Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	Mount Tabor Care Centre
Centre ID:	OSV-0000071
Centre address:	Sandymount Green, Dublin 4.
Telephone number:	01 260 5772
Email address:	info@dublincentralmission.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mount Tabor Designated Activity Company
Provider Nominee:	David Reynolds
Lead inspector:	Ann Wallace
Support inspector(s):	Leone Ewings
Type of inspection	Announced
Number of residents on the date of inspection:	46
Number of vacancies on the date of inspection:	0

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 inform a registration renewal decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
19 April 2017 08:30	19 April 2017 19:30

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 07: Safeguarding and Safety	Compliant
Outcome 08: Health and Safety and Risk Management	Non Compliant - Moderate
Outcome 09: Medication Management	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Compliant
Outcome 18: Suitable Staffing	Substantially Compliant

Summary of findings from this inspection

This was an announced inspection by the Health Information and Quality Authority (HIQA). The purpose of the inspection was to inform an application to renew registration of the centre.

As part of the inspection the inspectors met with residents, relatives, the provider nominee, the person in charge, the clinical nurse manager (CNM) and members of staff who were present in the centre during the inspection. The inspectors also observed practices and reviewed documentation such as policies and procedures, staff files, clinical governance and audit documents, care plans, medical records and the records from allied healthcare professionals.

The inspectors reviewed the pre-inspection questionnaires which had been issued to residents and relatives by HIQA prior to the inspection. A number of these had been completed and returned. The feedback from the residents' and the relatives' questionnaires was positive and there were high levels of satisfaction reported for

the care and services provided by the centre. Respondents praised the staff, the medical attention, the food, the facilities and the level of communication in the centre.

During the inspection residents were seen to be offered choice in how they went about their day and were spending time in different areas of the centre. Inspectors found that residents were empowered and enabled to maintain their independence and were able to participate in the running of the centre. The person in charge was involved in the centre on a daily basis and was seen to be easily accessible to residents, relatives and staff. She was supported in her role by a clinical nurse manager and a clinical governance manager.

There were adequate staffing levels and skill-mix to meet the residents' assessed needs. Residents had access to medical and allied health care professionals including specialist services where required.

Inspectors found that there were effective governance and management arrangements in place to ensure the quality and safety of the service provided in the centre. Regular reviews and audits were carried out. The inspectors found clear evidence of improvements being introduced as a result of audits and other feedback.

The centre was seen to be clean and tidy on the days of the inspection. Communal areas were well used by residents and their visitors which gave the centre a homely, welcoming atmosphere. The central garden area provided a peaceful outdoor view from various vantage points around the centre including some bedrooms. Residents' bedrooms were decorated with photographs and artifacts from home giving them a personal feel and residents took a real pride in their personal space and were happy to show the inspectors around their rooms.

Some areas for improvement were identified in relation to the availability of storage facilities within the centre, fire safety procedures and fire safety training for staff and the proximity of the staff smoking area to one bedroom. These are detailed in the report and set out in the action plan at the end.

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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 01: Statement of Purpose
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Governance, Leadership and Management

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

Findings:
The inspectors reviewed the statement of purpose and found it described the services and facilities provided in the centre as required by schedule 1 of the regulations. It was kept up to date and had been revised in December 2016

Judgment:
Compliant

Outcome 02: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:
Governance, Leadership and Management

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

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

There was a clearly defined management structure in place. The organisational

structure helped to ensure that staff were clear about reporting arrangements within the centre. The provider nominee was based in the centre three days per week and was in regular contact with the person in charge. The person in charge worked full-time at the centre. Residents and staff told the inspection team that they were clear about who to raise any issues with and that the person in charge was approachable and available to them.

The person in charge was supported in their role by the clinical nurse manager, a clinical governance manager and an administrative team.

There were a range of meetings in the centre including the senior management team meeting which was attended by the person in charge. Other meetings included clinical governance meetings, health and safety meetings, residents' meetings and general staff meetings with staff from each of the departments. The meetings were well attended and helped to ensure effective communications between line managers and their staff and between the departments in the centre.

The inspectors found that the care and services provided were found to be in line with the centre's statement of purpose and its ethos of care. There were a range of systems in place to monitor care and services, helping to ensure that safe and effective care were provided. Monitoring systems included staff performance reviews, health and safety and risk management processes and a comprehensive audit programme. Audit documentation reviewed by the inspection team showed that information was gathered about practices in the centre and was used to identify areas for improvements, for example in falls prevention, the use of bed rails and staff training needs.

