person responsible and actions taken were not always included. The person in charge told inspectors that she had planned risk management training for some staff but this was not yet scheduled.

There was a comprehensive site-specific emergency plan in place. The plan included clear guidance for staff in the event of a wide range of emergencies. Arrangements were in place locally for alternative accommodation in the event of the building having to be evacuated.

Training records reviewed indicated that all staff members had received up-to-date training in moving and handling. Staff spoken to confirmed that they had received training. The inspectors observed good practice in relation to moving and handling of residents during the inspection.

An inspector reviewed the fire policies and procedures. Records indicated that all fire fighting equipment had been serviced in June 2014 and the fire alarm was serviced on a quarterly basis. The fire alarm was last serviced in January 2015. Systems were in place for weekly testing of the fire alarm and these checks were being recorded. Fire safety training took place regularly and included evacuation procedures and use of fire equipment. All staff spoken to told the inspector that they had received recent fire safety training. Training records reviewed indicated that all staff had received up-to-date formal fire safety training. The inspectors had concerns that some staff spoken with were unclear regarding evacuation procedures. This was brought to the attention of the person in charge on the first day of inspection. She confirmed on the second day of inspection that fire safety training scheduled to take place in April 2015 had been
The procedures to be followed in the event of fire including layout plans indicating the location of fire exits were not displayed in prominent positions throughout the centre. There was no layout plan to clearly indicate the various fire zones located beside the fire alarm panel. Staff told inspectors that when the fire alarm sounded they had to read the instructions which were provided on a wall mounted flip chart located beside the alarm panel in order to determine the location of the fire. Staff told inspectors that they found this difficult and confusing. During the inspection the person in charge advised inspectors that she had been in contact with the fire alarm company and had arranged for an engineer to visit on Monday 2 March 2015 with a view to ensuring clear instructions for staff.

Handrails were provided to all circulation areas and grab rails were provided in all toilets and bathrooms. Call-bell facilities were provided in all rooms. Safe floor covering was provided throughout the building.

The inspectors noted that infection control practices were robust. There were comprehensive policies in place which guided practice. Hand sanitising dispensing units were located at the front entrance and throughout the building. Staff were observed to be vigilant in their use. The building was found to be clean and odour free.

An inspector spoke with housekeeping staff regarding cleaning and laundry procedures. Staff were knowledgeable regarding infection prevention and control procedures including colour coding and use of appropriate chemicals.

**Judgment:**
Non Compliant - Moderate

**Outcome 09: Medication Management**
*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**Theme:**
Safe care and support

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

**Findings:**
The inspectors generally found evidence of good medication management practices and sufficient policies and procedures to support and guide practice however, guidance in relation to self administration and prescribing was not fully implemented in practice. This is included in the actions under outcome 5 documentation.

An inspector spoke with a nurse on duty regarding medication management issues. The nurse demonstrated her competence and knowledge when outlining procedures and
practices on medication management.

Medications requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medications that required specific temperature control. The temperature of the refrigerator was monitored and recorded on an ongoing basis.

The inspector reviewed a sample of medication prescribing/administration sheets and noted that some medications were not individually prescribed contrary to the centres medication policy.

The inspector noted that in the case of one resident the guidance in relation to self administration of medications was not fully implemented. While nursing staff told the inspector that the resident was self administering medications without supervision, there was no appropriate assessment carried out contrary to the centres medication policy. Nursing staff were signing the prescription/administration chart indicating that medications had been administered contrary to guidance issued by An Bord Altrainais agus Cnaimhseachais na hEireann. This is included in the actions under outcome 5 documentation.

All medications were regularly reviewed by the general practitioners (GP).

Systems were in place to record medication errors, there were no recent medication errors.

Systems were in place for the safe return of unused/out-of-date medication.

Regular medication management audits were carried out by the pharmacist and the management of medications requiring strict controls were audited by the person in charge. Staff confirmed that results of audits were discussed with them to ensure learning and improvement to practice.

Judgment:
Non Compliant - Moderate

Outcome 10: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe care and support

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

Findings:
The person in charge was aware of the legal requirement to notify the Chief Inspector
regarding incidents, accidents and other required notifications. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

The person in charge had put in place a system for recording, investigating and learning from incidents and accidents. Details of the incident were well recorded including the immediate and follow up action taken.

