### Centre name: Mount Carmel (Long Stay Residential Care)
### Centre ID: OSV-0005155
### Centre address: Braemor Park, Churchtown, Dublin 14.
### Telephone number: 01 620 6271
### Email address: kevint.brady@hse.ie
### Type of centre: The Health Service Executive
### Registered provider: Health Service Executive
### Provider Nominee: Kevin Brady
### Lead inspector: Valerie McLoughlin
### Support inspector(s): None
### Type of inspection: Announced
### Number of residents on the date of inspection: 0
### Number of vacancies on the date of inspection: 0
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 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.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 21 July 2015 10:00
To: 21 July 2015 17:30
From: 17 August 2015 14:00
To: 17 August 2015 15:00

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

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Summary of findings from this inspection

This inspection took place on 17 August and because the building works were not fully completed the premises was inspected on 21 July 2015. The purpose of this inspection was to register three floors (2nd, 3rd and 4th floor) of an empty building called Mount Carmel, owned by the Health Service Executive (HSE) to ensure that it met the requirements of the regulations. The reason for registration was to enable...
Residents from Bellvilla, also owned by the HSE to move into Mount Carmel on a short term basis while Bellvilla was being renovated to meet the requirements of the regulations.

There are 37 places over two floors in Mount Carmel for male and female adults requiring long term care. (The ground floor and first floor is not part of this service. It is operated by a private healthcare provider and is not accessible to residents of Mount Carmel). The grounds, security and maintenance services are shared between both services. There is a regular bus service that can be accessed at the main entrance of the centre.

An inspection at Bellvilla in January 2015 found good compliance with the regulations overall. All issues had been addressed by the management team since the inspection, and the temporary relocation of the service to Mount Carmel was planned to facilitate extensive renovations in line with the plan to address non-compliances that relate to the premises.

Inspectors undertook an announced site visit to Mount Carmel 09 February and held an advisory meeting with the provider, the person in charge and the project manager.

Overall, the inspector found that the service met the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland to a high standard.

Inspectors found that there was an effective system in place to ensure residents health care needs would continue be met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and the nursing care provided was of a high standard. The quality of residents’ lives was enhanced by the provision of a choice of interesting things for them to do during the day.

There were systems in place to ensure that residents were consulted about the operation of the centre and about the temporary relocation to Mount Carmel.

The provider and person in charge promoted the safety of residents. Staff had received training and were knowledgeable about the protection of vulnerable adults and how to respond to a suspicion or allegation of abuse and other relevant areas. Recruitment practices met the requirements of the Regulations. Six of seven actions identified at the previous inspection in Bellvilla in January 2015 were addressed. The provider is currently in the process of ensuring that the refurbishment of Bellvilla will meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. Areas for improvement are discussed further in the report and are included in the Action Plan at the end of this report, these include: Risk management, signage, external maintenance and provision of garden seating and furniture.
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 inspector found that there is a written statement of purpose that accurately describes the service that will be provided in the centre. The services and facilities in the centre’s statement of purpose, and the manner in which care will be provided are reflective of the different needs of residents.

**Judgment:**
Compliant

### 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:**
There was a clearly defined management structure that identifies the lines of authority and accountability as outlined in the statement of purpose. The provider nominee Kevin Brady is also accountable for two other centres. He was available on inspection and has a good working relationship with the person in charge and the assistant director of
nursing.
Reporting structures are in place, and the inspector found on the previous inspection that staff were familiar with the formal reporting structures and the method of communication within that structure. The person in charge (PIC) reports to the provider nominee, and the assistant director of nursing (ADON) reports to the person in charge. The social worker and dietician report to the manager of older persons services. The clinical nurse managers (CNM’S), physiotherapists and occupational therapist, catering, household, administration staff, porters and the Chaplin report to the assistant director of nursing. The nursing staff report to the clinical nurse managers. The healthcare assistants report to the nursing staff.

