### Centre name:
Mount Carmel (Long Stay Residential Care)

### Centre ID:
OSV-0005155

### Centre address:
Braemor Park, Churchtown, Dublin 14.

### Telephone number:
01 620 6271

### Email address:
kevint.brady@hse.ie

### Type of centre:
The Health Service Executive

### Registered provider:
Health Service Executive

### Provider Nominee:
Catherine Dempsey

### Lead inspector:
Helen Lindsey

### Support inspector(s):
None

### Type of inspection:
Unannounced

### Number of residents on the date of inspection:
29

### Number of vacancies on the date of inspection:
8
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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 August 2017 09:15
To: 23 August 2017 18:30

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

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Summary of findings from this inspection

This 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 inspector met with residents, family and staff members. They also observed practices and reviewed documentation such as policies and procedures, care plans, medical records and records from allied health professionals.

The service is temporarily running from the location of Mount Carmel, and have been at the premises for two years. The original premises are undergoing renovation. When the renovations are complete the service will move back. There was strong feedback through the inspection that the residents' are looking forward to that move.

Residents who spoke with the inspector were positive about the service they were receiving. They stated the staff were kind and supportive. A review of training records showed that staff had relevant qualifications and training, and the roster
showed that there was consistent staff working at the centre to provide continuity for the residents. There was an activities program that focused on providing activities to engage residents mentally and physically, while it was reported to be affected by the limitation of the premises, it was seen to be engaging for residents choosing to take part.

There were clear governance and management arrangements in place. The person in charge received feedback from senior staff about the delivery of care to residents and monitored key areas of clinical care, such as falls management, pressure area care and the use of psychotropic medication. Senior management meetings covered clinical care, health and safety, and quality of care. It was noted that where action was required to make improvements for residents they were addressed.

Areas for improvement were around the premises that required review to ensure they were meeting the needs of the resident by proving sufficient dining and communal space, sufficient storage and appropriate laundry facilities. The décor also required attention in some areas. A number of care plans required review to ensure they contained up to date information, and a number of Garda Vetting reports were not available for the inspector to review. These topics are discussed further in the body of the report and the action required is included in the action plan at the end.
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
There were effective management arrangements in the centre and systems in place to monitor the quality and safety of the service.

There was a clearly defined management structure in place and it was reflected in the statement of purpose. The person in charge was based full time in the centre, and was supported by an assistant director of nursing (currently vacant post) and a staff team consisting of nursing staff, health care assistants, and household staff. The management team had regular contact with the representative of the provider, and could escalate concerns to them at any time.

There were a range of systems in place to monitor practice in the centre and ensure that safe and effective care was provided. There was a system of induction for all staff, permanent and agency working in the centre so they were familiar with the premises, residents and procedures. Staff were then supervised by their direct line manager. Nurses held a hand over at the beginning of each shift and passed on any relevant information, including the needs of residents. Any issues could be escalated to the CNM2 or the person in charge. The person in charge gathered risk management reports weekly that covered topics such as falls, responsive behaviour, choking incidents, pressure sores. The person in charge then provided an overview of the performance of the centre to the provider representative at a meeting monthly. There was also a meeting every six weeks with the management teams from other centre run by the same provider to encourage peer learning.

Overall resources were sufficient in the centre. Resident’s needs were being met in the centre by an effective staff team who were trained and skilled in their roles, and there was an activities programme to provide meaningful engagement. However the premises required review to ensure resources were being used effectively to meet resident’s
needs in that there was sufficient storage for equipment, sufficient communal areas and adequate laundry facilities as set out in outcome 12.

Judgment:
Substantially 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 was able to provide information requested, and explained all the process in place to ensure the centre was running effectively and meeting the needs of the residents.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
Measures to protect residents from being harmed or suffering abuse were in place.
There was a clear policy and procedure in place for the prevention, detection and response to abuse. It described different types of abuse, indicators of abuse, and also the procedure to follow if abuse was suspected, witnessed or reported. Each staff member had attended training on protection of vulnerable adults from elder abuse. Staff were clear of what abuse was, how to report it, and what steps to take to protect residents. Residents who spoke with the inspector said they felt safe in the centre and that the staff were very caring.