**Judgment:**
Compliant

---

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

*Each resident’s wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident’s 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(s):**
No actions were required from the previous inspection.

**Findings:**
The inspectors found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Nursing documentation was provided on a computerised system and was of a high standard.

All residents had access to GP services. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis.

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT) and dietetic services. Chiropody, dental and optical services were also provided. The inspector reviewed residents’ records and found that residents had been referred to these services and results of appointments were written up in the residents’ notes.

The inspector reviewed a number of residents’ files including the files of residents with wounds, restraint measures in place, at high risk of falls and nutritionally at risk. See outcome 7 in relation to restraint and behaviours that challenge.

A range of up-to-date risk assessments were completed for residents including risk of developing pressure ulcers, falls risk, nutritional assessment and manual handling.
The inspectors noted that care plans were in place for all identified issues. Care plans were person centred, guided care and were regularly reviewed. Evidence of consultation with resident/relative was documented. Relatives indicated in the questionnaires completed that they were regularly consulted and involved in the review of their family members care plans. The person in charge audited care plans on an on-going basis.

The inspectors were satisfied that wounds were being well managed. There were adequate up-to-date wound assessments and wound care plans in place.

The inspectors were satisfied that weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed monthly. Nursing staff told the inspector that if there was a change in a resident’s weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician or SALT. Files reviewed by the inspector confirmed this to be the case. Nutritional supplements and thickening agents were administered as prescribed.

The inspector reviewed the files of a number of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated following falls. The person in charge formally audited falls on a three monthly basis. Evidence of learning and improvement to practice was evident. Low-low beds, alarms and crash mats were in use for some residents. The day rooms were supervised at all times.

**Judgment:**
Compliant

---

**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. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Effective care and support

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

**Findings:**
The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout.

The design of the building was suitable for its purpose. The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames.
and using wheelchairs. There was a lift provided between floors.

There was a variety of communal day spaces including day room, dining room, activities room, seating areas on corridors, smoking room and chapel. The communal areas had a variety of comfortable furnishings and were domestic in nature.

Bedroom accommodation met residents’ needs for comfort and privacy. Bedroom accommodation for residents was in single rooms, all with assisted shower, toilet and wash-hand basin en suite facilities. There was a separate assisted bathroom with specialised bath.

Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Some residents spoken to stated that they liked their bedrooms.

Adequate provision was made for administration/office facilities that facilitated management and staff in the performance of their duties.

The premises were located on a private site with well maintained external grounds, walkways, seating and ample car-parking. Residents also had access to a landscaped, secure enclosed courtyard garden that was directly accessed from the ground floor dining room.

There was appropriate assistive equipment provided to meet the needs of residents, specialised beds, hoists, specialised mattresses and transit wheelchairs. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order.

The laundry, sluice rooms and cleaner’s room were found to be well-equipped and maintained in a clean well-organised condition. Cleaning chemicals were securely stored. These rooms were provided with locks to protect residents and visitors.

The kitchen was found it to be clean, spacious and well equipped. Separate staff changing and toilet facilities were provided for catering staff.

The inspector noted that adequate staff facilities were provided and included staff toilet, changing facilities, storage lockers and dining room.

Close circuit television cameras were provided at all entrances ensuring additional security and safety for residents.

**Judgment:**
Compliant
### Outcome 13: Complaints procedures

**The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.**

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

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

**Findings:**
The inspectors found evidence of good complaints management. The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.

There was a comprehensive complaints policy in place; it included details of the complaints officer and appeals process.

While there was a complaints procedure displayed at the nurses station on the ground floor, it was not located in a prominent position and could not easily be seen by residents and relatives. The complaints procedure was unclear in that it identified two complaints officers and it did not contain details of the appeals procedure.

Inspectors reviewed the complaints log and noted that all complaints were well documented, promptly responded to, and included the satisfaction level of the complainant with the outcome. There was evidence to suggest the there was learning from complaints and that the complainants were not adversely affected by making a complaint.

