<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mount Cara</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000747</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Redemption Road, Blackpool, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>021 439 5737</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:carahouse@eircom.net">carahouse@eircom.net</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Mount Cara Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Margaret Kiely</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Mary O'Mahony</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>23</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>2</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
Compliance with 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 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>
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<tbody>
<tr>
<td>17 February 2016 10:00</td>
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</tr>
<tr>
<td>18 February 2016 10:30</td>
<td>18 February 2016 18:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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

Summary of findings from this inspection

This inspection by the Health Information and Quality Authority (HIQA or the Authority) of Mount Cara sets out the findings of a two day inspection, which took place following an application to renew registration. Mount Cara was a sheltered housing facility providing respite, convalescence and continuing care for older adults. Residents in the centre had low to medium dependency needs. The inspector viewed
contracts of agreement with residents which stated that they would move to an alternative care setting, if their dependency level changed. The provider (who was also the person in charge) informed the inspector that the Health Service Executive (HSE) supported residents in the centre to move to a suitable care setting, if this was required. The inspector spoke with residents who expressed a high level of satisfaction with the quality of their lives in the centre. Relatives spoken with confirmed that all aspects of care in the centre were very good. The inspector reviewed a number of pre inspection questionnaires which were found to contain positive comments on the staff, care and ethos of the centre. Staff were knowledgeable of residents’ medical, social and spiritual needs as well as their preferences and choices.

During the inspection, the inspector met with residents, relatives and staff members. Documentation for example, residents’ care plans, medical records, accident records, policies, medication practices and staff files were reviewed. The provider stated that the board of directors and staff were committed to maintaining this community based service which provided care and support for residents in a homely, local environment. The inspector found that practices in the centre were person centred and that an inclusive, enabling environment was fostered.

The action plan at the end of the report identified areas where improvements were required to ensure that the centre was in 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. Some areas for improvement included safeguarding and safety and notification of incidents.
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 viewed the statement of purpose which accurately described the service that was provided in the centre. It contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. It was reviewed on an annual basis.

**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:**
The quality of care and experience of residents was monitored and reviewed on an ongoing basis. Effective management systems and sufficient resources were in place to ensure the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability. The
inspector viewed the annual review of the quality and safety of care delivered to residents. Improvements were brought about as a result of learning from the monitoring review according to minutes of staff meetings reviewed. There was evidence of consultation with residents and their representatives.

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

**Findings:**
There was a new Resident's Guide available to residents. It contained all the required information and a copy was given to each resident. In a sample of residents' files reviewed the inspector found that there was a written contract signed and agreed on admission. Each resident’s contract outlined the care and services available in the centre. The contracts specified the fees to be charged and outlined the services which were to be paid for by residents, for example, hairdressing fees and bus outings.

**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 centre was managed by a suitably qualified and experienced manager in the area of health or social care. The person in charge was a qualified nurse with many years experience in the area of older adult nursing within the previous six years. Residents,
relatives and staff were aware of the role of the person in charge and were seen to consult with her throughout the two days of inspection. The inspector found her to be an experienced person with authority, accountability and responsibility for the provision of the service. She was familiar with the relevant legislation and her statutory responsibilities as person in charge and provider. She was involved in the governance, operational management and administration of the centre on a regular and consistent basis. She had adequate administrative support and was supernumerary to other staff, which allowed her to supervise residents, care and staff members.

**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

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

**Findings:**
The records listed in Schedules 2, 3 and 4 of the Regulations were generally maintained accurately and were easily accessible to the inspector. The designated centre was adequately insured against accidents or injury to residents, staff and visitors. Insurance certification was viewed by the inspector. The policies required under Schedule 5 of the Regulations were in place and were seen to be reviewed regularly. However, the inspector found that there was no policy available on staff training and development and the health and safety statement was last updated in 2012. In addition, photographic identification was not available on all residents' personal care plans.

