

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mount Carmel Supported Care Home
Centre ID:	OSV-0000546
Centre address:	Prologue, Callan, Kilkenny.
Telephone number:	056 772 5301
Email address:	mountcarmelcallan@gmail.com
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Mount Carmel Community Trust Limited
Provider Nominee:	Breda (Mary Brigid) Somers
Lead inspector:	Noelene Dowling
Support inspector(s):	Maria Scally;
Type of inspection	Announced
Number of residents on the date of inspection:	20
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.

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
26 March 2015 10:00	26 March 2015 07:30
27 March 2015 08:30	27 March 2015 15:30

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

The purpose of this inspection was to inform the decision of the Authority in relation to the application by the provider to renew the registration of the centre which was granted registration in 2012. All documentation required for the registration process was provided.

Mount Carmel is a voluntary centre, established for the supported care of older people from the local and surrounding areas. The centre provides long-term and respite care for a maximum of 20 residents who require minimal assistance in a homely environment. There is independent supported accommodation also provided on the site and a day care service is operated from the premises twice weekly. On

the day of inspection there were 17 residents living in the centre with three residents in hospital. Funding for the service is by way of a grant and service level agreement with the Health Service Executive (HSE) under section 39 of the Health Act, 2004, voluntary fundraising, and residents' own contributions.

The centre was the subject of thematic inspection in 2014 and had one minor and one moderate non compliance in end of life care and medication management. The action in relation to medication had been satisfactorily resolved and work had commenced on the action in relation to end of life care. The inspector also reviewed the actions outstanding following the previous monitoring inspection which took place in August 2013 and found that of the eight actions required five had been satisfactorily completed. Those not completed included access to a generator, safe storage of medication in residents own bedrooms and audits of quality and safety of care.

The centre was granted registration under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 30 March 2012 which stipulated that if the centre provides care only to residents who do not require full-time nursing care the person in charge is not required to be registered as a nurse and fulltime nursing care is not required. The condition attached to the registration allows for the admission of residents who are assessed as low dependency. The provider had adhered to this condition.

The inspection found that the service was managed and operated in a manner which prioritised the needs and wishes of the residents. Their views were actively elicited and acted upon. There was a significant emphasis on their right to make choices and remain as independent as possible. This inspection found that there was a commitment to good practice in resident's access to all health care services, a balanced approach to risk management and good complaints management. The premises are suitable for its purpose, homely, well maintained and located in the centre of a small rural community.

The inspector reviewed questionnaires received from some relatives and residents. The commentary was very positive and complimentary regarding the care provided, the kindness and availability of staff and management, their ability to choose their own routines and how safe they felt living in the centre. The inspector was also informed by the residents during the inspection that they felt very much at home, could come and go as they please with the support of staff and that staff always made time to talk with them.

Some improvements were identified in the following areas:

- deployment of staff in the mornings
- availability of nursing support
- records and documentation
- maintenance of individualised assessments and care plans
- risk assessment procedures
- governance procedures to review the quality and safety of care
- provision of an annual report.

These issues are covered in more detail in the body of the report and actioned at the end of the report.

The inspection took place at time of change for the organisation in that the person in charge was in an acting capacity in the absence of the previous person in charge.

Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

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 statement of purpose had been forwarded to the Authority as part of the application for registration with a minor amendment required to ensure the low dependency category of care was adhered to, and the arrangements for the absence of the person in charge. This information was revised and incorporated at the time of inspection. Admissions to the centre and care practices were congruent with the statement.

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):

No actions were required from the previous inspection.

Findings:

The designated centre was managed by a voluntary committee. There was a designated acting person in charge with devolved responsibilities and a nominated provider who demonstrated awareness of the responsibilities of the role. Resources were well utilised

to ensure the safe and effective delivery of care.

As yet no annual review of the service had been undertaken but the provider was aware of the requirement to undertake such procedures and outlined the intention to commence a formal review of service and provide a more robust system of reporting and monitoring. This would support the review of quality and safety of care. While a formal survey of the residents had not taken place in 2014 there were avenues including the comprehensive residents meetings, day-to-day consultation and the regular presence of a member of the management committee who was also the general practitioner to ensure resident's views were heard.

