

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Mount Alvernia Hospital
<b>Centre ID:</b>	OSV-0000723
<b>Centre address:</b>	Newberry, Mallow, Cork.
<b>Telephone number:</b>	022 214 05
<b>Email address:</b>	sinead.glennon@hse.ie
<b>Type of centre:</b>	The Health Service Executive
<b>Registered provider:</b>	Health Service Executive
<b>Provider Nominee:</b>	Sinead Glennon
<b>Lead inspector:</b>	Mairead Harrington
<b>Support inspector(s):</b>	Paul Dunbar
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	41
<b>Number of vacancies on the date of inspection:</b>	2

## 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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**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 monitor compliance with National Standards. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
15 November 2016 13:15	15 November 2016 17:15
16 November 2016 09:45	16 November 2016 17:00

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

<b>Outcome</b>	<b>Our Judgment</b>
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Non Compliant - Moderate
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 17: Residents' clothing and personal property and possessions	Compliant
Outcome 18: Suitable Staffing	Compliant

**Summary of findings from this inspection**

This report details the findings of an inspection to monitor compliance with regulations as set out by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016.

The service provider for Mount Alvernia Hospital is the Health Service Executive (HSE). The inspection was unannounced and took place over two days. On the days of inspection there were 39 residents in the centre with two residents in hospital and two vacancies. During the inspection the inspectors met and spoke with residents and visitors as well as staff from all areas of service in the centre, including administration, nursing, catering and household. As part of the inspection process inspectors also reviewed a range of documentation including staff rosters and training records, residents' care plans, minutes of meetings, policies and their related protocols.

The last inspection of this centre took place on 15 April 2015 to inform a registration renewal application, and a copy of that report is available for reference at [www.hiqa.ie](http://www.hiqa.ie). Management had implemented appropriate measures to address actions identified on previous inspections in the main. However, further action was required to fully address issues in relation to premises and infection control. Areas identified for improvement on this inspection included the appropriate storage of equipment and full implementation of fire safety training for all staff. In relation to residents' healthcare and nursing needs the inspection findings were positive with a very good standard of care in evidence in these areas. Both staff and management articulated a person-centred approach to care, and this was also demonstrated in the effective and appropriate communication and interaction observed between staff and residents throughout the inspection.

**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 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):**

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

**Findings:**

Areas that had been identified for improvement on the previous inspection had been addressed. An annual quality review had been completed for 2015 with substantial work undertaken in preparing the review for the current year. Service at the centre was provided by the HSE and a well-established system of governance was in place. The organisational structure included tiered managerial oversight, and the person in charge reported to a nominated person responsible for representing the service provider entity. The management communication systems were effective and the centre was adequately resourced to deliver a service in keeping with that described in the statement of purpose. Senior staff at the centre also attended regional meetings and shared learning was in evidence. Care was directed through the person in charge who was a long standing member of staff. Staff members responsible for deputising for the person in charge were appropriately qualified.

Quality management systems to monitor the delivery of service included regular and relevant auditing procedures. Staff meetings took place regularly to ensure that staff were kept appropriately informed of learning issues, where identified. A comprehensive annual quality review had been completed that reflected the national standards of care and provided a plan on progressing quality improvement initiatives. There was evidence of consultation with residents, including satisfaction questionnaires that had been completed in April and October 2016.

**Judgment:**

Compliant

***Outcome 03: Information for residents***

***A guide in respect of the centre is available to residents. Each resident has an***

***agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.***

**Theme:**

Governance, Leadership and Management

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

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

**Findings:**

The previous inspection identified that some contracts of care did not specify the services that incurred an additional cost. This issue had since been addressed and a sample of contracts reviewed contained the required information. The previous inspection had also identified gaps in the provision of information to residents. These had since been addressed and a revised residents' guide was now in place dated January 2016 that provided relevant information on the facilities and services at the centre, and also the terms and conditions of residency. Information was also provided on the management of complaints and the use of closed-circuit television (CCTV) in the centre.