The procedures for managing any restrictive practice in the centre followed the national guidelines, with a commitment to work towards a restraint free environment and to use a range of alternative measures ahead of agreeing any restrictions. The policy available in the centre covered the different types of restraint, the decision making process for considering them and the procedure for them to be agreed and reviewed. Before any restrictive practice was agreed it was discussed with a multidisciplinary team who reviewed a recommendation that covered any risks of using the restriction, any alternatives trialled, and the resident’s views. At the time of the inspection the use of the following restrictions were being monitored: bed wedges and bed rails, lap belts for residents using wheelchairs where it had been recommended by a physiotherapist, as required ‘PRN’ medication to support residents with anxiety, and alarm bracelets for residents at risk of leaving the premises without appropriate supervision. The use of all of these restrictions was reviewed every 4 months, and a decision was made whether to remove them or continue.

There was a policy on ‘support of residents with responsive behaviours’. It provided guidance on how to make an assessment, and put systems in place to support the resident. The HSE policy ‘safeguarding vulnerable persons at risk of abuse’ was also available in the centre for review. The inspector reviewed care plans and found where residents had responsive behaviours this was clearly recorded. The inspector spoke with staff about a number of residents and found they knew them well, and the details of the care reported by staff were in line with those set out in care plans.

The inspector was not able to review the arrangements for managing resident’s finances during the inspection as the staff responsible for this area were not available. However the HSE system has been reviewed in other centres and found to be effective. The provider did act as a pension agent for residents, and there were central accounts held for the resident’s monies, and statements were provided regularly to set out monies going in and out of the account.

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

Findings:
The health and safety of residents, visitors, and staff was promoted and protected.

There was an up-to-date safety statement in place. The inspector read the risk management policy which set out how risk was to be assessed, recorded and reviewed. The risk register reflected issues specific to the centre, such as access to the building, familiarisation with a new building, and the use of agency staff. Records showed it was reviewed and updated on a regular basis and informed practice in the centre.

There was a range of health and safety policies available in the centre, and the inspector observed them being followed in practice. For example the infection control policy and practice. The inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood, water shortage or power outage. In addition alternative accommodation for residents was specified should evacuation be required.

There was a system for recording any incidents or adverse events. The examples reviewed showed information was collected in a way that would support a review to identify any trends in incidents. Staff spoken with were familiar with the process and gave examples of when they would use the system, for example medication errors.

Staff had received training in areas such and moving and handling, CPR and hand hygiene to promote effective health and safety practice in the centre.

Clear procedures for fire detection and prevention were in place. Servicing records were up to date. All staff had attended fire training. A range of fire drills had been carried out in the centre with records detailing the staff involved, the duration it took to complete the drill.

Judgment:
Compliant

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

Theme:
Safe care and support

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

Findings:
There were effective medication management policies and procedures in the centre.

There was a detailed medication policy available to staff that provided clear guidance on topics such as ordering, administration of medicines, refusal and withholding medications, disposal of un-used and out of date medications.

Staff were observed administering medication to residents and were seen to be following national guidelines, and in line with the centres policy. Nursing staff described the process of receiving the medication into the centre, checking to ensure it matched the prescription and then storage until it was administered. Storage in the centre was in line with national guidelines, including medication that needed to be stored at lower temperatures in the refrigerator, and controlled medication. To manage controlled medication there was a register in place, and the medication was checked at the beginning and end of each shift. Two staff also administered the medication and signed to confirm same.

A sample of residents’ records were reviewed. They provided clear information on the medication prescribed and administered to residents. They were signed by the nurse following administration and showed drugs were administered within the prescribed timeframes. There was space to record when a medication was refused on the administration sheet, but using the relevant code identified on the form. Drugs being crushed were signed by the GP as suitable for crushing. Resident’s medication was reviewed every four months by their general practitioner.

An audit was carried out by the pharmacist in 2016 and found overall compliance with expected standards. The audits were repeated at regular intervals.

There was a process for assessing whether a resident was able to manage their own medications, which included a risk assessment. At the time of the inspection no residents had opted to do this.