**Judgment:**
Substantially Compliant

### 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(s):**
No actions were required from the previous inspection.
Findings:
The inspectors were satisfied that caring for residents at end of life was regarded as an integral part of the care service provided.

There was a comprehensive end of life policy in place. Staff confirmed that support and advice was available from the local hospice palliative and home care teams.

Most staff members had attended 'What matters to me' end of life training during 2014. The person in charge had attended numerous training courses on palliative and end of life care. Inspectors reviewed a sample of residents files and noted meaningful and individualised end of life care plans in place.

Residents religious and spiritual needs were met. Mass was celebrated daily in the chapel. Other denominations were catered for when requested. There was a dedicated chaplain available to residents. Family and friends were facilitated to be with a resident who was at their end of life stage and there were no restrictions in terms of visiting hours. Residents were also facilitated to return to their homes at end of life if they so wished.

Judgment:
Compliant

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

Findings:
Residents were offered a varied nutritious diet. The quality and presentation of the meals were of a high standard and a number of the residents told inspectors that the food was always very good. Some residents required special diets or modified consistency diets and these needs were met. The inspector spoke with the catering staff who were knowledgeable regarding residents special diets, likes and dislikes.

Residents stated that food, drinks and snacks were available to them at all times. A variety of hot and cold drinks were available throughout the day. Staff were observed offering and encouraging drinks throughout the days of inspection. The inspectors saw a variety of home-cooked food being served throughout the day including homemade soups, brown bread, scones and cakes.
The menus were displayed and offered a choice at every meal.

The inspectors observed the dining experience and noted it to be a pleasant one. Meals were served in the bright dining room. The table settings were attractive with centrepieces, condiment sets, sauces, butter and serviettes provided. A choice of drinks was offered. The atmosphere during dinner was relaxed and unhurried. Staff were observed to sit beside residents who required assistance with their meals while encouraging other residents to eat independently. Nursing staff monitored the meal times closely.

There was a fresh water dispenser available for residents on both floors.

Judgment:
Compliant

Outcome 16: Residents’ Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:
Person-centred care and support

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

Findings:
Inspectors were satisfied that the centre was run and managed in consultation with residents and in a manner that maximised their independence. There were regular resident meetings and a resident's representative had also been appointed. Inspectors reviewed the minutes from the meetings and found they were well attended. Staff also encouraged residents to raise matters which they may wish to change e.g. meals, activities etc.

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. Inspectors noted that residents were always referred to by their first name and politely asked if they needed anything e.g. a cup of tea, a cushion, if they wanted to go to mass. A number of residents managed their own finances with assistance from families/carers. There were two residents who were facilitated to self medicate. Residents had access to an independent advocate who was a volunteer and visited the centre weekly. A number of the questionnaires completed by family members by way of feedback to the Authority confirmed that the centre made every effort to maintain residents' independence.
Residents’ religious and political rights were facilitated. Mass was celebrated daily in the chapel. The person in charge told inspectors of arrangements in place for residents of different religious beliefs. She also told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during past elections. Staff and residents confirmed that there are no set times or routines in terms of when a resident must get up in the morning or go to bed at night. Residents had a choice of having their breakfast in the dining room, at a chair in the day room or in their bedroom.

There was a range of meaningful activities on offer in the centre e.g. music, quizzes, bingo etc. Residents were observed enjoying a variety of activities during the inspection including arts and crafts, sing a longs and music. Staff were observed engaging in the activities with the residents. There was access to local media and newspapers were provided to residents free of charge. Inspectors observed staff assisting some residents in reading newspapers and discussing their content. Staff were also familiar with individual residents’ communication needs and these were clearly documented in their care plans.

**Judgment:**

Compliant

---

**Outcome 17: Residents' clothing and personal property and possessions**

**Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.**

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

Each resident had adequate space to store their clothes and personal belongings. There was also lockable storage available in each bedroom. Records were maintained of residents personal belongings but these were not always kept up to date.

There was a laundry with ample space for washing/drying and sorting of residents clothing. The inspector noted that good care was taken of resident’s personal laundry. Systems were in place for the safe return of residents clothing. Residents and relatives were satisfied with the laundry arrangements.

