

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mount Carmel Community Hospital (Short Stay Beds)
Centre ID:	OSV-0005337
Centre address:	Braemor Park, Churchtown, Dublin 14.
Telephone number:	01 491 8000
Email address:	mountcarmel@mowlamhealthcare.com
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Samantha Rayner
Lead inspector:	Helen Lindsey
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	61
Number of vacancies on the date of inspection:	4

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 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 1 day(s).

The inspection took place over the following dates and times

From: 13 September 2017 09:30 To: 13 September 2017 19:00

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

Outcome	Our Judgment
Outcome 02: Governance and Management	Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Substantially Compliant
Outcome 07: Safeguarding and Safety	Non Compliant - Moderate
Outcome 08: Health and Safety and Risk 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	Non Compliant - Moderate
Outcome 18: Suitable Staffing	Compliant

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 monitor ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and the National Standards for Residential Care Settings for Older People in Ireland.

As part of the inspection the inspector met with residents, family and staff members. The inspector also observed practices and reviewed documentation such as policies and procedures, care plans, medical records and records from allied health professionals.

The designated centre operates from the ground and first floor of the building. The service was set up to facilitate the timely and appropriate discharge of medically stable patients from designated acute hospitals in the Dublin area. Many residents were discharged to their own homes following a short stay in the centre. Other residents moved on to long term care services. The service provides a mix of

transitional care, short stay, and respite. The statement of purpose sets out the aims of the service and the admission criteria used to determine who could be admitted to the centre.

The centre refers to people accessing the service as patients. In the report they will be referred to as residents in line with the regulations.

The inspector found there were clear governance and management arrangements in the centre. The range of checks and audits were completed within timescales that matched the purpose of the service which was to provide short term accommodation and provided assurance that the centre was operating at the expected standard.

Residents who spoke with the inspector were positive about the service they were receiving, and that feedback matched the quality improvement questionnaires completed in the centre. There were staff available in sufficient numbers with the relevant skills and experience to meet residents' needs. They also had access to ongoing training to ensure their skills stayed up to date.

There was a clear pre-admission process to ensure the service was able to meet the needs of residents who were admitted. When residents were admitted there was good access to a range of allied professionals including a doctor, physiotherapist and dietician. There were also clear links with community-based services to support people in their return home.

Areas for improvement related to assessment and care planning for residents with responsive behaviour, activities for residents who required support to be engaged in meaningful occupation, and the premises.

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 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):

No actions were required from the previous inspection.

Findings:

There were governance and management arrangements in place to ensure the effective running of the centre, and sufficient resources to ensure the centre was operating in line with their statement of purpose.

The centre is operated by the HSE. A service operations contract is in place with a company who operated the centre on behalf of the HSE.

There was a clearly defined senior management team for the centre that included a representative of the provider, representatives of the operating company and the person in charge. There were arrangements in place for all senior management to meet and clear lines of authority and accountability of their roles were in place.

The provider representative was available in the centre regularly. The person in charge met a representative of the operating company on a weekly basis. There were formal monitoring meetings of the operation of the centre on a monthly basis. These were attended by with the provider, representative of the operating company and person in charge. Audits and key performance indicators were reviewed. The provider was satisfied they were aware of the quality of the operation of the centre, and were confident any issues would be escalated to them as required.

The person in charge received a weekly statement of clinical needs and incident on the units and used the information to identify if there were any trends that need to be addressed and to confirm if the resources were appropriate to meet the needs of the current residents. This included any wounds, restrictive practice, incidents of responsive behaviour and falls. There was also a mid-week update provided to the person in charge to take in to account any changes in the residents in the centre. They also used random checks to ensure the weekly and mid weekly check were in line with information in the

units.

The assistant director of nursing was leading on admissions and discharges at the time of the inspection. They completed a pre admission assessment for each referral and only accepted those where the admission criteria was met. The system was reported to be running effectively.

Due to the on-going change of residents each day there was a format to the handover at the beginning of each shift to cover a set range of topics including admissions and discharges, residents' clinical and social needs, and any incidents such as falls. Staff observed on the units were seen to be clear of the residents under their care and the health and social care needs to be met.

Audits were being completed on several areas such as incidents, premises, care planning documents² and meal times. The inspector saw that action plans were put in place to address any issues and the results of these audits were shared with all staff at team meetings and used to inform the annual review of the quality and safety of care delivered to residents.