The provider nominee explained that he will continue to meet formally on a one to one basis each month with the person in charge, and continue monthly meetings with all of the persons in charge who report to him, to exchange information and to share learning. The person in charge said that the provider nominee is very supportive, for example in providing appropriate resources for staff training and development.

The provider had a system in place to complete the annual quality and safety review of services and was collating the information on a quarterly basis. He was aware that the review would need to be available in January 2016 should the Chief Inspector request a copy.

The inspector was satisfied that there was a good system of clinical governance in place to meet the needs of residents. There were effective established systems in place to ensure that the quality of care provided to residents would be monitored, developed and improved on an ongoing basis. The person in charge showed the inspector samples of audits she had completed in Bellvilla, such as care planning, falls, medication management and restraint. There was evidence of improvements following these audits, for example a reduction in the use of restraint. The person in charge told the inspector that the same system of continuous quality improvement would be implemented in Mount Carmel.

A review of management meetings indicated that there were discussions and a detailed plan in place for the safe temporary transfer of residents to Mount Carmel. The inspector reviewed this detailed plan and found that safe measures had been put in place to ensure an uneventful transfer. For example the mode of transfer such as chair or stretcher was recorded and paramedics would provide the transport for the safe transfer of residents, including oxygen and emergency equipment.

A review of the clinical nurse managers meetings included moving towards person centred care planning, policy review, additional training requirements and planning of for the safe temporary transfer of residents to Mount Carmel.

The person in charge said the residents committee would continue to meet, so that they could express any concerns they may have and for it to be discussed with the person in charge if they wished. These meetings would continue to be chaired by the social worker, and there would be continued access to an advocate if required. A review of the minutes showed that issues identified had been responded to by the provider and person in charge.
There was also recorded evidence of consultation with residents and representatives formally and informally regarding the temporary relocation to Mount Carmel. The person in charge told the inspector that she had discussed the move in some detail with residents. For example she had assured them that where possible they would remain living with other residents with whom they had lived with for a number of years. Also, a small number of residents who did not have any family would be supported to return to the South Circular Road occasionally to keep in touch with their friends there.

The person in charge explained that she would continue to meet with the residents and family members and use the feedback received to improve the service at Mount Carmel.

**Judgment:**
Compliant

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**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
The inspector reviewed the residents guide and found that it described the new temporary facility and the services to be provided. The inspector noted that the contract of care had been updated since the previous inspection and it now met the requirements of the regulations. It now included adequate details of the services to be provided and the fees to be charged and any additional services not included in the fee, for example private phone charges and hairdressing.

**Judgment:**
Compliant

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**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 person in charge was a registered nurse and she worked full-time in the centre. She was on duty for the duration of the inspection and was supported by the assistant director of nursing.

The person in charge was suitable qualified and had the required experience to meet the requirements of the regulations. She is also a trainer in non violent crisis prevention and in infection control. She demonstrated good knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the Authorities Standards.

She has many years of experience working with older people services and she demonstrated strong leadership qualities and good communication with her team. She was very familiar with all of the residents needs. She explained that she will continue to meet with residents, relatives and staff and ensure that all staff will continue to be supervised appropriately.

She was an organised manager and all of the documents requested by the inspector were readily available. The person in charge had maintained her professional development and had recently completed a leadership course and all other courses outlined under outcome 18.

### Judgment:
Compliant

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### 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

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

### Findings:
The inspector was satisfied that the records listed in schedules 2, 3 and 4 of the regulations were maintained in a manner so as to ensure completeness, accuracy and
ease of retrieval. The designated centre had all of the written operational policies as required by Schedule 5 of the regulations, including the risk management policy, which had been updated since the previous inspection.

The inspector found there were systems in place to ensure that all records relating to residents and staff would be maintained in a secure and confidential manner.

An up to date insurance policy was in place for the centre which included cover for residents’ personal property and accident and injury to residents in compliance with all of the requirements of the regulations.