**Judgment:**
Substantially 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/person in charge was aware of her statutory duty to inform the Chief Inspector 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. There was a suitably qualified person in place to deputise in 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:**
There was a policy on, and procedures in place for, the prevention, detection and response to abuse. Staff were trained on the policy. There were measures in place to safeguard residents and protect them from abuse. Staff spoken with by the inspector were aware of the types of elder abuse and of what to do in the event of an allegation, suspicion or disclosure of an alleged incident. The provider/person in charge monitored the systems in place to protect residents. Residents informed the inspector that they felt safe and could report concerns to the person in charge or her deputy. However, the inspector found that improvements were required in the system in place on the protection of residents from financial abuse. While a locked personal storage area had been made available for each resident this had proved inadequate. For example, a notification had been received by the Authority prior to the inspection concerning a sum
of money that had been allegedly, taken from a locked drawer. The inspector found that this incident was being investigated properly. Appropriate external agencies had been informed. Staff and residents were to be made aware of an enhanced system to protect residents' personal money. The person in charge stated that staff training was to be updated and that staff were to be told to remain vigilant. In addition, however, the inspector noted that a similar incident had happened previously and this had not been reported to the Authority in line with Regulations. The safe storage of residents’ personal money had not been enhanced following this event. In this case the resident had been reimbursed for the loss. The omission of the relevant notification was addressed under Outcome 10: Notifications.

Bed rail use was reported to the Authority as required and a log was maintained of bed rail use on a nightly basis. Appropriate risk assessments had been undertaken.

Staff spoken with by the inspector had updated knowledge and skill in managing behaviours that challenge. This was addressed under outcome 18: Staffing. A number of staff had yet to attend training in this area but were found to be knowledgeable of de-escalation techniques due to their induction training. Staff were seen to respect residents' privacy and dignity by knocking on bedroom doors prior to entry and to interact warmly with residents throughout the inspection.

**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th>Outcome 08: Health and Safety and Risk Management</th>
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</thead>
<tbody>
<tr>
<td>The health and safety of residents, visitors and staff is promoted and protected.</td>
</tr>
</tbody>
</table>

| Theme: |
| Safe care and support |

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

| Findings: |
| There was a system in place for the identification, recording, investigation and learning from serious incidents and adverse events. Records of incidents included information on actions. All records were dated and signed by a staff member and by the person in charge. The fire safety management system was being upgraded in the centre at the time of inspection. New fire doors and a second fire location panel had been installed as well as other extensive work on the ceilings and attic spaces. The inspector viewed records which indicated that fire equipment and fire extinguishers were regularly serviced. The previous servicing record was dated 9 February 2016. Weekly and daily fire safety checks of the fire alarm and the fire exits respectively, were carried out and recorded. The inspector viewed fire training records and found that staff had been afforded mandatory fire safety training. Staff with whom the inspector spoke confirmed this and were knowledgeable of what to do in the event of a fire. The person in charge |
stated that the person responsible for the fire safety management system was not yet in a position to issue the centre with a fire management compliance certificate. The work had yet to be completed. She undertook to forward this to the Authority on completion of the renovations. She also informed the inspector that staff would then be afforded training in the new system.

The inspector reviewed the emergency plan and found that it was comprehensive and included a safe place for residents to be accommodated in the event of an evacuation. The procedures in place for the prevention and control of infection appeared satisfactory. For example, the centre was very clean and there were adequate hand washing facilities in place in place. Hand sanitising gel was readily available and the procedure for correct hand washing procedures was displayed at each hand washing basin.

There was a risk management policy in the centre which was in line with the requirements of Regulation 26. However, the inspector found that the health and safety statement was last updated in 2012. This was addressed under Outcome 5: Documentation

**Judgment:**
Compliant

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**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 was protected by the designated centre’s policies and procedures for medication management. The inspector reviewed policies relating to the ordering, prescribing, storing and administration of medicines to residents. The processes in place for the handling of medicines, including controlled drugs, were safe and in accordance with current guidelines and legislation. Staff followed appropriate medication management practices and medications were administered as prescribed, according to records seen. There were appropriate procedures for the handling and disposal of unused and out of date medicines in the centre. The inspector viewed details of medication to be returned and these were signed by the pharmacist. Safe medication management practices were reviewed and monitored. For example, the pharmacist carried out an audit in the centre and the staff nurse checked the medication stock and residents’ prescriptions on a monthly basis. Pharmacists were facilitated to meet their regulatory responsibilities to residents. Residents had a choice of pharmacist and general practitioner (GP), where possible. Advice provided by pharmacist was accessed...
for staff and residents. For example, the pharmacist had provided training for staff on pain management. Documentation viewed and staff spoken with by the inspector confirmed this.

