Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Mount Carmel Community Hospital (Short Stay Beds)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0005337</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Braemor Park, Churchtown, Dublin 14.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>01 491 8000</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:mountcarmel@mowlamhealthcare.com">mountcarmel@mowlamhealthcare.com</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>The Health Service Executive</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Health Service Executive</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Samantha Rayner</td>
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<tr>
<td>Lead inspector:</td>
<td>Angela Ring</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>59</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>6</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times
From: 09 November 2016 09:30  To: 09 November 2016 16:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection
This was an unannounced inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to follow up on matters arising from the receipt of unsolicited information and to monitor progress made since the previous inspection in July 2016. The inspection focussed on the provision of healthcare including nursing assessment and care planning. As part of the inspection, the inspector met with residents, family and staff members, observed practices and reviewed documentation such as policies and procedures, care plans, medical records and records from allied health professionals

Overall, the inspector found that good levels of care were provided by staff and there were adequate measures in place for residents’ medical and health needs to be met. There was an adequate number of staff and skill mix to meet the assessed needs of the residents.

The provider provides a short stay transition service for patients coming from acute hospitals in Dublin with an additional small number of respite beds. The provider made some improvements since the last inspection and a clinical monitoring system was introduced and implemented by the person in charge to keep abreast of clinical issues in the centre, however improvements were still required in assessment, care planning and the monitoring of restrictive practices.

There were seven actions at the previous inspection that the inspector followed up on. The action plan at the end of this report identifies a number of areas where improvements are still required to meet the requirement of the regulations and national standards.
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.

<table>
<thead>
<tr>
<th>Outcome 07: Safeguarding and Safety</th>
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<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Safe care and support

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

**Findings:**
In relation to plans of care requiring review such as behaviours that challenge, the interventions outlined to understand, monitor and respond to residents' needs were not consistently in place. They were not sufficiently personalised and did not comply with the centres policy.

The inspector observed some improvements in the use of restraint and available alternatives since the last inspection, however comprehensive documentation on the use of restraint, and regular monitoring of residents using restraint such as bedrails were not consistently in place. This had not been adequately addressed since the last inspection.

**Judgment:**
Non Compliant - Moderate

<table>
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<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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<tr>
<td>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.</td>
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**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:
There were 59 patients in the centre during the inspection, most of whom had medium to low dependency. Patients were deemed to be medically stable from the referring acute hospital and there was a relatively high turnover of patients. Many of these patients were awaiting a bed in long term care, awaiting for a homecare package and/or adjustments to be made in their home prior to discharge. There were some patients convalescing after an operation and others were there for respite. Each resident had a transition plan in place and none were there for long term care hence they are referred to as patients in this report.

The inspector met with a large number of residents and a small number of relatives and each expressed a high level of satisfaction with the care they received. They complemented the nursing, medical and therapy staff and were very happy with the care they received. Residents look well cared for and there was a sense of well being in the centre. Staff were observed and heard to be interacting with residents in a courteous and friendly manner.

The inspector met with the person in charge (PIC) and assistant director of nursing (ADON) who had responsibility for carrying out pre-admission assessments on each potential patient while in the acute hospital. She was aware of and implemented the criteria for admission as outlined in the centre's Statement of Purpose. She also provided assurance that only patients fitting the criteria were admitted to prevent any potential problems such as readmission to an acute hospital. The pre admission assessments were reviewed by the inspector and were found to be comprehensive.

The person in charge had implemented a recent system of monitoring significant indicators of care on a weekly basis which was reviewed by the inspector. This included a review of weight loss, use of restraint, incidence of falls, pain management and wound management which allowed the PIC to monitor the patients in each unit and to identify significant issues.

Residents had access to medical services on site and there was evidence of medical reviews routinely with geriatrician visits twice a week. Medical records evidenced that residents were seen regularly and interventions such as taking blood samples were carried out on site. Access to physiotherapy, occupational therapy, speech and language therapy and a dietician were available and recommendations made by these professionals had been included in care plans in most cases and were noted to be followed by staff. There was evidence of regular multidisciplinary reviews of residents.