Judgment:
Compliant

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 provider was aware of his responsibility to notify the Chief Inspector of the 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 inspector found that measures were in place to protect residents from being harmed or abused. The inspector saw staff training records and noted that all staff had received training on the identification and responding to allegations of elder abuse. A centre-specific policy was available which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse.
The person in charge and the assistant director of nursing were knowledgeable on what constituted abuse and were very clear on their responsibilities and reporting procedures in place. A review of incidents since the previous inspection showed that there were no allegations of abuse in the centre.

There was 24 hour security and CCTV in place to promote residents safety.

There were systems in place to safeguards resident’s money. The policy guides practice and is comprehensive.

There was a policy and procedure in place for managing behaviours that challenge. The person in charge told the inspector that all staff had received training in managing behaviours that challenge and additional training would be provided. The inspector confirmed this by reviewing the training records. The person in charge told the inspector that she had arrangements in place to ensure that the general practitioner (GP) and adult mental health services would be available and involved in residents care as required.

The use of restraint was in line with the national policy on restraint. The rationale for use was clearly documented. There was a system in place to monitor all residents using restraint. The person in charge told the inspector that the restraint register would continue to be reviewed daily.

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

Findings:
A safety statement was in place and it related to the health and safety of residents, visitors and staff. The inspector found that there were robust systems in place relating to promoting the health and safety of residents, staff and visitors. Since the previous inspection risk management policy had been updated. For example it now contained a
system of hazard identification and control of risk.

The risk register had been updated to include the risks identified in Mount Carmel. The person in charge explained that she visited Mount Carmel with the occupational therapist on a number of occasions and had completed a review of all of the risks in the centre. She had sought and obtained an infection control review of the premises which found that improvements were required.

On the day of inspection all of the recommendations of that review were in place, for example soap dispensers, hand gels and paper towels in all of the required areas. The inspector reviewed the risk register and found that it contained a number of environmental risks and control measures to mitigate risk. These include risk associated with smoking, absconding, the use of single bedrooms, the size and lay out of the building, falls prevention and management, and the risk that heavy windows may fall down when opened fully and cause injury. Appropriate control measures were in place, for example additional staffing in place to minimise the risk of falls, and installation of stays on the window frames to prevent accidental injury.

The person in charge had arrangements in place for investigating and learning from incidents. For example slips trips and falls. There is no free access to the stairs in the building to minimise the risk of injury to residents with cogitative impairment and dementia related conditions. Staff are available to take residents outside whenever they wished to do so.

The person in charge explained that there is a quality and safety committee in place to review incidents, residents’ feedback and complaints.

The inspector reviewed the emergency plan and found that it provided sufficient guidance to staff on the procedure to follow in the event of an emergency. For example, it identified alternative accommodation where residents may be relocated too should a full evacuation of the centre be required.

Over all fire safety was well managed. The inspector viewed the fire training records and found that staff had received up-to-date mandatory fire safety training and this was confirmed by the person in charge. She had arranged for a person experienced in fire safety management to carry out drills with the staff prior to residents being transferred to Mount Carmel, to ensure that residents’ safety was promoted and maintained.

The inspector viewed fire records which showed that the fire equipment had been serviced. The inspector found that all internal fire doors were unobstructed during the inspection.

Fire evacuation procedures are prominently displayed throughout the building. The fire safety engineer will be available in Mount Carmel during the residents transfer. Staff are trained and know what to do in the event of a fire in Mount Carmel. The fire alarm is serviced on a quarterly basis and fire safety equipment is serviced on an annual basis. There are fire drills every six months. Fire records are kept which include details of fire drills, fire alarm tests, emergency lighting and fire fighting equipment. New fire repeater panels were in place, and there was a system in place to ensure that
they would be tested weekly by maintenance. Fire action signs were posted in the building. Smoke detectors and fire blankets were in place.

There is written confirmation from a competent person that the service was in compliance with all the legal requirements of the statutory fire authority.

A review of staff training records indicated that all staff had been trained in manual handling and this was confirmed by the person in charge.