Reporting mechanisms were informal but regular and the inspector found that the board were supportive and available to the acting person in charge during this interim period.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

There was a resident's guide available and each resident was provided with a contract of care, a sample of which indicated that they were signed within one month of admission. The contract clearly defined the service to be provided and all fees were identified in the contract. Costs for the retention of the resident's room in the event of them spending a period of time at home or in hospital were also defined in the contract.

Judgment:

Compliant

Outcome 04: Suitable Person in Charge

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

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The acting person in charge demonstrated knowledge of the legislation and statutory requirements appropriate to the role and was engaged full-time with the governance, management and administration of the centre. She had been working as the senior career in the centre for a considerable period of time. Due to the registration status of the centre the person in charge is not required to be a qualified nurse but had a relevant qualification. Both residents and staff recognised and could identify the person in charge and expressed their confidence in her. Appropriate deputising arrangements were also in place.

The findings of this inspection spanned a period governed by the current acting person in charge and the previous person in charge who was a nurse. The findings in Outcome 11 Health and Social Care indicate that regardless of the qualification additional support is required for the person in charge to carry out all functions satisfactorily in relation to clinical care of residents and this should be reviewed by the provider. This is actioned under outcome 18 Workforce.

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):

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

Findings:

The inspector found that the records required by regulation in relation to residents, including assessment and care plans were not entirely complete. Some records were written retrospectively and in some instances no daily record of care was maintained. Records of personal belongings were maintained and records required by Schedule 2 in relation to staff were found to be complete.

A number of policies required amendment or development. These included the risk management policy, complaints, personal property and possessions and monitoring of food and nutrition.

Documents such as the residents guide and directory of residents were available and up to date. The inspector saw that insurance was current and included the liability for resident's personal property as required by the regulations. Reports of other statutory bodies were also available. Written evidence of compliance with the statutory fire authority had been forwarded to the Chief Inspector as part of the application for registration. A visitors log was available and used.

Judgment:

Non Compliant - Moderate

Outcome 06: Absence of the Person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The provider understood the statutory requirements in relation to the timely notification of any instances of absence in relation to the post that exceeded 28 days and had duly informed the Authority of this when it occurred. The acting person in charge was supported by a senior carer and during periods of annual leave the inspector was informed that the senior carer undertook the duties and roster of the person in charge and the arrangements were satisfactory. All relevant documents were been forwarded to the Authority following the inspection.

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:

The inspector was satisfied that resident's safety and welfare was prioritised. A review of a sample of financial records indicated that systems were transparent and detailed and undertaken with the residents consent. The provider was acting as agent for one resident. All of the required documents were in place and all monies were given to the resident before fee payments were deducted. Residents could at any time be given a record of their finances and payments to the provider. There was a policy on the management of resident's finances. Most residents managed their own finances and the inspector noted that the staff offered whatever practical support was necessary including taking residents to the post office if this was needed.

The inspector reviewed the policy and procedures on the prevention, detection and reporting of abuse and found that it was satisfactory and in line with all guidelines and requirements. The policy demonstrated an understanding of the role of other statutory bodies and the responsibility of all persons connected with the centre to act responsibly. Records demonstrated that all staff had received updated training in the prevention, detection and response to abuse.

Staff spoken with demonstrated an understanding of their own responsibilities in relation to the protection of residents and signs and symptoms of abuse which would indicate concern. They also expressed their confidence in the acting person in charge and the board to act on any concerns which may arise. They understood the avenues to take should the management not act responsibly. The inspector was informed that no such allegations had been made.

As required following the inspection of 2013 a lone working policy had been implemented to support resident's safety. This was detailed and made specific stipulations as to what experience and training was required for those staff who worked alone at night. Residents informed inspectors that they felt very safe and well cared for in the centre. They were familiar with the acting person in charge and members of the board and expressed their confidence in being able to address any issues.