Feedback from residents and relatives was actively sought through residents' meetings, a suggestion box and the annual review. The inspectors found clear evidence of changes being made in response to resident feedback, for example in the centre's activities programme and its menus.

The inspectors found that the centre had sufficient resources in place to ensure care and services were provided to meet the needs of the residents who lived at the centre.

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

Findings:
Documents and records were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

Inspectors reviewed a range of documentation throughout the inspection. These included staff files, resident care plans and records, the centre's policies and procedures, the centre's insurance certificate, maintenance records and records relating to residents' finances. Records were found to be well maintained, accurate and up to date. Nursing care plans reflected the current needs and prescribed care for individual residents.

Confidential staff and resident information was stored securely and was easily accessible when needed. Records were archived securely and stored for the required seven years.

The written operational policies required in schedule 5 of the Health Act were in place and had been reviewed and updated in the last three years. Staff interviewed by the inspection team were aware of relevant policies and staff practices were observed to follow the centre's written operational policies and procedures.

The centre's insurance certificate demonstrated that the centre was adequately insured against injury to residents and loss or damage to residents' property.

The inspector noted that the directory of residents did not include the gender of individual residents and that a member of the nursing team had not updated their name on the nursing registration documentation. These issues were discussed at the feedback meeting.

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):

Findings:
Inspectors found that procedures were in place to safeguard and protect residents from abuse. Inspectors found clear evidence that the provider was working towards a restraint-free environment.

There was a policy in place that set out clear procedures for the prevention, detection and response to elder abuse. The staff training records documented that all staff had attended training on safeguarding and elder abuse. Inspectors spoke with staff and found that they were able to articulate the policy and procedure to follow in the event of an allegation, suspicion or disclosure of abuse. Staff were also clear about who to go to report concerns regarding abuse. Inspectors were satisfied that the person in charge knew how to respond to an allegation of abuse if it was reported to them. Residents told the inspectors that they felt safe at the centre.

The centre had clear systems in place to keep residents' money safe. All transactions were signed for by two people. Receipts were kept for any purchases made on behalf of a resident. Money kept on behalf of a resident was stored securely.

Inspectors reviewed the centre's policy on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social of physical environment). The policy described the types of responsive behaviours and the approaches that should be used for identifying causes of responsive behaviours. Staff had attended training on the management of responsive behaviours.
Staff interviewed by the inspectors knew the residents who might display challenging behaviours and were able to describe the triggers for such behaviour and the most appropriate way to respond to reassure and support the resident. Inspectors found that this was clearly documented in individual resident's care plans. During the inspection staff were observed using a gentle approach to calm and support residents who became agitated. Inspectors noted that the care provided in the designated centre was very person centred.

There was a policy in place setting out the procedures relating to the use of restraint (physical, chemical or environmental). Where restraints were being used, inspectors found that a risk assessment had been completed that identified the risks and the options that had been considered prior to the decision to use restraint. The decision to use restraint and the resident's and or family's consent were clearly documented in the resident's care plan. Restraints were used for the least time possible to manage the identified risks. All restrictions were recorded and reviewed monthly or more often if a resident's needs changed. The centre carried out regular audits of restraints used.

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:
Inspectors found that the health and safety of residents, staff and visitors was actively promoted.

There were comprehensive policies in place relating to health and safety and risk management. These had been recently reviewed and met the requirements of the regulations. There was an up-to-date Health and Safety Statement. A comprehensive emergency plan was in place. The risk register had been updated and included the measures that had been put into place to mitigate identified risks; however, inspectors were not assured that the risk register was reviewed sufficiently often to include new non-clinical risks as they were identified. Inspectors spoke with staff and found them to be aware of relevant risks in their areas of work. Staff were observed to follow correct risk management procedures in their day-to-day practices.

Records showed that there were systems in place in the centre for recording, investigating and learning following incidents that occurred. Staff informed inspectors that information about incidents and learning from incident investigations was communicated to them during staff meetings and handovers.

