



Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Mount Carmel Nursing Home
Name of provider:	Sisters of St. Marie Madeleine Postel
Address of centre:	Abbey Street, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	14 October 2019
Centre ID:	OSV-0000734
Fieldwork ID:	MON-0024848

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Mount Carmel Nursing Home is a two-storey building which accommodates 31 residents, all in single en-suite bedrooms. There is a lift provided between floors. It is located centrally in the town of Roscrea. There is a variety of communal day spaces provided for residents including a dining room, day rooms, chapel, conference room and visitors' room. The centre provides 24-hour nursing and social care for people over the age of 65 years both male and female. Admission may be for long or short-term care. Services such as social programme of activities, daily mass, music entertainment, dietitian and speech and language therapy review are provided at no additional charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	30
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
14 October 2019	09:30hrs to 17:30hrs	Mary Costelloe	Lead

What residents told us and what inspectors observed

The inspector spoke with approximately 12 residents during this unannounced inspection.

Residents spoke highly of the service and care provided. The overall feedback from the residents was one of satisfaction with the service provided. Residents commented that they were well cared for and happy living in the centre.

Residents stated that staff were very nice, kind and that staff came when they called or needed them.

Residents were complimentary of the quality and choice of foods on offer.

Residents told the inspector how they liked their bedrooms and found them to be spacious and comfortable.

Residents confirmed that they were able to choose how they spent their day, for example they could get up when they liked and go to bed at a time of their choice, they could have meals in their bedroom or dining room.

Residents spoke about feeling safe, secure, warm and comfortable in the centre. Some said that they liked the homely atmosphere and that the centre was always clean.

Residents spoke about enjoying attending daily mass and the varied range of activities taking place each day. Some residents said that they liked to read the newspapers which were provided daily.

Capacity and capability

This centre had a good history of compliance and actions from the previous inspection had been addressed. Overall, a good service was being provided to the residents.

The centre was managed on behalf of the Sisters of St. Marie Madeleine Postel by a voluntary committee of management. Arrangements and systems had been put in place following the last inspection to ensure that the board had improved oversight of the quality and safety of care in the centre.

The organisation structures in place within the centre ensured clear lines of accountability so that all members of staff were aware of their responsibilities and who they were accountable to. The nursing management team included the person in charge who was supported in her role by the clinical nurse manager. They both worked full-time in the centre and knew the residents and their individual needs well. The clinical nurse manager deputised in the absence of the person in charge. Both were available to meet with residents, family members and staff which allowed them to deal with any issues as they arose. The nursing management team were supported by board members, the maintenance and finance manager.

The management team demonstrated good leadership and a commitment in promoting a culture of quality and safety. All issues identified at the previous inspection had been addressed. There were weekly management meetings, monthly clinical governance meetings and quarterly board of management meetings. The quality and safety of care was discussed and reviewed at all meetings. The team had continued to evaluate its compliance with relevant standards and regulations and had implemented a quality improvement programme to address any deficiencies. There was a comprehensive audit schedule in place, a new audit tool package had been implemented since the last inspection. Audits were found to be meaningful, informative and used to bring about improvements to the service provided. Regular audits and reviews were carried out in areas such as care plans, environmental hygiene, health and safety, nutrition, medication management, safeguarding, end of life care, restrictive practice and infection control. Feedback from residents committee meetings were also used to inform the review of the safety and quality of care delivered to residents to ensure that they could improve the provision of services and achieve better outcomes for residents.

Resources were available and deployed to improve the delivery of care in line with the centres statement of purpose. The provider had continued to invest in the centre. A new call bell system had been installed and plans were being discussed to upgrade and enhance the enclosed garden area to provide a more user friendly garden for residents. There was an ongoing maintenance programme in place.

The management team were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified as required by the regulations and had all been responded to and managed appropriately.

The management team ensured that safe and effective recruitment practices were in place so that staff had the required skills, experience and competencies to fulfill their roles and responsibilities. They ensured that all staff had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure and all documents as required by the regulations were available.

There were a number of volunteers attending the centre who assisted with a variety of social activities. The roles and responsibilities of volunteers were set out in writing. All volunteers had Garda Síochána vetting (police clearance) in place as a primary safeguarding measure.

The provider had continued to invest in and promote the training and ongoing development of staff and volunteers to ensure that they had the most up to date knowledge and skills to deliver high quality, safe and effective services to residents. Staff were provided with training which included specialist training in relation to care of the older person in areas such as dementia care, management of challenging behaviour, restraint management and end of life care. The management team ensured that mandatory training requirements for all staff were met and updated on an ongoing basis. All staff had received specific training in the protection of vulnerable people to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm. Some volunteers had completed training in order to enhance the activities programme such as 'fit for life' exercise programme and had attended an international two day conference ' Theatre of memory' organised by the European reminiscence network.

There was evidence of a commitment by management to leadership development in the centre. Two staff nurses had recently completed leadership and management training and a another nurse was currently attending this training.

The management team ensured that the staffing levels were reviewed on an on-going basis so that the numbers and skill-mix were sufficient to meet the assessed needs of residents.