A small number of residents had mental health issues which required support from staff. Challenging behaviours were not a feature. There was a policy on the management of

challenging behaviours which was in accordance with national policy and guidelines. Staff demonstrated their understanding of the residents psychosocial needs and how best to support them. These were also detailed in a number of care plans reviewed. There was evidence of multidisciplinary review from psychiatry of old age where this was required.

Methods of restraint or restrictive practices were not used as matter of course. In one instance the inspector noted that for the residents own safety the front door was secured during the day. From records and interviews the inspector was satisfied that this was managed appropriately with clinical overview, other options examined, was undertaken for the minimum time period, and adequately recorded. The other residents were consulted due to the impact on them of the locked door. A review of medication charts indicated that Pro-re-nata (as required) medication was not used for restrictive purposes.

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:
Issues identified at the previous inspection in relation to risk had been addressed with fire fighting equipment being available in the smoking room and assessments for residents undertaken in relation to this. Overall the inspector found that resident's safety was prioritised with a balanced approach taken to risk management and the resident's right to make choices with some improvements required.

Improvement was required in the risk management policy which did not include all of the requirements of the regulations and a process for learning and review from accidents or incidents had not been formalised. In practice risks identified were responded to with appropriate actions taken following any accidents or incidents. These included replacement flooring, the use of non slip floor mats and risk assessments for residents who smoked.

There was a current and signed health and safety statement available and health and safety audits of practices and the environment were undertaken monthly. Actions and control measures were identified. Systems for review of safety and risk were evident.

There was an emergency plan which contained all of the required information including

arrangements for the interim accommodation of residents should this be necessary. There were missing person's profiles and a detailed personal evacuation plans for residents available in suitable locations for ease of access.

Emergency phone numbers were available to staff. As required following the 2013 inspection additional personnel had been identified who were in close proximity to the centre should they be needed in an emergency, for instance at night. Additional emergency alarms were also available for night staff.

Core safety features including safe flooring, hand-rails, call-bells and secure exits and entrances at night were evident. Training records demonstrated that staff had undergone training in moving and transporting residents and in first aid. A number of staff were trained to undertake basic monitoring including blood pressure if this was required. Where falls or other incidents had occurred the inspector found that appropriate medical review was sought promptly.

Policy on the prevention and control of infection was satisfactory and staff were knowledgeable on the procedures to be used on a daily basis and in the event of any specific infection related concern. Staff were observed taking appropriate precautions and using personal protective equipment. In a recent outbreak of an infectious illness prompt actions were taken to prevent spread including the closing of the day centre and additional cleaning methods employed.

Fire safety management systems were found to be satisfactory. All staff had undergone fire safety training annually and drills were held twice yearly. The fire procedure was displayed and staff spoken with were knowledgeable on the procedures to be used in such an event including which residents may require the use of a wheelchair if quick evacuation was required. Documentation confirmed that the fire alarm and emergency lighting was serviced quarterly and other equipment serviced annually as required. Daily checks on the exit doors and the fire panel were recorded.

Improvements were required in the risk assessment and support measures for some residents who smoked as the inspector found that the residents underlying health needs had not been sufficiently accounted for in the assessment and support measure. The call bell in the smoking room was not operational and access to the generator required following the 2013 inspection had not been addressed. The provider stated that this was part of an ongoing plan currently in train.

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):

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

Findings:

Current policy on the management of medication was centre-specific and in line with legislation and guidelines. Systems for the prescribing, receipt of, management, administration, storage and accounting for medication were satisfactory. No controlled medication was being administered at the time of the inspection but there were appropriate systems in place should this be required.

There were appropriate documented procedures for the handling, disposal of and return of medication. There was evidence on records that medication was reviewed three monthly or more often for individual residents. Staff were prompt in monitoring and reporting any adverse affects.

No transcribing practices were used. The staff had received training in medication management in 2014 which included the function of the medication and the potential side effects and this training was continuing for 2015. A number of medication audits had been undertaken in 2014 and early 2015. Matters noted included some instances where staff were not signing for the administration of medication. Actions from the thematic inspection also included medication management practices in relation to administration practices. Actions had been taken to address these issues and a reduction in any discrepancies was evident from the records available. This action included extensive training and auditing.