A copy of the annual review was available and set out the performance of the centre and plans for the following year.

Resources were found to be appropriate overall in the centre in relation to staffing levels, staff training, and equipment. Some improvements were required in relation to the premises. The action required and the detail is recorded in outcome 12.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge was experienced, suitably qualified and demonstrated good knowledge of the regulations and standards.

She was actively engaged with the governance, operational management and administration of the designated centre on a day to day basis. She demonstrated that procedures were in place to ensure the effective running of the centre to meet the

needs of the residents.

She was supported in her role by an assistant director of nursing (ADON). When the person in charge was absent, the ADON provided cover.

Judgment:

Compliant

***Outcome 05: Documentation to be kept at a designated centre
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.***

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Only part of this outcome was assessed.

The inspector reviewed four recruitment files of staff. They were found to have the required documents as listed in schedule 2 with the exception full employment history with a satisfactory explanation gaps in employment for three of the staff.

A Garda vetting report was in place for each staff member who's file was reviewed, and the person in charge verbally confirmed all staff employed in the centre had a Garda vetting report in place prior to commencing employment.

A review of nurses' registration documents found that all were registered with the Nursing and Midwifery Board of Ireland.

Judgment:

Substantially 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):

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

Findings:

Measures were in place to safeguard and protect residents from abuse, and there were effective systems in place to manage the use of restrictive practice. Improvement was required in relation to care planning and support for residents with responsive behaviour.

There was a policy and procedure in place for the prevention, detection and response to abuse that was comprehensive and would guide staff practice. Staff spoken with were clear of the types of abuse and what action to take if they observed, suspected or had abuse reported to them. The person in charge was clear of their role in the process and had previously completed appropriate preliminary screening and investigations Where abuse had been reported. Records confirmed all staff had completed up-to-date training in safeguarding of residents.

There was policy called 'managing behaviour that is challenging and behaviours and psychological symptoms of dementia (BPSD)'. It provided clear guidance on the principles of management in the centre, completing assessments, and developing care plans. The inspector reviewed the files of two residents who had responsive behaviour or BPSD. It was noted that care plans were not clear and did not follow the policy in that they did not set out what may be a trigger to a resident becoming agitated or any proactive strategies for managing incidents. An example was seen where a resident with dementia was being moved at night from their room so additional support could be offered, but with dementia consistency would likely have been more appropriate to meet their needs. A full assessment of need and a clear care plan may have ensured the resident received care and support appropriate to their needs. This area for improvement remains outstanding from the previous inspection.

Inspector's also reviewed the policies for the use of restraint. It followed national best practice and made a commitment to work towards a restraint free environment in the centre. There was a risk assessment carried out where it was recommended that a restriction may support a resident's safety. The recommendation was then reviewed by a multidisciplinary team who would either approve the restriction or make other recommendations. The risk assessment included a section on whether the other less restrictive alternatives had been trialled. The use of restrictions were monitored weekly by the management team, and reviewed as part of the monthly governance and management meetings. The use of psychotropic medication was also closely monitored in the centre. This area of practice had improved since the previous inspection.

Residents were discouraged from bringing money in to the centre, but had a lockable

space in their room if they had valuables they wished to keep safe. As residents stayed in the centre for a short period the provider was not a pension agent for those in the centre.

Judgment:

Non Compliant - Moderate

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

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was promoted in the centre.

The centre had a large set of policies and procedures relating to health and safety, including an up to date health and safety statement. There was a clear plan in place for responding to a range of emergencies including flood, fire and loss of power.

There was an infection control policy, and this was seen to be followed in practice in the centre. Residents were tested for hospital associated infection and treatment plans were seen to be put in place where identified, including clear guidance on cleaning and treatment protocols. Some improvement was required in relation to the premises to ensure effective infection control and this is discussed under outcome 12.

All equipment was also serviced on an annual basis, including hoists, beds, wheelchairs, air mattresses and the lift.

There were risk management policies and procedures in place. The policy clearly set out how risk was to be identified and managed in the centre. The policy was seen to be put in to practice with a risk register in place for the centre that identified specific risks for the organisation, the centre and for individual residents. It covered issues such as hospital associated infections, the car park, chemical storage in the centre and falls. At the time of the inspection all risks were being monitored and revised if any changes occurred. The provider and representative of the operating company also reviewed the register on a regular basis.