**Judgment:**

Substantially Compliant
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. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
On the day of inspection there were sufficient staff on duty to meet the needs of residents. There were 14 maximum, five high, five medium and five low dependency residents at the time of inspection. There was one nurse and five care assistants on duty during the morning time, one nurse and three care assistants on duty in the afternoon and evening and one nurse and two care assistants on duty at night time. The person in charge and CNM were normally also on duty during the day time Monday to Friday. There were usually 2-3 Further Education Training Awards Council (FETAC) students available to assist staff during the week days. Staff spoken with told inspectors that they were finding increasing difficulty in meeting residents needs particularly at weekends when there was one only nurse and four care assistants on duty. The person in charge advised inspectors that residents dependency levels had recently increased and that staffing levels were currently under review. The provider and person in charge undertook to ensure that appropriate staff numbers and skill mix would be rostered throughout the entire week to meet the assessed and changing needs of residents taking into account the size and layout of the centre.

There was a planned and actual staff rota and inspectors were satisfied that this was reflected in practice. Staff were supervised appropriate to their role. There were regular staff meetings and there were also staff appraisals carried out by management. Inspectors reviewed a sample of staff files and found them to generally contain the information as required by the Regulations There was one staff file that did not contain a photographic identification. This was discussed under Outcome 5: Documentation. Garda Síochána vetting was in place for all staff. Nursing registration numbers were available and up-to-date for all staff nurses. Details of training certificates, induction training and appraisals were noted on staff files.

One volunteer attended and assisted residents with a variety of activities in the centre. Volunteers were Garda vetted and their roles and responsibilities were set out.

The management team were committed to providing on-going training to staff. Training
records indicated that staff had attended recent training in end of life care, infection control, restraint management, health and safety and food hygiene. There was a training plan in place for 2015.

Judgment:
Non Compliant - Moderate

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mount Carmel Nursing Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000734</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>23/02/2015 and 24/02/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12/03/2015</td>
</tr>
</tbody>
</table>

Requirements

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

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

Outcome 01: Statement of Purpose

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose required some updating in order to fully comply with the requirements of the Regulations including the criteria used for admission, the organisational structure and the arrangement's for the management of the centre in the absence of the person in charge.

Action Required:

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 03(1) you are required to: Prepare a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
Statement of Purpose updated and posted to Regulatory Office on 10/03/15. This updated version now includes Admission procedure, procedure for Emergency admissions, Organisational structure for the nursing home and the arrangements for the management of the centre in the absence of the person in charge where the CNM2 will be responsible

**Proposed Timescale:** 10/03/2015

---

**Outcome 05: Documentation to be kept at a designated centre**

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The medication management policy in relation to self administration and prescribing was not fully implemented in practice. Some medications were not individually prescribed and there was no appropriate assessment carried for a resident who was self-administering medications.

**Action Required:**
Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

**Please state the actions you have taken or are planning to take:**
The GP in question has been requested to individually prescribe each medication. The resident no longer wishes to self-medicate and is happier for us to administer her medications at the relevant times

**Proposed Timescale:** 12/03/2015

**Theme:**
Governance, Leadership and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The directory of residents did not fully comply with the requirements of the Regulations. The address and telephone number of the next of kin and general practitioner(GP) were not always included.

**Action Required:**
Under Regulation 19(3) you are required to: Ensure the directory includes the information specified in paragraph (3) of Schedule 3.
Please state the actions you have taken or are planning to take:  
Directory of residents amended and all entries now have the address and phone number of next of kin and GP

**Proposed Timescale:** 12/03/2015  
**Theme:**  
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
One staff file did not contain a photographic identification.

**Action Required:**  
Under Regulation 21(1) you are required to: 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.

Please state the actions you have taken or are planning to take:  
Same requested and received and put in file

**Proposed Timescale:** 12/03/2015

**Outcome 08: Health and Safety and Risk Management**

**Theme:**  
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Inconsistencies were noted in the risk management documentation including measures and actions in place to control risks identified were not always clear, risk assessments were not always dated, timeframes/date for completion and the name of the person responsible and actions taken were not always included.