At the time of this inspection a number of residents were assessed as having the capacity to self-administer medication in acknowledgement of their independence and residents had opportunities to discuss their medication. There were safe storage facilities provided in the resident's bedrooms. However, in some instances the storage arrangements in the rooms were not used which could pose a risk to other residents. This was an action in the inspection of 2013.

Judgment:

Substantially Compliant

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that the provider had complied with the responsibility to forward the required notifications to the Chief Inspector. Incident reports were reviewed and actions were taken where these were necessary.

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:

All of the residents living in the centre had been assessed as low dependency and not requiring full time nursing care. The inspector was satisfied that the residents health and care needs were met to a good standard and that they were consulted and supported in relation to all of their needs. Some improvements were required in the documentation of care plans to address the issues identified and in some instances care plans and assessments had not been updated within the four monthly time frame.

There was a dedicated general practitioner which ensured continuity of care and prompt and frequent access to allied services such as chiropody, dentistry, ophthalmic care, mental health specialists, tissue viability specialists, dieticians and public health nursing support.

Residents informed the inspector that they were very satisfied with the health care provided to them and there was evidence that they were consulted and involved in decisions. User friendly care plans including social care plans had been implemented in consultation with the residents and these were held by the residents themselves.

A number of evidenced based assessment tools were used to identify the resident's needs including their social, psychological and health care needs. While some of the care plans were very detailed and guided the delivery of care there were deficits in others for identified risks such as falls and risk of pressure areas. The required reviews of the assessments and care plans were not consistently evident and some care plans had not been updated for over twelve months.

The inspector acknowledges that the acting person in charge had made considerable efforts to undertake this process for all residents since taking up post. This outcome has been impacted upon by the lack of a consistent nursing presence in the centre although cannot entirely be explained by this given the time frames involved. This is detailed further in Outcome 18 Workforce.

However, from a review of medical and other records and interviews the inspector was satisfied that these deficits were primarily in documentation and that the care required by the residents had been delivered.

There was evidence that where residents needs increased beyond the capacity of the provider, timely referral for assessments were made. There was evidence arrangements in the centre increased while awaiting transfer to a more suitable care service and consultation with the resident was evident.

Where short-term injury or surgery indicated that a stay in a full time nursing environment was necessary this was also arranged and the resident was then able to return to the centre following recovery. Transfer information was available and the inspector found that pre-admission assessment and information was sufficient to inform the decision in order to ensure the provider could meet the needs of the residents.

The inspector found that there was a dependency on the acting person in charge and senior carer to document daily records of the care and treatment. While the records reviewed were very detailed no records were written in the absence of these staff. However the inspector was satisfied that the pertinent information was recorded, if retrospectively. This is actioned under Outcome 5 Documentation.

Information on health was made available to the residents who were very well informed and encouraged by staff to make good choices. Residents social care needs were identified and their circumstances well understood and respected by the by the staff who supported them to remain independent with their own routines.

Judgment:

Non Compliant - Moderate

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 premises are fit for purpose and were suitable to meet the needs of all residents. It is a single story building located in the centre of a rural community with ease of access to all services. The environment was very homely, well decorated and maintained in a style which was comfortable. All bedrooms were single, very comfortable and personalised with belongings and furniture laid out as the residents themselves wished. There are spacious communal areas including a dining room and living room, large recreation room and hairdressing room which are bright and spacious and easily accommodate the number of residents. All bedrooms are single with three having suitably adapted en suites with shower toilet and hand basin.

There were three separate assisted showers and bathrooms and two separate toilets for residents in easily accessible locations. The corridors provide ample room for residents to walk safely. Grab-rails and non-slip flooring is provided.

There is a garden, parking and seating area to the front and a small court yard is centrally located which can be accessed by residents. A plan is in place to renovate this area and provide planting and seating for residents. A secure drug / treatment storage room and suitable sluice facility is in place.

The kitchen is used to prepare residents meals and for the meals-on-wheels service which operates from the centre. It is suitably equipped and there are adequate food storage areas. The premises are protected by an intruder alarm. There is a separate washing area for kitchen staff and a staff toilet and changing area.