**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):**

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

**Findings:**

Action had been taken to address areas for improvement as identified on previous inspection; the policy and procedures in place for the prevention, detection and response to abuse had been reviewed and referenced current national policy in relation to the safeguarding of vulnerable adults. Safeguarding issues were managed and recorded appropriately in keeping with related protocols and regulatory requirements. Staff members spoken with by the inspectors were clear in their understanding of what constituted abuse and, in the event of such an allegation or incident, also understood the procedure for recording and reporting the information. A review of the training matrix indicated that all staff had received the required training in safeguarding

procedures. Residents spoken with by the inspectors understood who was in charge and who they could go to should they have any concerns they wished to raise.

An inspector reviewed the systems in place to manage residents' finances. There was a policy to cover personal property and manage residents' belongings. Finance records were maintained in keeping with organisation-wide policy and procedure. Where personal monies were being managed, a system of recording was in place where receipts were retained and requisition forms were counter signed; related procedures around review and audit were also implemented.

A policy and procedure was in place that provided relevant guidance to staff on the management of responsive behaviours. There was a policy on restraint dated May 2016. The centre promoted a restraint-free environment and residents were supported in exercising a level of independence appropriate to their assessed abilities. Access in the centre was unrestricted in all but one unit on the third floor. A number of residents in this unit presented with cognitive impairment and keypad access was in place for this floor. Staff demonstrated good knowledge of residents' individual needs and personalities, and provided support that promoted a positive approach to managing anxiety-related behaviours. Care plans were in place that provided guidance to staff in relation to the delivery of care, and staff were seen to reassure residents and divert attention appropriately to reduce anxieties while being mindful of the welfare of other residents.

**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:**  
Actions from the previous inspection had been addressed and both the risk management policy and the risk register had been reviewed. The centre had a safety statement and emergency plan. Both had been updated in January 2016 and were due for further review in January 2017. These documents set out the roles and responsibilities for each category of staff with respect to health and safety, and also set out the procedures to be followed in the event of an emergency.

An inspector reviewed the risk register for the centre which was last updated in August 2016. Risk assessments were in place on a number of issues including falls, accidental injury and medication errors for example. Individualised risk assessments were also in

place for residents who smoked or who had been assessed as being at risk of choking, for example. Where the centre had identified areas of risk there were appropriate controls in place and these were subject to regular review. There was an organisational system for recording and monitoring the occurrence of incidents. This information was managed centrally and generated information alerts for communication to centres on a national basis if necessary. An inspector reviewed a sample of the incidents recorded in the centre, the majority of which related to falls and were appropriately documented. Staff spoken with by the inspector confirmed that all incident forms were forwarded to line management for review.

The centre had documentation which showed that fire alarms, fire equipment and emergency lighting had all been serviced within the timeframe required by the regulations. Fire drills had been documented and were conducted at six monthly intervals. Staff also undertook simulated evacuations on a more regular basis. Staff who spoke with the inspectors demonstrated an awareness of what to do in the event of discovering a fire or hearing the fire alarm. There were fire evacuation notices displayed in prominent places throughout the centre. However, at the time of the inspection several staff had not completed refresher fire safety training; the person in charge addressed this directly and scheduled relevant training for the following day.

Inspectors discussed infection control measures with relevant members of staff in the centre. There was a colour-coding system in place for mops and other cleaning implements. The laundry area was located in the basement and was accessible only via a keypad system. The laundry was well maintained and organised in a way that allowed the segregation of clean and soiled items. Hand gel dispensers were located in convenient places throughout the premises and staff were observed to adhere to good practice in terms of hand hygiene. Overall it was evident that there were appropriate measures in place to prevent the possible spread of healthcare related infections. However, access to a toilet facility on both the second and third floor could only be gained through a sluice area; this presented a potential risk in the management of infection control.