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):
No actions were required from the previous inspection.
Findings:
Each resident’s wellbeing and welfare was maintained by a good standard of care and support.

There was a clear process for assessing resident’s needs that included a pre-admission assessment carried out before residents were offered a place in the centre. On admission a comprehensive assessment was carried out, and where residents had health or social care needs identified, care plans were developed. Records showed that the care plans were reviewed regularly and signed by the resident where possible.

Resident’s records included information about their life history, likes, dislikes and preferences. Where a resident had an identified health or social care need the care plan set out clearly the need, the goal of the care, and the steps to follow to deliver the care. The inspector observed staff providing care and support that was in line with the care plans and when speaking with staff they were clear of each resident's care needs and their preferences.

Resident’s records showed that where they had health care needs links were made with the appropriate health professionals such as speech and language therapy (SALT), dietician, and physiotherapist. Where resident's needs had changed records showed contact was made quickly with a general practitioner (GP) or primary care services. In most cases reviewed, where recommendations were made for treatment the care plan had been updated, however a small number of examples were seen where they had not been leading to a risk of residents not receiving the care that had been recommended. Examples were linked to a moving and handling assessment, change of approved restriction, and approach to responsive behaviour. It was also noted that in a sample of care plans it was not clear what action to take if there was an incident. For example care plans for residents choking set out how to avoid choking incidents, but not what to do if they did choke. Nurses were clear on troubleshooting arrangements when spoken with but agreed having them clearly recorded would ensure consistency in residents care.

A range of evidence based nursing tools were being used to assess resident’s needs. For example the risk of pressure areas, falls, and malnutrition. Where the results of these changes records showed action had been taken. For example where a resident developed a higher risk of developing pressure areas a holistic approach was taken to reduce the risk including mobility, pressure relieving equipment and a review of their nutritional needs.

Appointments for residents were listed clearly. The outcomes of appointments were accessible including the results of any tests or other investigations. A range of correspondence was stored in resident’s files that showed that residents were in contact with a range of hospitals and consultants for specific healthcare needs.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them.

Judgment:
Substantially 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:**

The location, design and layout of the centre is suitable for its stated purpose, however some improvements are required to ensure it meets the needs of residents.

As stated earlier in the report, the premises are a temporary arrangement while the original premises are refurbished. The designated centre has been operating from these premises for 2 years. There are plans in place to return to the original premises when the works are complete.

The designated centre occupies the 2nd, 3rd and 4th floor of the premises. Residents are based on the 2nd and 3rd floor, with the 4th floor being used as offices and meeting rooms. Access to the centre is via a reception area shared by another service. Stairs and a lift provide access up to the centre.

Each floor has bedrooms, accessible bathrooms, and some communal space. Communal areas had been decorated with themes to provide interest for the residents. There were safe floor coverings throughout, grab rails and handrails in bathrooms and along corridors.

There were a range of single, double and triple bedrooms. All bedrooms were of an adequate size and were laid out to meet the needs of the residents using them. Residents had personalised their space where they chose to, and there was sufficient space for personal belongings, lockable storage and furniture including a bed, wardrobe, locker and chair. In shared rooms there was screening for privacy.

A number of rooms had an en-suite available in them, however most were not accessible to residents due to their layout, and a number had to be locked for safety reasons.

There are grounds for residents to access, with a smoking area. However due to the
layout of the building most residents would require support to access them and supervision while there. A number of residents said they missed being able to visit the grounds as they were able in the other centre.

On the day of the inspection the centre was well ventilated, heating was appropriate for the residents and there was adequate lighting in all areas, including over bed lighting in bedrooms. Generally the centre is well maintained, though some update to décor is required in high traffic areas.

The centre was clean throughout, and residents and relatives commented it was well looked after by the staff.

Areas that required improvement were the communal areas and storage of equipment.

On each floor there was a communal area that was used for social, cultural and religious purposes. The same areas were also used for dinning. An additional room had been added recently using a former bedroom to create a quiet room that was domestic in scale and layout. This limit on communal space was impacting on the way the centre operated and the resident’s opportunity to experience different environments. Activities were limited due to the space available. It was also reported that louder activities, such as singing performances, were difficult due to the way the sound travelled.