Judgment:
Compliant

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:
Each resident is protected by the designated centre’s policies and procedures for medication management. There was a comprehensive medication management policy in place to guide practice which gave clear guidance to nursing staff on areas such as ordering, transcribing, prescribing, administration of medicines ‘as required’ (PRN) medication, refusal and withholding medications, disposal of un-used and out of date medications and medication errors.

On the previous inspection, inspectors found that prescription and administration records were in line with best practice guidelines. For example prescribing of medications required to be crushed had been individually prescribed in line with the “do not crush” medication manual and where feasible dispensed from pharmacy in a liquid format to make it easier and safer for the residents to swallow.

There are no residents currently self-medicating, but there is a system in place should they wish to do so.

Residents are able to retain the services of their same general practitioner (GP) at Mount Carmel. There was a system in place that medications would be regularly reviewed by resident's GP.

The inspector read medication management audit records which were completed by the pharmacist at regular intervals. There was recorded evidence of learning from audit reviews, for example inspectors observed that medications were signed for once administered.
Records showed that staff were trained in medication management. Staff spoken with on the previous inspection were knowledgeable about safe medication management. They had confirmed they had attended training and that they felt competent in all aspects of medication administration. For example, staff were trained in the management of pain and symptom management for residents receiving end of life care with the support of a clinical nurse manager trained to be proficient in this aspect of specialised care. This meant that in most instances residents could continue to receive end of life care in the nursing home, if this was their preference.

There were appropriate procedures for the handling and disposal of unused and out of date medicines.

The person in charge said that medications that required strict control measures (MDAs) would be carefully managed and kept in a secure cabinet in keeping with professional guidelines. A register of MDAs would be maintained and stock balances would be checked and signed by two nurses at the change of each shift in line with professional guidelines.

The person in charge had appropriate transfer arrangements in place which had been risk assessed and updated regularly as discussed under outcome 8. This included arrangements with the current pharmacy company to deliver all of the residents’ medications on the day of transfer. The same pharmacist would continue to provide the service for the residents which would promote continuity of the service. Links had also been made with the local pharmacy to provide emergency medication should the need arise.

Judgment:
Compliant

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 and accidents. To date and to the knowledge of the inspector, all relevant incidents had been notified to the Chief Inspector by the PIC. The person in charge said that the same process would continue in Mount Carmel.

Judgment:
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 inspector found that there is a system in place to promote each resident’s wellbeing and welfare to a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident’s assessed needs are set out in an individual care plan that reflects his or her needs, interests and capacities. The plan is drawn up with the resident’s involvement and reflects his or her changing needs and circumstances. There is a system in place to ensure that each resident will have an assessment completed prior to admission to ensure that the centre has the facilities and services in place to meet their needs. All residents will have a comprehensive assessment and care plans completed by a qualified nurse within two days of admission to the centre. The person in charge said that where possible residents would be actively involved in the assessment and care planning process, or their family were involved if this was their choice. Care plans would continue to be reviewed four monthly or more frequently if required, for example following a change in the residents’ condition.

The inspector was satisfied that there was a good system in place for ensuring residents healthcare needs would continue to be met. For example, falls prevention and management, tissue viability, and nutrition. The inspector reviewed policies and found that they would guide practice. The person in charge had care plans in place for the inspector to review. She provided an overview of how residents’ healthcare needs would continue to be met. For example, fall preventative measures would include the use of chair alarms, hip protectors and increased staffing to ensure good supervision of residents.

Staff had received training on prevention and management of pressure ulcers. All residents would have a risk assessment completed on admission and this would be updated four monthly or more frequently if there was a change in the residents condition. There were systems in place to minimise the risk of residents getting a pressure ulcer’ for example enough staff on duty to assist the residents to change position regularly, and to manage continence issues, a supply of alternating pressure relieving mattresses and availability of pressure relieving cushions. Residents also had access to the dietician and a pain management specialist mentioned under Outcome 14.
An evidenced based policy on nutrition and hydration was in place and would guide practice as mentioned under Outcome 15.