**Judgment:**  
Non Compliant - Moderate

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

**Theme:**  
Safe care and support

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

**Findings:**  
Actions had been taken to address areas for improvement identified on the previous

inspection. Relevant policies and procedures were in place around the ordering, prescribing, storing and administration of medicines. Policies also covered procedures for the handling and disposal of out-of-date medicine. Medicines were supplied to the centre by a retail pharmacy and residents' medicines were dispensed in a monitored dosage system. There was a system in place to ensure all medicines supplied by the pharmacy were appropriately checked. Medication incidents, including medication errors, were appropriately recorded and reviewed. All medicines, including controlled drugs, were stored securely and appropriately. Where medicines were refrigerated, temperatures were being recorded and monitored. Dates of opening were recorded on medicines when required, including prescribed eye drops and pain relief. The person in charge explained how the pharmacist was facilitated to meet all necessary obligations to residents in accordance with guidance issued by the Pharmaceutical Society of Ireland; residents' medicines were routinely checked on a monthly basis.

An inspector observed a medication round during the inspection and found that the administration of medicine was in keeping with relevant guidelines and reflected the time and frequency as directed by the prescription. Administration sheets provided an entry area to record instances where a resident might refuse their medicine. Administering staff were able to describe the appropriate protocol for referral and review should a resident persistently refuse their medicine. No medicines were being administered covertly at the time of the inspection. Prescription records were not being transcribed by nursing staff. Prescription sheets were current and contained the necessary biographical information of the resident including a photograph for reference. Medicine administration sheets contained the signature of the nurse administering the medicine and also identified the medicine as recorded on the prescription sheet. There was a system of audit and review, and regular training in medicine management was provided.

**Judgment:**  
Compliant

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

**Theme:**  
Effective care and support

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

**Findings:**  
Actions identified on the previous inspection had been addressed and relevant, person-

centred care plans were found to be in place for those residents reviewed. Plans of care around spiritual needs recorded the personal wishes of the resident. No residents were receiving end-of-life care at the time of the inspection. Circumstances around activities and social care provided at the centre are set out in more detail at Outcome 16. At the time of the inspection the centre was in the process of adopting a new format of care plans, in keeping with a standardised template being implemented across the organisation. The inspection established that there were suitable arrangements in place to meet the health and nursing needs of residents. The centre provided care for people with broad ranging needs, particularly in relation to psycho-geriatric issues, and admissions were from both the community and other long-term care facilities. Pre-admission and admission procedures included comprehensive assessments by an appropriately qualified person. Care plans were developed in line with the admission assessments and with input as appropriate from related specialists in psychiatric or gerontological care. A sample of care plans were examined on inspection and found to be reviewed regularly in keeping with regulatory requirements or as the needs of the resident changed. The care planning process used validated tools to assess residents in relation to their risk of falls, nutritional status, level of cognitive impairment and skin integrity, for example. Of the cases reviewed there were appropriate plans of care in place around all activities of daily living and specific plans were in place for individual issues identified such as pain, mobility and the management of mood and behaviour.

An inspector spoke with members of staff and management in relation to their understanding of the care required by a resident presenting with a range of needs, including mental health and nutrition. In this instance, staff demonstrated an effective understanding of the underlying issues and were familiar with the relevant plan of care in place to manage each assessed need. Records reviewed indicated that residents had regular access, or as required, to allied healthcare professional services such as speech and language therapy, dietetics, dental and optical services. Where such referrals had taken place the care plans reviewed had been updated appropriately to reflect any revised instruction around care, medication or diet. Care plans around nutrition were in place where necessary and plans of care for residents with swallow issues were based on a relevant, dated assessment. A chiropodist attended the centre regularly and, of the care plans reviewed, appointments were seen to be scheduled at appropriate intervals. The person in charge explained that routine access to occupational therapy and physiotherapy was not in place at the time of the inspection, though these services were available privately on a referral basis. Residents were regularly monitored with routine observations recorded at least monthly. Communication notes confirmed ongoing interaction and consultation with relatives of residents. There was evidence that practice and systems to prevent unnecessary hospital admissions were in place; these included weekly attendance on-site by a medical practitioner.