**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:**
Notifications were generally submitted to the Authority within 3 days of the occurrence of any incident set out in the Regulations for example, an unexpected death or unplanned activation of the fire alarm. However, as discussed under Outcome 5: Documentation, a notification of alleged financial abuse had not been sent to the Authority at the time of its occurrence. This had been recorded in the incident book and the resident had been reimbursed. This notification was sent to the Authority retrospectively.

**Judgment:**
Substantially 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:
Each resident’s wellbeing and welfare was maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Residents' assessed needs were set out in an individual care plan that specified his or her medical and social needs. Plans were drawn up with residents' involvement and the inspector noted that their changing needs and circumstances were documented. Care plans were reviewed at a minimum of every four months and these were made available to each resident.

Residents’ health care needs were met through timely access to medical treatment. Residents had a choice of medical practitioner, The inspector viewed records which indicated that residents were seen by the GP when required. For example, during the inspection the GP was seen to attend to a resident who had developed an infection. Residents had access to allied health care services. Entries from allied health services were noted in relevant residents' files. For example, there were minutes of a multidisciplinary meeting dated 13 January 2016 for one resident. However, as residents were of low to medium dependency level this input was rarely required. The inspector noted that residents had chiropody treatment as well as optical and dental services when required. Residents' weights were checked on a monthly basis.

Residents were enabled to make healthy living choices. They were seen to be encouraged to walk around the centre, to dance and to go out shopping and visiting with relatives on a regular basis. The inspector spoke with residents about their active and independent lifestyles. Residents were observed to support one resident who became restless at one stage of the day. This resident was encouraged by other residents to join in the sing along in the afternoon and she settled for a long period when occupied in this way. The inspector noted that there was happy, inclusive and supportive atmosphere amongst the residents. Social and recreation needs were addressed in more detail under Outcome 16: Residents rights, dignity and consultation.

Each resident had been assessed immediately before or on admission as to whether the centre was suitable for their needs. The person in charge stated that she received referrals and assessments of possible admissions from the Health Service Executive (HSE). Consent for care and treatment was recorded and each resident had a right to refuse treatment. In addition, residents had advanced care wishes recorded and documentation confirming these were reviewed by the inspector. Life story documentation was seen in the care plans and staff spoken with by the inspector were aware of relevant details about each individual. Discharge or transfer was discussed and planned for with each resident, if necessary.

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 had been in existence as a sheltered housing complex since 1989. The person in charge discussed the history of the centre with the inspector and explained that it was purpose built for members of the local community. The premises was a single-storey building set in a quiet estate. Corridors were wide and spacious for residents to walk around safely, using the grab rails provided. The inspector observed a large colourful map of the world and a large map of Ireland displayed on the walls of the corridor. The environment was homely, well decorated and very clean. There were adequate communal areas including a restful conservatory/library room, large dining room, double sitting room and visitors' room. The sitting room was furnished with a piano, a fireplace, suitable interesting pictures and colourful curtains. The dining room was well set out with eight separate tables for each four residents. There was an option for a resident to sit alone or at a table for two also. Tables well nicely set with serviettes, good place mats and cutlery.

There were 25 single bedrooms in the centre which had adequate personal storage space. Each bedroom was equipped with a wash-hand basin. There were no en suite facilities but there were eight to ten toilets as well as two baths and adequate shower rooms. Residents were encouraged to personalise their bedrooms with pictures, personal bed linen and photographs. Each bedroom was furnished and equipped to assure comfort and privacy. The inspector observed that there was a functioning call-bell system and over-bed light in each room. The equipment was fit for purpose and there was a process for ensuring that all equipment was properly installed, used, tested and serviced. This included the electrically operated assisted bath. These records were viewed by the inspector. Grab rails were provided in bath, shower and toilet areas.

There was an enclosed patio area, with suitable seating located off the conservatory and a safe outdoor walkway around the building. The external area was monitored by closed circuit television (CCTV) surveillance, which the person in charge stated was for security reasons. There was signage in place to highlight this. The local community Garda Síochána were accessible to the centre, if required.