The centre had sufficient fire equipment in place throughout the building. Fire exits were clearly marked and were kept free from obstruction. The service records for fire safety equipment confirmed that they were being serviced on a quarterly basis. The centre was compartmentalised through the use of fire doors which would automatically close in the event of the fire alarm sounding. Fire doors had heat seals and smoke seals in place to protect residents from the spread of fire and smoke. During the inspection the inspectors found that one bedroom door was propped open at the resident's request. This compromised the effectiveness of fire prevention measures for the resident and the issue is discussed in the action plan at the end of this report.

There was a fire safety policy in place in the centre and although most staff had received up-to-date fire safety training there were some staff who had not attended update training. Fire drills were carried out regularly in the centre however inspectors found that the records of these drills were not documented in sufficient detail to ensure that staff were responding effectively to the fire alarm. No simulated night time fire drills had been carried out at the centre. The policy and practice in the centre also needed to be reviewed to ensure that the progressive evacuation procedure could be fully completed with residents on the first floor in the event of a fire. These issues are dealt with in the action plan at the end of the report.

Judgment:
Non Compliant - Moderate

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

Theme:
Safe care and support

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

Findings:
There were appropriate management systems in place to ensure safe medication practices.

There was a comprehensive medication policy in place which gave clear guidance to nursing staff on the procedures to follow for ordering, monitoring, documenting, administering and the disposing of un-used and out-of-date medications. The policy included the procedure to follow in the event of medication errors. Medication audits were completed bimonthly.

A sample of medication records was reviewed. Inspectors found that the records recorded the name of the drug and the time of the administration and that the nurse signed the medication record after each administration. The drugs were administered within the prescribed timeframes. If a resident refused medication this was recorded correctly. Drugs being crushed were signed by the general practitioner (GP) as suitable for crushing and liquid alternatives had been sourced where possible. Staff administering medication were seen to follow appropriate medication management practices in line with relevant professional best practice guidance. Residents' medication was reviewed regularly by their GP.

Medications were stored securely. Controlled drugs were stored in a locked cupboard within a locked cupboard in the medications room. Nurses kept a register of controlled drugs. They were checked by two nurses at the change of each shift. The inspector checked a selection of controlled drug medication balances and found them to be correct.

There was an effective system in place to manage the return of out-of-date and un-used medications with records providing a clear audit trail.

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:
Each resident had a comprehensive assessment of their needs and a written care plan that described how their needs were to be met. Care plans were devised with input from residents and or their families.

There was a comprehensive policy in place that set out the processes that should be used to assess each individual resident prior to admission and on admission to the centre. The policy also described the review processes in place to ensure that resident's needs were reviewed four monthly or if there was a change in their health or wellbeing and that their care plan was updated accordingly.

A selection of residents' records was reviewed. The inspector found that each resident had a pre-admission assessment completed prior to coming into the centre. Following admission, nursing staff worked with the resident and or their family to complete a comprehensive assessment of the resident's needs including actual and potential risks such as weight loss, falls or responsive behaviours. Where health or social care needs were identified, a care plan was drawn up and agreed with the resident and or their family. Care plans were found to provide clear information to staff providing care and support for residents and were found to reflect the resident's current needs.
Care plans were person centred and often included residents' preferences for care and support, for example, what time they liked to get up and retire at, and what activities they preferred. Clinical risk assessments were completed for skin integrity, falls, nutrition, continence, moving and handling needs and responsive behaviours. Risk management plans were seen to promote residents' independence and self-care abilities where possible.

Inspectors found that residents had good access to GP services and a range of allied health care professionals and specialist teams such as the Black Rock Hospice and the community mental health services for older people. Referrals were made appropriately, and where allied professionals had made recommendations for care these were found to have been implemented. For example; modified diets as recommended by the dietitian or speech and language therapist.

Residents who spoke with the inspectors said that they were being well supported and cared for by the staff in the centre. This reflected the findings in the questionnaires that were returned to the authority prior to and during the inspection. Residents and their families reported high levels of satisfaction with the care and support provided in the

centre and said that they were kept informed about any changes in their care or services.

Where residents were temporarily absent from the centre, records showed that relevant information was sent with them. Also, when residents returned from another care setting to the centre there was a clear summary of the resident's needs and plan of care.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

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

Findings:
The location layout and design of the centre is suitable for its stated purpose and meets the residents' individual and collective needs in a comfortable and homely way.