There was suitable fire detection and fire equipment provided in the centre. The inspector reviewed the service records and confirmed that the fire alarm and emergency lighting were serviced on a quarterly basis and fire equipment such as fire extinguishers were serviced annually. Clear signage was in place throughout the centre and fire exits were unobstructed and provided a clear means of escape. Records were seen on daily

and weekly checks to ensure fire safety standards in the centre at all times. The fire policy provided guidance to reflect the size and layout of the building and the evacuation procedures, which included a compartment approach to evacuation. The procedure to follow in the event of a fire was posted in different parts of the centre.

The inspector spoke with staff who were able to describe their role in evacuation and described where information about residents individual evacuation needs were stored for ease of access. They confirmed they had been involved in drills carried out in the centre. Records confirmed that all staff had completed training in fire safety procedures.

There was a team set up to review the performance and learning in relation to the fire drills. An action plan was created following these meetings if areas were noted for improvement, and a person was named as responsible for implementing the change.

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:

Residents welfare and wellbeing was being maintained by a high standard of evidence based nursing care and appropriate medical and allied healthcare was being provided in a timely manner.

Residents in the centre had been discharged from local hospitals. They required some additional support either prior to going home or moving in to long term care services. The service provided was reflective of the needs of this group.

There was a detailed admissions process lead by the assistant director of nursing. Each resident was assessed in relation to their needs, and the admission criteria of the centre. Residents were visited in person in the hospital and the assessment was completed with them and any medical staff who had been involved in their hospital care. On the day of the inspection there were four admissions to the service and this would be usual practice. The nurses on each of the units were seen to be organised in relation to the admissions, waiting for the relevant paperwork to arrive and then meeting with the

residents to develop care plans on their admission to set out what their needs were and how they were to be met.

The doctor reviewed all residents who were admitted to the centre. This did not affect residents having a general practitioner (GP) of their own choice, but provided a link between the hospital care and the return to the community arrangements.

Residents who spoke with the inspector confirmed they were involved in developing their care plans, and as their needs changed any changes were discussed with them. A resident gave an example of their exercise regime changing due to their developing skills as their broken limb recovered and how they were supported in learning the new exercises. The inspector found a range of care plans in place for residents relating to their specific needs. Clear processes were in place to manage a range of clinical needs including those residents at risk of falls, at risk of pressure sores, diabetes, and nutritional needs. Where a resident had an identified need relevant nursing tools were used to assess the level of the residents needs, and where medical advice was required referrals had been made. For examples where residents were noted to have lost weight a referral was made to the dietician to review their diet and identify if any particular action should be taken to reduce the risk of malnutrition for the resident. There were also clear plans in place in relation to surgical wound and the appropriate treatment regime, including monitoring the site for ongoing improvement. Examples were seen where swift action was taken where further intervention was required. Some improvement was required in care planning for residents with responsive behavior or behavioural and psychological symptoms associated with dementia (BPSD) and this is detailed under outcome 7.

Where residents were in the service for four months or more there as evidence of reviews taking place. It was noted however that as the service was supporting high numbers of residents for a limited amount of time there were procedures in place for reviewing documentation on a regular basis, and updating care plans following assessments and recommendations made by allied professionals. Nursing notes were also clear and gave an overview of how residents day to day nursing and social care needs had been met.

Residents spoken with were very positive about the support they received in the service, and felt it was a positive step in their journey home or on to another service.

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:

Only part of this outcome was reviewed.

There were a number of multi-occupancy rooms in the centre, in most cases they provided sufficient space for resident's furnishings and equipment and screening to ensure privacy and dignity. Some residents said they enjoyed the company of sharing a room. However it was noted in one four person room two of the beds were very close together. The inspector spoke with the residents in that room who confirmed their personal space was cramped when they were all in the room and needed walking aids close to them to ensure they developed their mobility skills as recommended by the physiotherapist. The layout of this room required review.

It was also noted that due to birds in the area a number of windows and areas just outside windows were not clean, this needed to be addressed to improve the environmental aesthetic, and ensure there were no infection control risks.

It was also noted that some areas in the centre required improvement in relation to décor. Some high traffic areas had worn paint and flooring. An example was seen in a bedroom where areas of paint were missing around the bed leaving bare plaster that would not be an effective to ensure positive infection control measures.