The heating and lighting was satisfactory. A high standard of hygiene and maintenance was evident. The residents do not require the use of hoists or other significant assistive equipment. Walking aids and rollators were available for residents who required these. A number of wheelchairs were also available should they be required in the event of a resident becoming ill. Records demonstrated that equipment such as heating was serviced and kept in working order and residents own equipment was also maintained satisfactorily.

Judgment:

Compliant

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

There was a revised written operational policy and procedure for the making and management of complaints which was in line with the regulations with a minor amendment required. This was the identification of the person nominated under Regulation 34 to monitor the process and outcome of complaints and how this would be achieved. The policy included an external appeals process, and encouraged local and immediate resolution where this was feasible. There were time-scales and responsibilities outlined. A synopsis was posted in a suitable area of the premises although this was historical and did not fully correlate with the policy.

Examination of the complaint log indicated that where complaints were made they had been resolved quickly and locally and the views of the complaint ascertained. The residents informed the inspector that any issues they raised were promptly dealt with. The inspector was also informed that the provider was informed verbally of any issue which had been raised. by residents. This process was not formalised however and is actioned under Outcome 2 Governance.

Judgment:

Substantially Compliant

Outcome 14: End of Life Care

Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.

Theme:

Person-centred care and support

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

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

Findings:

The centre had been the subject of an inspection focused on end of life care in and was found to have a non compliance in two areas. These had been partially addressed. These were in developing advanced care directives and eliciting resident preferences for end of life care and the maintenance of records of resident's and documenting their preferences in relation to this. The acting person in charge was in the process of devising a template to address this and eliciting the resident's wishes and preferences in relation to care and treatment at this stage of life. There was an acknowledgement that this was a sensitive matter and should be managed with care.

While the policy on personal proprieties was not in place all residents had updated personal belongings details on file. The centre caters for low dependency/independent residents and in the event that a resident's dependency increases to a level where more than minimal assistance is required with activities of daily living, their transfer to alternative accommodation is planned in liaison with the relevant health professionals. If this was not possible all care and support in the event of a sudden deterioration would be provided within the centre.

A review of a record pertaining to a resident who had passed away in the centre demonstrated that prompt and supportive care had been provided. The resident's wishes for care and place of death had been respected and all medical, palliative and spiritual support was provided. The resident was fully informed and consulted with in the process.

Relatives were also kept informed and enabled to remain in the centre as long as they wished. As all rooms were single this could be facilitated. Resident were also kept informed and supported to attend the funeral. The records available and interviews indicated that all legal requirements including verification of death were adhered to and the records were complete and detailed. They were written in a detailed and respectful manner.

Judgment:

Substantially Compliant

Outcome 15: Food and Nutrition

Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.

Theme:

Person-centred care and support

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

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

Findings:

The centre was the subject of a thematic inspection on food and nutrition in 2014 and was found to have a minor non compliance in relation to updating of the food and nutrition policy. This action had not been resolved satisfactorily.

Residents were weighed on admission and monthly or weekly and evidenced based assessment tools were used to monitor nutritional status. There was evidence that prompt referral to dieticians or speech and language therapists were made as required. Resident's food preferences and needs were documented on admission and communicated to the catering staff who were found to be both knowledgeable and facilitative of their preferences and specific dietary requirements. In keeping with the low dependency level of the residents none were on modified consistency diets although staff were knowledgeable on practice should this occur.

Assistive cutlery was available for residents who required this but their choice as to whether they used this or not was respected.

From a review of a sample of care plans undertaken there were records of relevant monitoring with regard to nutrition and weight. Any nutritional supplements were appropriately prescribed by the residents GP and records showed that these were administered. Residents were encouraged to take fluids and there was a choice of menu for all meals. Some chose to have their breakfast in bed or tea in bed and breakfast later and could have all meals in their rooms if they so wished. A tea/coffee making facility had been installed in the day room so that residents could help themselves independently.

Residents with whom the inspector spoke expressed high levels of satisfaction with the quality and quantity of the food and the fact that meals and snacks were available at any time.

The food was all freshly prepared. The dining room was pleasant and food was served in a pleasant social atmosphere.