Residents will have access to the same GP services Monday to Friday and doctor-on-call services will be used in the evening time and over the weekend. A full range of services will be available on referral including speech and language (SALT), chiropody. A regional dictation is available on a monthly basis. Dental, optical and audiology services will be provided locally. A physiotherapist and occupational therapist and social worker will be available in the centre Monday to Friday. The service of specialist psychiatry and geriatrician can be availed of when required. Access to a psychologist can be made through the primary care team as required. Palliative care specialities are available on a referral basis from the hospice. An acute care hospital had been identified locally to provide acute care as required.

Recently a healthy living group had been set up, including the occupational therapist, social worker, physiotherapists, person in charge and the assistant director of nursing. Topics covered include, drinking an adequate amount of water, pressure ulcer prevention and the exercises.

**Judgment:**
Compliant

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**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):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
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 takes account of the residents’ needs and is in line with Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The design and layout of the centre are in line with the statement of purpose. The premises meets the needs of all residents and the design and layout promotes residents’ dignity, independence and wellbeing.
There is suitable heating, lighting and ventilation. The person in charge provided an example of a bedroom furnished and ready for a resident to be accommodated, and also a small seating area was furnished for inspection. The rooms were homely and appeared comfortable. The person in charge showed the inspector all of the written plans for moving residents’ furniture, personal effects and equipment safely on the day of transfer. For example, there was a system in place to ensure that all residents’ belongings were labelled appropriately to ensure they would be delivered safely. The centre is clean and suitably decorated. The inside of the building had been painted in soft colours. There is adequate private and communal accommodation. The size and layout of bedrooms, sitting room/dining room and activity rooms is suitable to meet the needs of residents. There are an adequate number of toilets, bathrooms and showers to meet resident’s needs in line with the regulations and the national standards. The second and third floor contains a sitting room/dining room, activities room, visitors room, cleaning store, sluice, and clean utility room, offices and adequate facilities for storage of linen and equipment. The second floor provided accommodation for 21 residents in 18 single en-suite bedrooms and one three bedded en-suite bedroom. The third floor can accommodate 16 residents in eleven single en-suite bedrooms, one twin en-suite bedroom, one three bedded en-suite bedrooms. The fourth floor contains two large activity areas, staff facilities and offices. Staff facilities included male and female toilets and locker/shower room. There is a separate bathroom facility for the kitchen staff as required to minimise risk of cross infection. Each bedroom will contain a bed, bedside locker, a wardrobe and a chair and any specialised/assistive equipment or furniture that a resident might require. The shared rooms provide screening to ensure privacy for personal care, for example, free movement of residents and staff, and free movement of a hoist or other assistive equipment and access to both sides of the bed.

There is suitable storage for residents’ belongings. There is a functioning call bell system in place. There is a separate kitchen on each floor with cooking facilities and equipment. As previously mentioned, main meals will be cooked elsewhere. There is also a small separate kitchenette adjacent to the main kitchen for tea making facilities. The water temperature was too hot to touch. The provider had plans to have thermostatic control valves installed prior to relocating residents to prevent residents from being scalded.

On the day of inspection an environmental risk assessment report was not available for review. A number of risks had not been identified and recorded on the risk register as mentioned under outcome 8, for example the management of disused en-suites in bedrooms. Some bedrooms had en-suite facilities that were not suitable to meet the needs of older persons required work. The provider explained that a system had been put in place with external contractors for the management of the plumbing in the locked bathrooms to minimise the risk of Legionnaires. The provider was scheduling an environmental health inspection to examine the process and water sampling procedures, and a general review of the
premises including the kitchens to ensure that the premises were safe for residents, visitors and staff.

Residents have access to appropriate equipment which promotes their independence and comfort. The inspector reviewed equipment servicing logs and noted that equipment is fit for purpose. There is a process in place for ensuring that all equipment is properly installed, used, maintained, tested, serviced and replaced. For example, a new dryer has been ordered.