The centre was purpose built 20 years ago and had been updated and refurbished regularly throughout this time. Accommodation was provided over two floors and there was a passenger service lift to access the first floor. A range of communal areas were available for residents including a large bright dining area on the ground floor, a cosy visitor's room and library just off the reception area, a spacious activities room and a comfortable smaller lounge with a quiet seating area in the Martello unit which supported residents who needed a higher level of supervision from staff. Inspectors observed that the communal areas were well used by residents and their families giving the centre a sense of community. There was a small private chapel which was used regularly for multi-denominational services.

The centre was found to be clean and tidy, comfortably warm and well maintained. Private and communal areas were nicely decorated and comfortably furnished for residents and their visitors. The corridors and walkways throughout the building were wide and clutter free. Handrails were in place along corridors and on staircases.

The inspectors reviewed a number of residents' bedrooms. All bedrooms were single or double rooms. Each room had a wardrobe and bedside locker for each resident.

Residents had lockable space in their rooms if they wished. Double occupancy bedrooms had screening curtains in place to respect each resident's privacy and dignity. Bedrooms all had portable call-bell systems. Many of the bedrooms had been personalised to reflect the individual resident's preferences with photographs and artefacts from their home, including small items of furniture.

There were sufficient numbers of accessible toilets, bathrooms and showers in the centre. Bathrooms and toilets were fitted with grab-rails and assistive devices such as shower chairs and raised toilet seats.

The centre had a pleasant central courtyard garden which could be viewed from several areas around the building including some bedrooms. The garden provided sensory stimulation including a water feature. Raised flower and salad beds provided ease of access for residents with limited mobility. A vertical wall garden provided an unusual although pleasant area for residents to sit beneath. The centre had sufficient outside seating and tables for residents and adequate shade from the sun during the warmer months.

The inspectors observed that the staff smoking area was in close proximity to one resident's bedrooms on the ground floor leading to cigarette smoke entering the bedroom when the window was open. The inspector noted a strong smell of cigarette smoke in this bedroom making the room an unsuitable environment for the resident and creating a passive smoking risk. This is addressed in the action plan under Outcome 8 at the end of the report.

Storage for equipment such as wheelchairs and hoists was limited and as a result this equipment was stored on view in roped off areas throughout the building which created a cluttered space in some parts of the centre. The inspectors reviewed the service records for the equipment used including, hoists, electric profiling beds, air mattresses, wheelchairs and the passenger lift. Inspectors found that all equipment had been serviced within the last 12 months.

Judgment:
Compliant

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:
Inspectors found that there was a person-centred approach to providing care and services in the centre that respected individual resident's rights and privacy and promoted their independence and autonomy.

Residents were consulted about how the centre was run and were given the opportunity to provide feedback about the service. This process was facilitated through well run residents' meetings, regular contact with the person in charge and the provider nominee and through feedback processes such as the suggestion box and the annual review. Inspectors found evidence of changes being made in response to residents' feedback, for example in the daily routines and activities in the centre.

Residents had access to independent advocacy services as needed. Information about independent advocacy services was available on the resident notice boards and in the resident information guide.

Residents were supported to attend religious activities of their choice. Mass and interdenominational services were held regularly in the centre's chapel. Inspectors saw evidence of pastoral care staff using information technology to successfully support residents with identified cognitive impairment to participate more meaningfully in the services. Residents' families and members of the local community also attended the services which helped to keep the residents in touch with local issues and news.

Residents who spoke with the inspectors said that they were able to exercise choices in a variety of ways including where to eat, choice of food, how to spend their time and where to spend time in the centre during the day. The inspectors found evidence of preferences for care and routine recorded in individual resident's records. Where residents were not able to express their preferences inspectors found that the residents were still consulted and offered choice and that staff worked together and with the resident's family to put together a routine that suited the resident.

The person in charge explained the processes that were in place to support residents who wished to exercise their voting rights. Inspectors were assured that residents were able to exercise their civil and political right as they wished.

There was access to TV, radio and newspapers and magazines. Inspectors observed staff talking with residents about local and national issues. Residents were supported to go to the local shops and to attend events within the local community as they wanted to. There was a telephone available for residents to use in private and some residents had chosen to have a private phone installed in their room.

The centre had an open visiting policy with limited restrictions around meal times. Inspectors observed a number of visitors attending the centre throughout the inspection. Visitors who spoke with the inspectors said that they were always made welcome and that they were encouraged to have input into the residents' day-to-day life at the centre. Staff knew the families and visitors that visited and were observed to work closely with families and visitors to provide care and support for individual

residents. There were areas for residents to meet with their visitors in private including a comfortable visiting room and library in the reception area, and a visitor's overnight room.