The inspector was satisfied that each resident’s wellbeing and welfare was maintained to a good standard of evidence-based care and appropriate medical and allied health care was available. The daily records of residents’ health condition and treatment was up to date and comprehensive in the sample of records examined. Comprehensive assessments were carried out with the use of validated tools to assess each resident including assessment for the risk of malnutrition, falls and pressure ulcer development. A care plan was developed within 48 hours of admission, however they were not consistently maintained to ensure they were based on resident's current assessed needs, this was also a finding on the previous inspection. The inspector reviewed a
sample of residents care plan and found the following deficits:

- There was no linkage between some assessments and plans of care
- Care plans were not consistently developed for all assessed needs such as oxygen therapy
- Care plans were not consistently updated in a timely manner in response to a change in a resident’s health condition or plan of care such as pain management
- Documentation for wound management was unclear in terms of treatment to be provided.

The inspector spoke to a number of staff who were familiar with the residents at risk of falling and there were good falls prevention measures in place. Records read confirmed where residents fell an accident form was completed. There were care plans in place, however they were not consistently updated following a fall.

There was a system in place to ensure that nutrition was adequate and to identify if a nutritional risk was present which was improved since the last inspection. Residents had access to drinks during the day and staff were observed to offer drinks and snacks regularly. The inspector spent time with residents during lunch and found there was a high quality of food and service provided. Residents were weighed regularly and weight changes upwards and downwards were highlighted and monitored by the person in charge, medical officer and dietician. The inspector saw that there were complete records of quantity of fluid and food intake where these were required and recommendations from the dietician were followed.

**Judgment:**
Non Compliant - Moderate

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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:**

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

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<tr>
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<tr>
<td>Date of inspection:</td>
<td>09/11/2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>30/11/2016</td>
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</table>

Requirements

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

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

Outcome 07: Safeguarding and Safety

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The interventions outlined to understand, monitor and respond to residents' with behaviours that challenge needs were not consistently in place. They were not sufficiently personalised and did not comply with the centres policy.

1. Action Required:

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Under Regulation 07(2) you are required to: Manage and respond to behaviour that is challenging or poses a risk to the resident concerned or to other persons, in so far as possible, in a manner that is not restrictive.

**Please state the actions you have taken or are planning to take:**
The PIC will review patients who display behavioural and psychological symptoms to ensure that their care plans are comprehensive, individualised and that they include appropriate interventions to guide practice in relation to safely managing behaviours that challenge, in line with the centre’s policy.

**Proposed Timescale:** 31/12/2016  
**Theme:** Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:  
Comprehensive documentation on the use of restraint, and regular monitoring of residents using restraint such as bedrails were not consistently in place.

2. **Action Required:**  
Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

**Please state the actions you have taken or are planning to take:**
The centre’s policy on the use of restraint is in accordance with the national policy published in 2010 by the Department of Health ‘Towards a Restraint-Free Environment in Nursing Homes’. The centre is actively working towards reducing the use of restraint in line with national guidelines. The PIC will ensure that where restraint is used, there is evidence that it is used as a measure of last resort and that alternative measures have been considered, that bedrails are regularly monitored and safety checks are consistently recorded. The use of bedrails will be reviewed on a regular basis.

**Proposed Timescale:** 30/11/2016

<table>
<thead>
<tr>
<th>Outcome 11: Health and Social Care Needs</th>
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<tbody>
<tr>
<td><strong>Theme:</strong> Effective care and support</td>
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</table>

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:  
Care plans were not consistently developed for all assessed needs

3. **Action Required:**  
Under Regulation 05(3) you are required to: Prepare a care plan, based on the
assessment referred to in Regulation 5(2), for a resident no later than 48 hours after that resident’s admission to the designated centre.

Please state the actions you have taken or are planning to take:
There will be a care plan in place for all patients within 48 hours of admission to the centre, based on a comprehensive assessment of their individual care needs and in accordance with the wishes and preferences of the patients.
The care plans will be linked to the assessments, providing a clear plan about specific, individual care requirements.
Care plans will be consistently developed to address all assessed needs such as oxygen therapy.
Care plans will be consistently updated in a timely manner in response to a change in a resident’s health condition or plan of care such as pain management
Wound care documentation will be clear and unambiguous in terms of treatment to be provided.

Proposed Timescale: 31/12/2016

Theme:
Effective care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Care plans were not consistently updated in a timely manner in response to a change in a resident’s health condition or plan of care.

4. Action Required:
Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s family.

Please state the actions you have taken or are planning to take:
The PIC will ensure that all care plans are reviewed and updated at regular intervals, as the patients’ conditions and care needs change. The reviews will be undertaken in consultation with the patients and their families, where appropriate.

Proposed Timescale: 31/12/2016