There is adequate storage for equipment. Staff are trained to use equipment safely, for example the use of hoists.

Handrails are provided in circulation areas. Grab rails are provided in bath shower and toilet areas. Handrails are provided on both sides of the stairs. There is no free access to the stairs as previously discussed under outcome 8. A supply of personal protective equipment will be in place, for example, gloves and disposable aprons to minimise the risk of cross infection.

There are two lifts in the building for residents to access the 2nd, 3rd and 4th floors. Residents will have access to a small paved seated area located to one side of the centre. The person in charge said that garden tables and chairs would be available for residents and visitors and that the area would be suitably staffed as required.

There are two sheltered smoking areas available at the front of the building. The person in charge explained that a small number of residents from Mount Carmel who smoke under supervision will have access to one of these areas. However, there was no signage in place to indicate which area was for the residents from Mount Carmel. On the day of inspection there was no seating available in the smoking area.

The directional signage in the main lobby on the ground floor was incorrect. The person in charge was awaiting new signage to be delivered and installed.

There are ample parking facilities to the front of the centre. There is access to the back of the centre which may pose a risk to residents as it contains some derelict buildings and outhouses. The provider planned to have a discussion with the fire officer regarding ceasing open access to this area. While the grounds are well maintained the inspector noted that the external windows are dirty and ivy is growing over some of the windows and onto window ledges.

The laundry room is located outside. The person in charge said that the laundry equipment would be relocated when the residents moved to Mount Carmel. There were procedures in place for the segregation of clothing to comply with infection control guidelines.

**Judgment:**
Non Compliant - Moderate
**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 inspector found that there was an effective system in place for the management of complaints. The person in charge and the provider had a positive attitude to receiving complaints and considered them as a means of improving the service. The inspector reviewed the complaint’s policy and found it to be comprehensive. It met the requirements of the regulations. It described in detail how to make a complaint, who to make the complaint to and the procedure to be followed on receipt of a complaint. It also contained an independent appeals process. At the time of inspection no written complaints had been made, but there was a system in place to record them fully if there were. The person in charge told the inspector that any complaint received would be thoroughly investigated and the outcome would be discussed with the residents. This would also include if the residents was satisfied with the outcome of not. There is a nominated person separate to the nominated person in article 34(1) (c), who holds a monitoring role to ensure that all complaints are managed appropriately. The person in charge maintained a record of all verbal concerns received, and there was recorded evidence that these were managed promptly and to the residents’ satisfaction.

**Judgment:**
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 inspector found that there was a good system in place to ensure residents would receive a high standard of end-of-life-care which would be person centred and respect
the values and preferences of the individual and result in positive outcomes for residents.
There was a policy on end-of-life care which was centre specific and provided detailed guidance for staff. A thematic inspection had taken place in 2014 and all actions identified addressed. The is a system in place for decision making with residents and their families where requested concerning future healthcare needs. Families are facilitated be with the residents when they are dying. Staff are trained to administer pain relief to residents and there is access and support available from the local palliative care team. While there is no mortuary available in Mount Carmel there is funeral directors locally. Access to other religious representatives from other faiths will be available if requested.

The person in charge explained that there is a system in place to ensure residents and visitors would be informed sensitively when a residents dies in the centre. A notice with a picture of the resident would be placed at the nurses’ station to alert all staff, residents and visitors and to demonstrate respect for the deceased and to ensure that all residents and visitors were aware of the resident’s death. Residents’ would receive one to one support from staff when a resident dies in the centre. There are facilities available for family to stay with their relative, and refreshments provided. The person in charge explained that the staff would form a guard of honour as the resident left the centre for the funeral mass. She explained that many of the staff like to attend the funeral mass. Refreshments would be provided in the centre for relatives and residents. The staff had received training in end-of-life care. Last writes would be provided and documented. There is a volunteer in place to assist with some activities and prayer group which the residents enjoy.