The inspectors found that the centre provided a range of activities and entertainments for residents. The programme was seen to provide opportunities for residents with a range of dependencies to be meaningfully occupied. The groups and one-to-one activities were provided in a variety of areas throughout the centre. During the inspection the activities included music and singing, mass, relaxation and a visit by a pet farm. Inspectors observed staff supporting residents to attend the activities. Where a resident did not wish to attend an activity this was respected by staff and recorded in their records. Resident care plans documented preferences for activities and entertainments and staff knew which activities individual residents preferred to attend.

Where residents had communication needs these were identified in their assessment and a care plan agreed with the resident and or their family. Inspectors found that communication needs and relevant care plans were recorded in individual resident's records. Staff were aware of residents' communication needs and were seen to provide support to residents when it was needed, for example in choosing what to eat and which activities to attend.

Judgment:
Compliant

Outcome 18: Suitable Staffing
There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:
Workforce

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

Findings:
Inspectors found that there were appropriate numbers of staff with the necessary skills and experience to meet the needs of residents.

Inspectors reviewed the staffing levels, actual and planned staff rosters, staff training records and spoke with staff, residents and visitors. Inspectors found that there were

sufficient staff with the required skills to deliver safe and effective care to meet the assessed needs of the residents who lived at the centre. The planned rosters took into account the layout of the centre and the levels of care and supervision required. Staff levels were reviewed regularly in response to changing resident dependencies and care requirements.

There was also sufficient housekeeping, laundry catering and administration staff to ensure that the centre was run effectively for the benefit of the residents who lived there. Staff from these departments were observed to be interacting with residents and their families during the inspection. Staff were seen to be respectful and cooperative in their dealings with each other and with the residents and their visitors. Residents and their families expressed high levels of satisfaction in their relationships with the staff team at the centre often commenting on their cheerful and helpful manner and their kindness and courtesy.

Training records showed that all staff had been provided with mandatory training in moving and handling and prevention of elder abuse. The records for fire safety training however was incomplete and not all staff had attended the required training

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Judgment:
Substantially 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:

Ann Wallace
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[1]

Centre name:	Mount Tabor Care Centre
Centre ID:	OSV-0000071
Date of inspection:	19/04/2017
Date of response:	29/05/2017

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 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk management plan in place to mitigate risks of cigarette smoke from staff smoking area entering the nearby ground floor bedroom.

1. Action Required:
Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks

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

identified.

Please state the actions you have taken or are planning to take:
We are currently evaluating different locations and will carry out risk assessments on the proposed areas. We will have a resolution and will have moved the smoking area by 30/09/17.

Proposed Timescale: 30/09/2017

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Resident's bedroom door propped open.
All staff working in the centre have not attended mandatory fire safety training.
The current fire safety progressive evacuation procedure does not clarify the procedure for evacuating residents from the stairwell on the first floor.

2. Action Required:
Under Regulation 28(1)(e) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and residents are aware of the procedure to be followed in the case of fire.

Please state the actions you have taken or are planning to take:
1. A Risk Assessment on this Resident's room was carried out.
2. A system called Dorgard Fire Door Retainer has been installed and addresses this issue.
3. All Mount Tabor staff have completed Fire Safety Training.
4. Mount Tabor Care Centre has consulted with a Fire Safety specialist which led to the increased fire guidance signage and increased refuge space on the 1st floor. Our Fire Officers have documented the evacuation procedures for evacuating residents to the refuge areas and how staff should make contact with other staff and the Fire Brigade from these refuge areas.
5. A simulated night time fire drill was completed on 12/05/17 and a daytime drill was completed on 23/05/17. Both of these drills included residents. The outcomes of these drills may lead to a review/improvement of some of our Fire Safety/Evacuation documentation.
6. The Fire Officers have improved their Fire Safety Training Report template.

Proposed Timescale: 30/07/2017

Outcome 18: Suitable Staffing

Theme:
Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Not all staff had attended fire safety updates.

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

Please state the actions you have taken or are planning to take:
All staff have now attended Fire Safety Training.

Proposed Timescale: Completed

Proposed Timescale: 30/05/2017