**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):**

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

**Findings:**

This centre had originally served as a general hospital and had been constructed in the early 1950s. Previous inspections had identified areas for improvement in relation to the design and layout of the centre and a number of these issues had already been addressed in preceding years. On this inspection, management confirmed that plans around the refurbishment of the premises, that had been agreed to address actions identified on the last inspection, had not been implemented and were a work in progress. Action had been taken to reduce the occupancy of a four-bedded ward on the second floor that now accommodated three residents.

The residential part of the centre comprised three units laid out over the first three floors of the building. On the day of inspection there were 39 residents in the centre. Administration offices and the kitchen were on the ground floor where there was also a chapel, a visiting room and a well equipped hairdressing area. The premises were bright and well maintained throughout. A lift serviced access between all floors. Separate facilities were available for staff that included an area for changing and storage.

St Camillus unit was on the first floor and comprised four single and five twin bedrooms with a large lounge, a dining room and a visiting room. The rooms for all residents on this floor provided a wash-hand basin and adequate storage facilities with privacy screens in place where rooms were shared. Residents on this floor had access to adequate toilet and bathroom facilities, though one toilet facility was located in the assisted bathroom at the end of the corridor and was not readily accessible.

On the second floor, Clyda unit, provided four twin and three single rooms and also one three-bedded room. These rooms were appropriately equipped with furniture and privacy screens as required. There was also a communal sitting area and a dining room for residents on this floor.

Avondhu unit on the third floor was accessible via a keypad secure system. This unit provided accommodation for 12 residents in four single and five twin bedrooms. These rooms were also appropriately equipped with furniture and privacy screens as required. This floor provided a sitting room that conjoined two small dining areas as well as a small, quiet room for residents to receive visitors should they so wish.

A separate kitchen area on the ground floor was appropriately equipped for the size and occupancy of the centre. A laundry area was located in the basement area that was both

well equipped and staffed with sufficient space and facilities to manage all laundering processes.

Residents had access to assistive equipment as required and staff had received current training in manual handling. Equipment such as wheelchairs and beds were maintained in good working order and supporting documentation was available in relation to the maintenance of this equipment. While the centre had adequate storage space overall, the layout of the premises restricted access to this storage where needed; for example, on one floor standing hoists were being stored on a corridor.

**Judgment:**

Non Compliant - Moderate

***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 inspectors found that the atmosphere at the centre was relaxed and friendly. Arrangements were in place to facilitate consultation with residents and two surveys had been completed in the previous 12 months. Staff advised inspectors that there were resident meetings on each unit on a monthly basis. Minutes of these meetings indicated that residents had an opportunity to feedback on areas such as activities or meals and records further indicated that staff, from catering for example, responded to address items raised. Contact information for the independent advocate was displayed in the centre and the person in charge confirmed that an advocate regularly attended the centre and also consulted with residents on an individual basis.

The person in charge confirmed that action was ongoing in relation to the provision of appropriate individualised activities for residents. As outlined at Outcome 11, a sample of care plans was reviewed and these included a profile of residents' interests, including 'my day my way', and information on individual backgrounds, interests, likes and dislikes. Both staff and management demonstrated a commitment to developing and maintaining the autonomy of residents. Appropriate assessments were in place to support residents in activities outside the centre, including independent access to the nearby town and local facilities. Residents spoken with were able to describe their day and what they did – such as painting and baking or going out on the bus and to mass

every week. A community resource attended the centre for a full day once a week and undertook group activities on each of the three units of the centre. These activities included music, song and physical exercise. On the first day of the inspection residents were seen to enjoy these activities at various times through the day. Except for those on the top floor, all residents could move freely between floors and follow the activities or socialise if they so chose. One resident from another floor came and spoke with the person in charge and said how much she enjoyed the activity. Residents were seen to enjoy a level of independence appropriate to their assessed abilities, such as a walk in the grounds or to the nearby town. There were photographs on the corridors of residents at social outings to the nearby racecourse and local garden show. Staff interactions with residents indicated a good knowledge and understanding of residents' backgrounds and interests and residents spoken with said staff were nice.