**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:**
There were policies and procedures for the management of complaints in the centre. The complaints process was user-friendly, accessible to all residents and displayed in a prominent place. The person in charge stated that residents and their representatives were made aware of the complaints process following admission and were also supported to make complaints. Residents informed the inspector that they would know who to complain to. There was a nominated person to deal with complaints and complaints seen had been fully investigated. Residents were made aware promptly of the outcome of any complaint and this was documented. However, the process for appeals was not clearly set out. In addition, details of the ombudsman or an advocate were not included on the complaints policy.

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

**Findings:**
There were operational policies and protocols in place for end-of-life care in the centre. The person in charge informed the inspector that training for staff in end of life care had been provided. A comfortable sitting room was available for family and friends to use as an overnight facility. Specialist palliative care services had been availed of by some residents prior to admission and the person in charge stated that this service could be contacted again if the need arose. The inspector viewed the care plans of residents and observed that end of life wishes had been ascertained since the previous inspection. Residents were all aware that they may have to move to a nursing home or hospital if...
their needs changed considerably. Staff in Mount Cara were seen to have established a very good rapport with residents, some of whom were eight years in the centre. The pastoral team were available to talk to and listen to residents if they expressed any wishes or anxieties. Residents confirmed this with the inspector. There was an oratory in the centre and the inspector saw that the door to this was always open for staff, residents and relatives. The person in charge stated that if a resident died unexpectedly in the centre the family or representatives would be given advice on what to do following the death. Information in the policy advised staff on the steps to be taken in this event. Property inventories were maintained and updated when necessary.

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:
The inspector viewed training records which indicated that staff had attended training on aspects of diet and nutrition from a dietician and a speech and language therapist (SALT). The inspector observed mealtimes including dinner at 1 pm, afternoon tea at 3.30 pm and the evening meal at 5.30 pm. Residents told the inspector that there was a choice of meals on offer at each mealtime and that the quality of the food was very good. Residents utilised the main dining room for meals which were appropriately served, in a timely manner. The inspector spoke with staff who told the inspector that they were aware of the actions to take if a resident appeared to be choking or presented with a swallowing difficulty. Residents were enabled to dine with dignity and there was plenty of space between the tables. The tables were set up with care and flower arrangements were on display. Snacks and hot/cold drinks including juices and fresh drinking water were readily available throughout the day.

The inspector spoke with the chef who said that she regularly met with the person in charge to discuss residents' dietary needs. The chef showed the inspector her files, which contained relevant information, including a copy of the most recent assessments carried out by the speech and language therapist, the dietician and a record of residents’ food preferences. The chef indicated that she received relevant training in nutrition. For example, HACCP (Hazard Analysis Critical Control Points) had been updated. The chef explained to the inspector how she ensured that the diet was nutritious by having a variety of meat, vegetables and fruit sourced from a reputable
local supplier, as well as providing home baked bread and cakes. There was a three weekly menu rotation in place and the chef confirmed that if a resident did not like what was on the menu, an alternative was available. The kitchen was seen to be very clean and modern.

A sample of medication administration charts and care plans were reviewed by the inspector. These indicated that nutritional supplements were prescribed by the GP. The inspector saw these supplements being provided to residents. The inspector noted that all residents had a malnutrition universal screening tool (MUST) assessment and that this was repeated four-monthly or when required.

**Judgment:**
Compliant

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**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:**
Residents were consulted with and participated in the organisation of the centre. Each resident’s privacy and dignity was respected, including receiving visitors in private. They were facilitated to communicate effectively and exercised choice and control over their lives. Each resident had opportunities to participate in meaningful activities, in line with their interests and preferences.

There were a number of photographs on display in the centre which indicated that there were parties and special occasions celebrated throughout the year. In addition, there were photographs on display of visiting musicians, choirs and school groups. A musician visited on day one of the inspection and provided entertainment for residents who sang along with the music. Residents told the inspector that he played in the centre on a weekly basis and sometimes attended twice a week. Minutes of residents’ meetings indicated that activities such as, quiz, bingo, music, dancing, singing, mass, movies and parties were part of weekly life in the centre. Residents and relatives with whom the inspector spoke confirmed this. There was an activities coordinator available on a daily basis and one volunteer provided a shopping service for residents as well as relaxation therapy sessions.
On day one of the inspection residents spoke animatedly with the inspector about a singing competition which was planned for the following day. This was advertised in the centre. The organiser of the ‘Over 60’s’ talent competition in Cork had brought a heat of the competition to the centre. A number of residents and respite residents were entered in the competition which was professionally organised. A group of previous winners of the competition performed for residents who were seen to dance and sing along to the popular songs. A large group of visitors attended for the competition which took place between 3 pm and 5 pm on the second day of the inspection. Resident stated that they enjoyed the day and the winner was a male respite resident. He will now perform in the final of the competition in the City Hall. The organiser of the competition informed the inspector that he was running the competition on behalf of older adults for 40 years. He was familiar with the centre and the local area. Residents said that he visited them on a regular basis.