**Action Required:**  
Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

Please state the actions you have taken or are planning to take:  
In our risk assessment forms, we are currently using two types of forms. We have a health and safety meeting on Tuesday24the March. Due to holiday rostering (Maintenance and housekeeping staff) this meeting is not possible before this date. At this meeting we will decide what form we agree on to go forward. I am currently looking at in-house training so that a number of key staff can all be trained and risk assessments done specific to our home. These will all be dated, action clearly stated, person responsible for the action documented and completion date and follow up if
The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The procedures to be followed in the event of fire including layout plans indicating the location of fire exits were not displayed in prominent positions throughout the centre.

Action Required:
Under Regulation 28(3) you are required to: Display the procedures to be followed in the event of fire in a prominent place in the designated centre.

Please state the actions you have taken or are planning to take:
A3 size site plans will be removed and be replaced with A2 size. These will be located in the front entrance beside fire panel, on corridors beside lift and opposite end of corridor on both floors and in stairways. Clearly marked on these, are the zones for horizontal evacuation and the names of all rooms, store areas etc are all clearly named instead of a number/ code as currently identified. The fire panel will be changed to correspond to these new drawings. The procedure to follow in the event of a fire is also clearly displayed.
Fire training and evacuation drill done on Wednesday 11th March for half of the staff and the remaining staff have training next Wednesday 18th march.

Proposed Timescale: Fire Training will be completed 18/03/15. New drawings received from Architect on 12/03/15 and will be displayed from Thursday 19th March when engineers update panel descriptions to match new drawings. Engineers booked to carry out this work on March 19th and 20th.

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Staff told inspectors that they had to read the instructions which were provided on a wall mounted flip chart beside the alarm panel in order to determine the location of the fire. Staff told inspectors that they found this difficult and confusing.

Some staff spoken with were unclear regarding evacuation procedures in the event of fire.

Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.
Please state the actions you have taken or are planning to take:
As mentioned in outcome 8 under Fire safety, training as outlined above. Feedback from first session of training on 11/03/15 was very positive. Our weekly fire test/drill is more detailed and a log of staff attendance is kept to reflect what was covered and action taken. An audit of this attendance log will be done on a 3 monthly basis to identify any staff that may miss out on this weekly drill due to roster variations. Also a system is in place to familiarise both day and night staff. Questionnaires have been introduced to identify areas for additional training. Different specific scenarios are presented at each weekly drill. Fire panel instructions will be removed from flip chart and will be displayed alongside site plans. Staff input will be encouraged and any queries addressed.

Proposed Timescale: Fire Training will be completed 18/03/15. New drawings received from Architect on 12/03/15 and will be displayed from Thursday 19th March when engineers update panel descriptions to match new drawings. Engineers booked to carry out this work on March 19th and 20th.

<table>
<thead>
<tr>
<th>Outcome 13: Complaints procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme:</td>
</tr>
<tr>
<td>Person-centred care and support</td>
</tr>
</tbody>
</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints procedure was not displayed in a prominent place in the centre.

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

Please state the actions you have taken or are planning to take:
Complaints procedure amended, content clearer and now placed in a prominent position in front hall with blank complaint forms beside it

Proposed Timescale: 12/03/2015

<table>
<thead>
<tr>
<th>Outcome 17: Residents’ clothing and personal property and possessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme:</td>
</tr>
<tr>
<td>Person-centred care and support</td>
</tr>
</tbody>
</table>

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The recording of residents' personal possessions was not kept up-to-date.

**Action Required:**
Under Regulation 12 you are required to: Ensure that each resident has access to and retains control over his or her personal property, possessions and finances.
Please state the actions you have taken or are planning to take:
New form introduced for residents property. For review every 3 months and amended as needed. Task allocated to the residents named carer and supervised by the CNM2. New items entered on separate sheet as they are received by resident. Form with log of property now in residents chart in upstairs nurses station.

Proposed Timescale: 31/03/2015

Outcome 18: Suitable Staffing

Theme:
Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was one nurse and 4 care assistants on duty at weekends.

Action Required:
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:
Additional nursing hours are rostered for Saturday and Sunday to cover breakfast and lunch time. In the event of nurse shortage, an additional senior carer will work these hours instead.

Proposed Timescale: 12/03/2015