The inspector observed that equipment was being stored in a range of different places including bathrooms. In some cases it reduced or stopped access to the facilities in the bathroom.

There were kitchens on the premises where snacks and drinks were prepared, but main meals were prepared off site and brought to the centre at mealtimes.

There was also a laundry as part of the overall premises. Staff reported that it was hard to manage residents' laundry as the dryers were domestic in scale and took a long time to complete a drying cycle. There were signs in the centre asking families to do residents laundry where possible. This required improvement.

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' had their privacy and dignity maintained and were treated with respect. They were given opportunities to participate in the how the centre was run, and also had access to a range of meaningful activities in line with their interests.

Residents meetings were held in the centre every month. There were posters around the centre advertising the dates of all the meetings for the year. A review of the most recent meeting in June covered topics such as advocacy groups, and update on the building works at the centres original premises, activities, the dining experience and principles of safeguarding. It was also notes in previous meetings they took time to remember residents who had passed away.

There was information posted around the centre about local advocacy groups including contact details for anyone who wished to use the service.

A range of activities were available in the centre. There was an activity coordinator four days a week from 9 to 6pm. They described how they work with the occupational therapist to identify activities that will support residents to remain fit and keep their skills, such as balance and memory. Activities carried out in the centre included relaxation therapy, bingo, sing along, games and quizzes. The rosary was also read daily for residents if they wished to attend. On a Wednesday they have access to a bus and some residents go out shopping or for a coffee. Some residents liked to attend local fast-food restaurants as a treat. They had also recently been visited by a celebrity singer and there were pictures all around the centre of the experience that was reported to have been great fun.

It was reported by staff, residents and relatives that the activities available had been impacted by the temporary premises they were in, and there was lots of comments passed about how keen people were to get back to their original premises where communal space was not so restricted and there was access to the gardens.

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 or going to the privacy of their own room. Others were choosing to spend their time in their rooms. There were also choices about drinks and snacks, with staff giving residents the chance to make choices at every opportunity. Residents reported the meals were of a good standard.

Where residents were receiving visitors they confirmed that they were made welcome and could visit whenever suited the resident.

There was access to TV, DVDs, radio and newspapers and magazines. Music was playing during the day with residents seen to be enjoying the songs and musicians selected.

Some residents had their own phones, but all could access a centre phone in private if
they chose to. Residents were also supported to vote if they wanted to, with a polling officer visiting the centre for residents to cast their vote if they chose.

Feedback from residents and relatives was that staff were very nice and provided support that respected their individuality. The inspector observed lots of positive interactions between residents and staff throughout the inspection and observed that all staff were committed to delivering person centred care.

Where residents had communication needs they staff were very familiar with them and they were detailed clearly in their care plans.

**Judgment:**
Compliant

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**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:**
Staff in the centre were sufficient in number and had the appropriate skills to meet the needs of the residents. However the inspector was not assured appropriate Garda vetting arrangements were in place as copies of original documents were not available to review.

There was senior management available in the centre each day, with a lead for each shift identified. The staff worked in two teams; each allocated to a floor in the centre and consisted of nurses and health care assistants. During the day there was a CNM” who was able to offer support and provided on-going supervision and support for staff and review residents’ on-going health and social care needs. It was reported that between 6 and 8 agency staff were employed every day in the centre for a number of shifts. To ensure continuity for residents the same staff were used and undertook the same induction and mandatory training as employed members of staff.

The staff in the centre on the day of the inspection matched the planned roster that was
The inspectors reviewed the training records of staff. They found that the all staff had received up to date mandatory training in fire safety, manual handling and protection of vulnerable adults. There was also a range of other training opportunities for staff including managing behaviours that challenge (causes, risk assessment and de-escalation), dementia care, exploring the culture of compassionate care, care planning, nutrition and hydration and assessing malnutrition. There was a training plan in place for the rest of the year, and adverts were seen in staff areas advertising upcoming opportunities.