Residents had access to independent advocacy services. Routines and practices facilitated residents’ independence. They were facilitated to exercise their civil, political and religious rights and were enabled to make informed decisions about the management of their care. Residents spoke knowledgeably about the forthcoming election and a number of them informed the inspector that they intended voting.

**Judgment:**
Compliant

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**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:**
Residents maintained control over their personal property and possessions. The inspector viewed the policy on personal possessions and clothing. There were adequate laundry facilities with systems in place to ensure that residents’ own clothing was returned to them. Bed linen was laundered in the centre. Personal clothing was sometimes washed by residents' families or sent out for washing externally. There was adequate space for each resident to store and maintain his/her own clothes and other possessions. Each resident had been supplied with a locked drawer in their bedroom.

**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 were appropriate staff numbers and skill mix to meet the assessed needs of residents in Mount Cara. There were adequate staff numbers on duty for the size and layout of the designated centre, according to the roster viewed by the inspector. Staff had up-to-date mandatory training. They also had access to other education and training to meet the needs of residents, for example training in manual handling and food hygiene. Staff with whom the inspector spoke confirmed their knowledge of this training. However, a small number of staff had yet to receive updated training in managing behaviour that challenge. All staff and volunteers were supervised on an appropriate basis and recruited, selected and vetted in accordance with the centre's policy.

**Judgment:**  
Substantially Compliant
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 O'Mahony  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mount Cara</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000747</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>17/02/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>01/04/2016</td>
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</tbody>
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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 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 health and safety statement had last been updated in 2012.

1. Action Required:
Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
in accordance with best practice.

**Please state the actions you have taken or are planning to take:**
Health & Safety Statement has been updated.

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<thead>
<tr>
<th>Proposed Timescale: 01/04/2016</th>
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<tr>
<td>Theme: Governance, Leadership and Management</td>
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The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centre did not have a policy in place to support staff training and development.

2. **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:**
Policy in process of being updated.

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<tr>
<th>Proposed Timescale: 30/04/2016</th>
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<tbody>
<tr>
<td>Theme: Governance, Leadership and Management</td>
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</table>

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all residents had photographic identification available in their files.

3. **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:**
All Photographs in place.

| Proposed Timescale: 01/04/2016 |
**Outcome 07: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The system in place for safeguarding residents' personal money had not been upgraded following a previous incident.

4. **Action Required:**
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

**Please state the actions you have taken or are planning to take:**
An Garda Síochána spoke to Residents & Staff. Literature was provided on safeguarding personal property. Policy being updated.

**Proposed Timescale:** 30/04/2016

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**Outcome 10: Notification of Incidents**

**Theme:**
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Notification had not been submitted to the Authority within three days of the occurrence of alleged financial abuse.

5. **Action Required:**
Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

**Please state the actions you have taken or are planning to take:**
All future notifications will be submitted during the relevant time scale

**Proposed Timescale:** Within three days - 01/04/2016
### Outcome 13: Complaints procedures

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

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The appeals process was not clearly set out in the complaints policy.

**6. Action Required:**
Under Regulation 34(1)(g) you are required to: Inform the complainant promptly of the outcome of their complaint and details of the appeals process.

**Please state the actions you have taken or are planning to take:**
Policy being updated.

**Proposed Timescale:** 30/04/2016

### Outcome 18: Suitable Staffing

**Theme:**
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
A small number of staff had yet to complete updated training in behaviours that challenge.

**7. Action Required:**
Under Regulation 16(1)(a) you are required to: Ensure that staff have access to appropriate training.

**Please state the actions you have taken or are planning to take:**
Remaining relevant training being organised in behaviours that challenge.

**Proposed Timescale:** 30/04/2016