In each of the units it was noted there was some communal space and dining space. However in one unit there was only a lounge-dining room, seating for two opposite the nurses station and no other private space for residents. This required review to ensure there was adequate private and communal accommodation for residents and sufficient communal space for sitting, recreation and dining.

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):

No actions were required from the previous inspection.

Findings:

Residents' were encouraged to be as independent as possible and facilitated to make choices. Improvement was required in providing meaningful activity for residents who were not able to occupy themselves, and the provision of space for meeting with visitors and making calls in private.

Many of the residents in the centre were only there for a short period of time, for example 2-4 weeks. The provider had made the decision not to hold meetings about the running of the centre, but the activities co-ordinator did regular questionnaires about the quality of the service being provided. The information was collated each quarter and a report was produced and shared with the services commissioning the service. The results seen showed feedback was overall positive in nature. Residents reported they received good attention from the staff team. There was some feedback on meals that had been fed back to the chef.

The activities program in the centre was based on physiotherapy and recovery. This was to support the residents, many who had fractures following a fall, to maintain and develop their mobility. There were facilities in the centre for residents to practice basic daily living skills and the occupational therapist was able to support people to practice the skills required for returning home. For example managing steps, making food and drinks, and managing different door handles and fastenings.

Resident who spoke with the inspector said they enjoyed chatting with other residents, reading, watching the television, and meeting with their visitors. While residents who were able to occupy themselves were seen to be engaging in a range of meaningful activities, it was noted that some residents who were not able to occupy themselves had little opportunity to engage in meaningful activity. For example there was a small number of residents with dementia who would have benefitted from some form of occupation or social engagement.

Residents were seen to be making choices about how they spent their time in the centre. Many residents had visitors during the inspection and were seen spending time in different communal areas, going out in to the garden or in to the community, or spending time in their rooms. There were some limitations on visiting hours in the centre, but residents could leave the units with their relatives when suited them. Visiting was discouraged on the units prior to 11am or during meal times to ensure residents privacy and dignity was maintained. There was limited opportunity to meet visitors in private for those in multi occupancy rooms, and also was noted there were limits on making private calls due to the layout of the centre. The inspector heard a number of residents making calls in their room that could be heard by those sharing the room or in the halls if doors were not closed. Residents commented that they appreciated the evening visiting being available until 9pm as it enabled their families to visit.

Where residents had specific communication needs, the inspector saw care plans in place that set out their needs, and aids or adaptations required to support them, and

they most effective way to engage with them. Staff were seen putting these communication plans in to practice.

There was access to TV, DVDs, radio and newspapers and magazines. Resident could also get papers and magazines if they chose to.

There was access to advocacy services if residents chose. There was information posted in the centre, and also in the residents guide provided to all residents on admission.

Residents were supported to vote if they had been in the centre for a longer period. The polling officer attended the centre at the time of elections. Many of the residents would continue to vote at their home as they were only temporarily in residence at the centre.

If residents chose to attend there were religious services provided, this included catholic and church of Ireland services.

Judgment:

Non Compliant - Moderate

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:

Staffing arrangements met the needs of the residents staying in the centre.

The person in charge explained the staffing arrangements for each unit of the centre, and how they were reviewed if the needs of the residents changed. It was reported there was some flexibility in the shift pattern to support staff to move between the units if necessary. There was a nominated person in charge of the centre at all times including the night and there were always nursing staff on duty. A review of the staffing roster showed that staffing was consistently provided at the levels described by the person in charge, and also included senior nurses, staff nurses and health care assistants with the right skills and experience to meet resident's needs.

Each of the three units in the centre has an allocated staff team. The nurses were supported by health care assistants to meet the needs of the residents. The inspector observed activity on the units and found that there was sufficient staff to meet the needs of resident. It was noted that residents said they may wait a while for a response to the nurse call, however they felt confident the staff would attend them when they were able.

The nursing staff and health care assistants were also supported in their role by allied professionals based in the centre. There was a doctor in the centre five days a week who reviewed resident's needs on an ongoing basis. There was also a team of physiotherapists, and access to occupational health, dietician and speech and language therapy. There was also an activities co-ordinator, housekeeping staff and catering staff.