Staff spoken with described how they kept their practice up to date, and valued the training opportunities offered to ensure they provided nursing care following best practice to the residents.

Four staff files were reviewed and found to have the required documents as listed in schedule 2 with the exception of a copy of the original Garda vetting report. The files contained the HSE confirmation that a Garda vetting report had been received at their human resources section. The provider made the original documents available to the inspector following the inspection. The person in charge confirmed verbally that all staff had a Garda vetting in place.

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

There were no volunteers working in the centre at the time of the inspection.

**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 report

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Requirements

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

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

Outcome 02: Governance and Management

Theme:
Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Resourcing for the premises required review to ensure the needs of residents were being met.

1. Action Required:
Under Regulation 23(a) you are required to: Ensure the designated centre has sufficient

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
resources to ensure the effective delivery of care in accordance with the statement of purpose.

**Please state the actions you have taken or are planning to take:**
- A suitable storage area for equipment has been identified and is now in use for the storage of aids and appliances. A memo has been circulated to all members of the staff team to advise that these items are not to be stored in bathroom and to use the designated storage area. This issue has also been added to the Weekly Health and Safety Checklist to ensure on-going compliance.
- There are a number of communal areas within the unit. On Floor 2 there is the main Sitting/Dining Room, and two smaller communal recreational rooms. On Floor 3 there is the main Sitting/Dining Room and one small communal room. In addition, resident/families have access to a large Reception area on the ground floor which also has tea/coffee making facilities available.
- A request has been put forward to The Provider for an additional dryer. In addition staff hours for the laundry are increased as and when required – to alleviate any backlog of laundry that may arise due to the limited laundry equipment available.
- Belvillia Mount Carmel will be moving back to the South Circular Road by the end of the last quarter 2017 which will result in more storage space and larger communal areas for the residents.

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**Proposed Timescale:** 18/10/2017

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**Outcome 11: Health and Social Care Needs**

**Theme:**
Effective care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**
Examples were seen where the care plan had not been updated following a change in residents assessed needs.

**2. 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:**
All care plans are current, up to date and reflect the care given to the resident. Care plans are audited by Clinical Nurse Manager on a weekly basis prior to 4 monthly Multidisciplinary meetings which are held in the centre. The two care plans identified by the Inspector on the 23/8/17 have now been updated in consultation with residents/family.
**Proposed Timescale:** 28/08/2017

**Theme:** Effective care and support

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

Some care plans required review to ensure they were updated following reviews that identified changes in residents needs.

**3. 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:

All care plans are now current and up to date, and reflect the care given to the resident. Care plans are audited by Clinical Nurse Managers (CNM,s) on a weekly basis prior to 4 monthly Multidisciplinary Team meetings (MDT) which are held in the centre. A Memo has been sent to each named nurse by the person in charge to ensure, all documentation for the resident is updated.

**Proposed Timescale:** 02/10/2017

**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:**

The premises did not provide:

- adequate sitting, recreational and dining space
- suitable storage
- adequate laundry facilities

**4. 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:

- There are separate recreational areas on both floors for our residents: Floor 3 has two separate communal areas while Floor 2 has three areas. Activities are conducted in all areas – giving choice to residents to participate or spend quiet time away from organised activities.
- For activities that are very noisy, for example singing, the doors to the particular
communal area will be closed. This will minimise the noise levels to residents in other communal areas/bedrooms. A memo was circulated to the staff team to advise them to do this when such activities are taking place.

• A suitable storage area for equipment has been identified and is now in use for the storage of aids and appliances. A memo has been circulated to all members of the staff team to advise that these items are not to be stored in bathrooms and to use the designated storage area. This issue has also been added to the Weekly Health and Safety Checklist to ensure on-going compliance.

• A request has been put forward to The Provider for an additional dryer. In addition staff hours for the laundry are increased as and when required – to alleviate any backlog of laundry that may arise due to the limited laundry equipment available

• Belvilla Mount Carmel will be moving back to the South Circular Road by the end of the last quarter 2017 which will result in more storage space and larger communal areas for the residents in Belvilla

**Proposed Timescale:** 18/10/2017