Regulation 14: Persons in charge

The person in charge was a nurse and worked full-time in the centre. She had the required experience in the area of nursing the older adult and was knowledgeable regarding the regulations, HIQA's standards and her statutory responsibilities. She demonstrated very good clinical knowledge and knew the individual needs of each resident.

Judgment: Compliant

Regulation 15: Staffing

During the inspection, staffing levels and skill-mix were sufficient to meet the assessed needs of 30 residents. Staffing rosters showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. Additional staff were rostered as required, for example, a resident assessed as requiring additional supports in the evening time had been provided with one to one support during this time.

Judgment: Compliant

Regulation 16: Training and staff development

The management team were committed to providing ongoing training to staff. Staff spoken with confirmed that they had completed all mandatory training and that training was scheduled on an on-going basis.

Judgment: Compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner and kept in a secure place.

Judgment: Compliant

Regulation 23: Governance and management

There were arrangements and systems in place to ensure that the service provided was safe, consistent and effectively monitored. Management systems in place were clearly defined. The person in charge was a nurse and worked full time in the centre. The assistant director of nursing deputised in the absence of the person in charge. There was an on call out-of-hours system in place.

Judgment: Compliant

Regulation 30: Volunteers

All volunteers received supervision and support in line with their role.

Judgment: Compliant

Quality and safety

Residents were supported and encouraged to have a high quality of life which was respectful of their wishes and choices.

Residents had access to appropriate medical and allied health services to ensure that their healthcare needs were met. There was evidence of regular medical reviews and referrals to other specialists as required. This allowed residents to be referred to and avail of these services as required.

Nursing documentation was found to be completed to a high standard. Nursing assessments informed the care plans which were found to be person-centred, individualised and clearly described the care to be delivered. Systems were in place to ensure that care plans were reviewed and updated on a regular basis to ensure that residents up to date care needs were met. Systems were in place to record evidence of residents' and relatives' involvement in the development and review of their care plans.

Residents had access to a pharmacist of their choice. The pharmacists were available to meet with residents in house, nursing staff actively encouraged residents to understand their medicines.

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The centre was accessible and aided residents' independence. A lift allowed residents to independently access both floors.

The corridors were wide and bright and allowed for freedom of movement. Corridors had grab rails, and were seen to be clear of any obstructions. Residents were seen to be moving as they chose within the centre. All areas were bright and well lit, with lots of natural light in all areas. Signage was provided to assist residents find their way easily around the centre. Residents had access to safe, secure outdoor garden areas which were easily accessible from the day room.

Bedroom accommodation met residents' needs for comfort and privacy. All residents were accommodated in single bedrooms with en-suite shower facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their rooms. Bedrooms were spacious, bright and had been

finished to a high standard.

The management team had taken measures to safeguard residents from being harmed or suffering abuse. All staff had received specific training in the protection of older adults to ensure that they had the knowledge and the skills to treat each resident with respect and dignity and were able to recognise the signs of abuse and or neglect and the actions required to protect residents from harm.

Staff promoted non restrictive and non pharmacological interventions as the preferred method of providing support to residents experiencing behavioural and psychological and signs of dementia. Residents also had access to support and advice from the community psychiatric team who visited the centre.

Staff continued to promote a restraint-free environment, guided by national policy. All staff members had received training in the management of restraint. There was one resident using bedrails at the time of inspection. The use of the bedrails were risk assessed and a care plan was in place to guide the care of the resident in line with national policy to ensure resident safety. Regular safety checks were carried out and recorded. Alternatives to the use of restraint including the use of low low beds, crash mats and sensor alarms were in use for many other residents.

While systems were in place to promote safety and manage risks, some aspects of fire safety management required further review. There were policies and procedures in place in relation to health and safety, risk management, fire safety, infection control and contingency plans were in place in the event of an emergency or the centre having to be evacuated. Regular reviews of health and safety issues were carried out to ensure that a safe environment was provided for residents, staff and visitors. There was a comprehensive risk register in place which was regularly reviewed by the person in charge.

There was evidence of regular fire safety checks being carried out, all staff had received on-going fire safety training and regular fire drills being carried out. The servicing of the fire alarm system, emergency lighting and fire equipment were up-to-date. Staff spoken with confirmed that they had taken part in simulated fire drills and had practiced evacuation of compartments. Records reviewed showed that both staff and residents had been involved in carrying out fire drills and the records indicated that evacuation of the compartment had been carried out in a timely manner. However, further assurances were required to ensure that staff could evacuate residents in a timely manner in the event of fire at night time. The person in charge advised that a fire drill simulating night time staffing levels was planned and would now be carried out immediately. The personal emergency evacuation plans(PEEP) for each resident required updating to reflect individual residents evacuation needs at night time.

Residents' rights were protected and promoted. Residents had access to advocacy services and information regarding their rights. A representative of SAGE National advocacy service had recently visited the centre and had provided information for residents regarding their service. Residents' committee meetings continued to

take place on a regular basis. There was evidence that issues raised by residents were followed up by the management staff.