Staff spoken with understood and demonstrated appropriate techniques in managing communication where residents had a cognitive impairment or other difficulties communicating and related plans of care were in residents' files to this effect; communication aids such as photographs of meals were available to support residents in making menu choices, for example. Visitors were seen to attend at various times during the inspection and private visiting rooms were available for use. Communal areas provided access to TV, radio and newspapers, and residents also had access to TV in their rooms. Where closed circuit television (CCTV) was in use in the centre, it was restricted to access areas only.

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

**Findings:**  
A previous inspection had identified a shortcoming with the manner in which residents' personal possessions were logged and recorded in their files. An inspector reviewed a number of files and found that the possession logs were now double-signed by staff and this addressed the previously identified non-compliance.

**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):**

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

**Findings:**

Actions from the previous inspection had been addressed and, where volunteers fulfilled a role, it was set out in writing as required by the regulations. Garda vetting was also in place for volunteers. Personnel files were provided on request and a sample reviewed were found to contain all the necessary documentation in keeping with Schedule 2 of the regulations, this included information on staff appraisals and a training needs analysis. The centre had appropriate policies on recruitment, training and vetting that described the screening and induction of new employees and also referenced job description requirements, the recruitment process and probation reviews.

A regular schedule of training was in place that reflected the assessed needs of the resident profile. This included dementia and care of the older person, continence care, falls and restraint, dysphagia, venepuncture and pain management. A review of the training matrix indicated that staff received training appropriate to their roles. A planned and actual staff rota was in place. Staffing levels were adequate and considered the size of the centre and the layout over four floors. Staff numbers and skill-mix were appropriate to meet the needs of the residents as assessed. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents. A schedule of annual staff appraisals was in place. Supervision was also implemented through monitoring and control procedures such as audit and review. An appropriately qualified, registered nurse was on duty at all times. Copies of the standards and regulations were readily available and accessible by staff. The qualifications of senior nursing staff and their levels of staffing also ensured appropriate supervision at all times. Management systems were in place to ensure that information was communicated effectively and minutes of staff meetings were available for reference.

**Judgment:**

Compliant

## 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:***

Mairead Harrington  
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<sup>1</sup>

Centre name:	Mount Alvernia Hospital
Centre ID:	OSV-0000723
Date of inspection:	15/11/2016
Date of response:	12/12/2016

#### 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 08: Health and Safety and Risk Management

##### Theme:

Safe care and support

##### **The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Access to a toilet facility on both the second and third floor was through a sluice area which presented a potential risk in the management of infection control.

##### **1. Action Required:**

Under Regulation 27 you are required to: Ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

by the Authority are implemented by staff.

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

Local Management are working with HSE Estates to develop refurbishment plans for the hospital which will address these issues. Funding is yet to be identified for the necessary capitol upgrade works

**Proposed Timescale:** 31/01/2017

**Theme:**

Safe care and support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

At the time of the inspection several staff had not completed refresher fire training.

**2. Action Required:**

Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

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

all, Staff have completed the fire training required

**Proposed Timescale:** 17/11/2016

**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:**

The design and layout of the premises did not meet regulatory requirements in that:

- the location of a toilet did not facilitate access by residents,
- in one instance assistive equipment was inappropriately stored on a corridor.

**3. 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:**

The assistive equipment is now appropriately stored in store room 1/12/16

Local management are working with HSE Estates to develop refurbishment plans for these issues for the unit which will address these issues. Funding is yet to be identified for the necessary Capital upgrade works

**Proposed Timescale:** 01/12/2016