The inspector reviewed the training records that showed that all staff had completed mandatory training of fire safety and evacuation, and safeguarding of vulnerable adults. All existing staff had completed moving and handling course, with five new staff booked to complete in the weeks following the inspection. Many of the staff had also completed training in 'dementia care and challenging behaviour', infection control, end of life care, dysphasia, nutrition, and medication management for nurses. Staff spoken with said there were good training opportunities on offer and they had protected time to complete courses. The person in charge used annual appraisals to support the training planning, and if staff brought courses to their attention consideration was given to the funding.

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:

Helen Lindsey
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 report¹

Centre name:	Mount Carmel Community Hospital (Short Stay Beds)
Centre ID:	OSV-0005337
Date of inspection:	13/09/2017
Date of response:	19/10/2017

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:

Three examples were identified where there was not a full employment history together with a satisfactory history of any gaps in employment.

1. Action Required:

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

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:

A full review of all personnel files has been conducted and there are now no unexplained gaps in employee files. We will ensure that, in future, any unexplained gaps in employment history are addressed during the application/interview process, prior to the offer of employment, in accordance with the centre's recruitment policy.

Proposed Timescale: 31/10/2017

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 in place to monitor and respond to residents' with behaviours that challenging needs were not consistently in place and did not comply with the centres policy.

2. Action Required:

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:

We will ensure that there are appropriate processes in place which will assist staff in managing patients with responsive behaviours while also minimising the risk of such behaviours to other patients. Effective individualised patient assessment, care planning and patient monitoring, including the use of Antecedent, Behaviour & Consequence (ABC) charts will enable staff to identify triggers to responsive behaviours. They can then implement appropriate de-escalation techniques, which will be recorded in the patient's care plan in order to ensure a consistent approach by nursing and care staff. Patients with Behavioural & Psychological Symptoms of Dementia will be risk assessed using Cohen-Mansfield Agitation Inventory, in compliance with the centres' policy. Appropriate supervision of patients by staff will reduce the risk to the patient concerned and to other persons.

Proposed Timescale: 31/10/2017

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:

A review was required of communal space in the centre to ensure there was adequate sitting, recreational and dining space, other than residents' private accommodation.

Review was also required to ensure all areas of the centre were clean and suitably decorated.

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:

We will review the communal areas in the centre to ensure that there are adequate sitting, recreational and dining space for patients to use. We will dedicate an additional area as recreational space to enhance recreational space for patients.

We will ensure that the regular cleaning schedule addresses all areas of the centre accessed by staff, patients and other visitors to the centre, including emergency exits and adherence to this schedule will be monitored and audited as part of the regular Hygiene audit undertaken in the centre.

A planned programme to paint and decorate the centre in areas where there has been deterioration has been scheduled.

All windows have been cleaned thoroughly inside and outside. The exterior of the building has also been cleaned and netting has been installed around the building to prevent birds sitting on the window seals and roof.

Proposed Timescale: 31/12/2017

Theme:

Effective care and support

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

A four bedded room required review to ensure there was adequate private accommodation for the residents.

4. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

All members of staff will remain vigilant about maintaining appropriate spacing between beds in multiple occupancy rooms by ensuring that they place unused wheelchairs and walking aids in the appropriate designated area. The furniture in the room in question has been rearranged to create additional space.

We will ensure that patients and family are reminded to only bring essential items as required for short stay admissions.

Proposed Timescale: 30/11/2017

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Residents with cognitive impairment did not consistently have access meaningful activities.

5. Action Required:

Under Regulation 09(2)(a) you are required to: Provide for residents facilities for occupation and recreation.

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

We will ensure that all patients with cognitive impairment have access to meaningful activities in the centre. The Activities Coordinators will provide a range of varied activities, based on the patients' assessed care needs and individual preferences. This will include music sessions, relaxation groups and reminiscence groups as well as one to one sessions. These activities will help to promote a sense of calm, reduce agitation and promote feelings of wellbeing in the patients who choose to participate.

Proposed Timescale: 30/11/2017

Theme:

Person-centred care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Private space for meeting visitors was limited in the centre.

6. Action Required:

Under Regulation 11(2)(b) you are required to: Make suitable communal facilities available for a resident to receive a visitor and a suitable private area which is not the resident's room, if required.

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

We will review the communal spaces in the centre to make additional suitable space available in order to enable patients to receive visitors in private.