Residents were treated a dignified manner and in a way that maximised their choice and independence. Residents were free to join in an activity or to spend quiet time in their room, and were encouraged and supported to follow their own routines. The inspector observed many residents mobilising about independently both inside and outside the centre. Residents continued to maintain links with the local community. There continued to be regular visits from local musicians and volunteers. Many residents attended social events in the locality and many had availed of outings to places of local interest during the summer months. Photographs were displayed of residents enjoying a variety of activities including day trips and themed events.

Regulation 17: Premises

The centre was found to be accessible and provided adequate space to meet residents needs. The centre was well maintained, clean and nicely decorated. There was a good variety of communal day spaces as well as additional seating provided in the hallways. Grab-rails and handrails were provided to bathrooms and corridors. Safe floor covering was provided throughout. Adequate assistive equipment was provided to meet residents' needs.

Grab-rails and handrails had been provided to the two new en-suites and new corridor areas following the last inspection.

Judgment: Compliant

Regulation 26: Risk management

There was a risk register in place which had been updated following the last inspection. It was regularly reviewed by the person in charge. However, the

evacuation of residents in the event of fire or other emergency when staffing levels were at a minimum, for example at night time had not been included. This is referenced under Regulation 28: Fire safety.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Further assurances were required to ensure that staff could evacuate residents in a timely manner in the event of fire at night time.

Fire drill records reviewed did not provide assurances that residents could be evacuated safely in a timely manner in the event of fire at night time. While records reviewed showed that fire drills were being carried out, there were no records to indicate the time taken to evacuate individual fire compartments simulating night time staffing levels.

The personal emergency evacuation plans (PEEP) for each resident required updating to reflect residents individual evacuation needs.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Comprehensive up-to-date nursing assessments were completed including in nutrition, falls, dependency, manual handling, bedrail use, continence and skin integrity. An informative daily life plan of care was documented for each resident. Care plans were found to be informative, individualised and guided staff in the specific care needs of residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were reviewed and they had access to a range of health and social care services. All residents had access to a choice of general practitioner (GP) services and residents could retain their own GP if they wished. There was an out-of-hours GP service available if a resident required review at night time or during the weekend. A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic and psychiatry of later life services. Chiropody and optical services were also

provided. A social care assessment was completed for all residents which detailed what activities and pastimes were of specific interest and appropriate for them.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to protect residents from abuse and neglect. There were comprehensive policies on the prevention, detection and response to abuse. Staff continued to promote a restraint-free environment. The management team confirmed that Garda vetting (police clearance) was in place for all staff, volunteers and persons who provided services to residents. A sample of files reviewed by the inspector confirmed this to be the case. All staff had received specific training in the protection of vulnerable adults.

Judgment: Compliant

Regulation 9: Residents' rights

Staff were observed to treat residents in a dignified manner and in a way that maximised their choice and independence. Residents had access to advocacy services, information on local events, notice boards, radio, television, the Internet and Skype. Daily and regional newspapers were provided. There was a range of appropriate, meaningful and interesting activities provided for residents. Residents varying religious and political rights were supported. Mass was celebrated each day in the centres church and also relayed by video link to televisions in bedrooms and day room areas. Residents were facilitated to vote in house, residents had been supported to vote both in-house and some in their own polling stations during recent elections.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 30: Volunteers	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Carmel Nursing Home OSV-0000734

Inspection ID: MON-0024848

Date of inspection: 14/10/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 26: Risk management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management: Risk Register updated to include the evacuation of residents in the event of fire or other Emergencies when staffing levels are at a minimum i.e. 3 staff at night	
Regulation 28: Fire precautions	Not Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: <ul style="list-style-type: none"> • Staff training – In addition to existing Fire Emergency Procedures a new Q&A Emergency Evacuation training tool has been implemented and circulated to all staff. • Awareness of Fire Zones – Zone number outlining number of bedrooms and the bedroom numbers are now displayed on the wall of each zone as you enter the zone to raise staff awareness of the zones. • Personal Emergency Evacuation Plans (PEEP) – Each resident room now has a PEEP displayed on the back of their door outlining their evacuation needs day and night plus equipment required to evacuate and where this equipment is located. • Floor plans amended to make the zones more identifiable • Fire drills have commenced with 3 staff members simulating night- time evacuation (4 completed since inspection) with good learning outcomes. These drills will continue over the next month until all staff have participated in a simulated night- time evacuation. • As part of the learning outcome of night duty simulated evacuation drills, 4 additional wheelchairs were purchased. In addition, a new cordless phone dedicated for emergency use has been purchased and installed beside the Fire Panel. • Since inspection we contacted Tipperary Fire and Rescue Services. They have carried out a site visit at the nursing home to update their current information details and to record on plans and photograph critical incident related information, such as site 	

hazards, service isolation points etc. Following the update of their information, they are arranging with the local Brigade Station Officer to carry out a site visit to review the pre incident plan. Person in charge and fire safety representative will maintain regular contact to ensure this action occurs promptly.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	01/11/2019
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	01/12/2019