Judgment:
Compliant

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**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:**
There is a system in place to ensure that each resident will be provided with food and drink at times and in quantities adequate for his/her needs. The person in charge had arrangements in place for the catering staff to cook residents main meals at St.Mary’s and food would be transported to Mount Carmel in a bambaree twice a day. The person in charge explained that catering assistants will be available to
serve the food to residents. Staff nurses and healthcare assistants will be available in the dining room to supervise meals to ensure each resident receives the correct diet and to provide appropriate assistance as required. The finer details of how food would be served to residents had not yet been decided, for example the use of bambariee or individual trays.

There is a comprehensive policy for the monitoring and recording nutritional intake which will continue to be implemented and monitored by the person in charge. Processes are in place to ensure residents do not experience poor nutrition and hydration. Access to fresh drinking water will be available at all times.

The person in charge showed the inspector four weekly rotational menus. She explained that the chef had attended the residents meeting and asked the residents if they would like any changes to the menu. The chef had included residents’ suggestions in the new menu. There are menus available in picture/word format for residents who have difficulty in communicating verbally.

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

**Findings:**
The inspector found that there is a system in place to ensure that residents will be consulted with and participate in the organisation of the centre. Each resident’s privacy and dignity is respected, including receiving visitors in private. Residents will continue to be facilitated to communicate and exercise choice and control over his/her life and to maximise his/her independence. Each resident will continue to have opportunities to participate in meaningful activities, in line with his or her interests and preferences. Activities will be provided in the centre and within the community by two trained staff, seven days per week. The person in charge had transport and a driver available to take residents out to local parks and for a coffee. Staff will also available to take residents out by local taxi if they so wished.
The person in charge explained that she had meetings with the residents regarding the move, facilitated by the social worker and an advocate from Age Action. Formal letters were sent to residents and their family in December 2014. Residents and their family did not raise any complaints, only that they were a little concerned as they did not know on what date the transfer was planned.

The person in charge said that the policy on open visiting would continue in Mount Carmel. The person in charge showed the inspector a quiet room that could be used by visitors from 16.00 to 09.00. Outside of these hours residents could meet with visitors in their bedrooms or in another of the smaller sitting rooms.

The person in charge said that voting rights would continue to be respected and the process was outlined to the inspector. Newspapers would continue to be available to residents on request and the main news topics would continue to be discussed on a daily basis for any residents that wanted to attend.

The person in charge explained that residents would continue to make independent choice in how they planned their day, such as when they would like to get up and the time they would like to go to bed. The person in charge said that routines would be dictated by the needs and wishes of the residents.

Residents will have access to a private public phone in the lobby on the second and third floor. Since the previous inspection the person in charge had obtained a hands free phone to be available to residents so that they could take calls in private. Therefore this aspect of the action plan had been met.

Since the previous inspection a review of activities for residents who remain in bed had been undertaken. There would be a system in place in Mount Carmel to ensure that any resident remaining in bed would have some meaningful engagement / activity, such as massage, reminiscences therapy or music therapy.

The previous inspection found that while staff had developed life story books for residents with the support of relatives that there were not being utilised. The person in charge explained that this information was now being used to further enhance communication between staff and residents. Therefore this aspect of the action plan has been met.

Televisions are available for each resident’s bedroom if they wish to avail of it. Voting rights will be respected, and the person in charge outlined the arrangements in place to the inspector. The newspapers will be available on request and the main news topics will discussed each day if residents choose to join the group.

**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:
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. There is a policy on residents’ personal property and possessions and the person in charge explained that personal property will continue to be kept safe through appropriate record keeping. There will be adequate laundry facilities in place when residents transfer to Mount Carmel, with systems in place to ensure that residents’ own clothes are returned to them. There is adequate space for each resident to store and maintain his/her clothes and other possessions.

Judgment:
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):
No actions were required from the previous inspection.

Findings:
There are appropriate staff numbers and skill mix to meet the assessed needs of residents. The inspector reviewed the planned rota and found that there is enough staff on duty seven days per week to meet the specific needs of residents while taking into account the size and layout of the centre. The PIC explained that additional staff will be in place due to the layout of the building (long corridors) and residents living in single bedrooms.

Staff have up-to-date mandatory training. They also have access to other education and training to meet the needs of residents as outlined the Statement of Purpose. Staff had received a broad range of training suitable to meet the assessed needs of residents. For example, falls prevention and management, wound care management, infection control, pain management, dysphagia, and the use of the malnutrition universal screening tool.
Since the previous inspection staff had also received training on behaviour that 
challenges. Therefore this aspect of the action plan has been met. The training plan for 
the remaining months of 2015 was reviewed by the inspector and found to be 
satisfactory. For example, the new safeguarding policy is in place and staff training is 
planned for September and October 2015.

All healthcare assistants were trained to FETAC Level 5 or above. The person in charge 
regularly audited the training files to ensure all relevant training was provided. 
All staff and volunteers are supervised on an appropriate basis, and recruited, selected 
and vetted in accordance with best recruitment practice. There was a recruitment policy 
in place and the inspector was satisfied that staff recruitment was in line with the 
regulations. A sample of staff files had been examined on the registration inspection at 
Bellvilla and all relevant documents had been present, including vetting of volunteers 
appropriate to their role. All relevant members of staff have an up-to-date registration 
with the relevant professional body. 

There is a good system of formal supervision and appraisal is in place. Since the 
previous inspection supervisory meetings and staff appraisal had commenced and is 
ongoing. Therefore this aspect of the action plan has been met.

**Judgment:**
Compliant

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**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:**

Valerie McLoughlin
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 (Long Stay Residential Care)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005155</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>21/07/2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>26/08/2015</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 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 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:
On the day of inspection an environmental health report was not available for review regarding the management of the disused bathrooms and results of water sampling, or the outcome of a review of the kitchens and premises.

There was no seating available in the smoking area and there was no garden furniture or seating available outside for residents.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
The water temperature was too hot to touch.

The external windows are dirty and ivy is growing over some of the windows and onto window ledges.

There was no signage in place to indicate which area was for the residents from Mount Carmel. The directional signage in the main lobby on the ground floor was incorrect.

There is access to the back of the centre which may pose a risk to residents as it contains some derelict buildings and outhouses.

1. **Action Required:**
   Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

- **Re Environmental Report**
  An Environmental health officer visited Mount Carmel on 25th August 2015.
  The EHO will carry out the first inspection when residents and staff have relocated to Mount Carmel as per EHO policy.

- **Re: Water Sampling**
  A legionella risk assessment for HSE Mount Carmel was carried out on 07/08/2015.
  The results of the water samples all returned negative.
  Legionella report was submitted to HIQA on 26th August 2015.
  A programme will be put in place to ensure all water outlets used/disused including sinks/shower will be maintained according to HSE Legionella Guidelines.

- **Re: Seating in Smoking /Garden area**
  Appropriate seating will be provided in the designated smoking area by 31st August 2015.
  Garden furniture from Bellvilla will be relocated to Mount Carmel.

- **Re: Water Temperature** A Thermostatic central valve will be installed in Mount Carmel by 31st August 2015.

- **RE: Windows/Ivy**
  All windows will be cleaned by 27th August 2015.
  The Ivy growing over the windows/ledges will be removed by 31st August 2015.

- **Re: Signage:** Signage will be erected to indicate which area is for residents in Mount Carmel by 31st August 2015. The directional signage in the main lobby on the ground floor has been amended.

- **Re: Access to the back of building**
  Advise was sought from Fire Office and he advised that access to the rear of the hospital from the main entrance has to be maintained to facilitate the fire tender access/egress.
  A robust supervision system for residents is in place and will be reviewed on an ongoing basis and any new risks identified will be assessed and managed as per HSE Risk Management Policy.
Proposed Timescale: 31/08/2015