The catering staff had training in food hygiene and appropriate food safety management systems were in place.

Some improvement was still required in the development of the nutritional monitoring policy and in the clarity of communication to the catering staff in regard to residents whose food required to be fortified. The inspector acknowledges that this was not a significant feature and that the evidence indicated that resident's dietary needs were being met with significant improvements in weight since admission. Additional food types were purchased to increase calorie intake and encourage residents to eat. This was discussed with the provider at feedback and it was agreed that communication systems would be reviewed.

Judgment:

Substantially 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:

The inspector found that there was commitment to promoting and supporting residents' capacity to exercise personal choice and ensure they were involved and consulted in the routines and in their care needs. The residents spoken with by the inspector indicated a significant level of satisfaction with their quality of life at the centre. The statement of propose states that one of its aims is "to promote independence and autonomy" and there was evidence that this was actively promoted and understood by both staff and management in the day to day care at the centre.

The residents meetings which were held regularly and had a significant attendance by residents indicated that they were consulted in a genuine manner so as to include them in the running of the centre. Given the independent nature of the residents they were very capable of making known their views about the quality of care and did so. For example, they were involved decisions as to how best to use monies which had been sourced via fundraising and their views were taken on board. Their views on the changes to the management structures were listened to and they were kept fully informed. This consultation was also evident regarding food preferences or activities.

Residents were encouraged and supported to remain in control of their own finances and to have information on their health care needs with which to make decisions. Their preferences for daily routines and meaningful engagement were supported by the staff. They could attend religious services in the local community. Many went out for walks or to the town, to shops or to the hairdresser as they wished. There was transport available and staff were available to accompanied residents if this was necessary. Residents had hand painted "do not disturb signs" which the inspector observed they used on the doors to indicate they wanted privacy. Staff were observed being sensitive to residents need for privacy.

Activities included a weekly interactive music session at which residents danced and sang songs, a weekly art class which included undertaking depictions of stories or memoires from resident lives, gentle exercises to music and conversations with staff as to current events and local news. There were books and games evident. The acting person in charge was previously the activities coordinator but the inspector found no

evidence that this change had been allowed to impact negatively on the residents.

A day care service was operated on two days per week. Up to twelve people attended this. The accommodation was suitable for this number and the functions of the day care and residential service were not separated. Residents knew many of the day care attendees and said this was an opportunity to get local news and meet friends. Residents stated that they enjoyed this interaction.

There was an advocate appointed by the board of management. However, this role had not been fully developed although the residents were informed that this was available. The provider informed the inspector that they were in the process of seeking a fully independent advocate as a more transparent system for the residents. Some residents had communication difficulties and or required hearing aids. There was evidence that they had access to the relevant specialists and staff understood their communication needs very well.

Judgment:

Compliant

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

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

Findings:

The policy on personal property was not in place and this is actioned under Outcome 5 Documentation. However, updated lists of all property had been compiled with the resident by the acting person in charge. The person in charge confirmed that residents had access to, and retained possession of, personal belongings and finances. The inspector noted that resident's rooms were personalised with belongings and photographs and adequately furnished with suitable storage facilities for clothing and possessions. A facility for locking items away safely was also available in each room.

There were suitable facilities available for laundering of residents clothing and linens and the inspector observed that items were individually labelled to ensure the safe return to the residents. The inspector was informed by residents that clothing going missing was not an issue. There was appropriate segregation of linens and clothing evident.

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the numbers of staff available were suitable to meet the assessed needs of the residents with some improvements required. The centre is registered on the basis that the residents do not require fulltime nursing care in accordance with the revised Regulations 2013. The regulations also stipulate that even at low dependency residents medical and healthcare needs are assessed by suitable staff and that interventions are planned for. The previous person in charge had been a suitably qualified nurse who fulfilled both functions. Since November 2014 no consistent nursing support had been available to the residents. However, as stated previously the findings in Outcome 11 Health and Social Care indicate the there has been a deficit for some time in maintaining the updated assessment and care plans as required. Given that the person in charge has responsibility for twenty residents and the day care service the ability to provide the required clinical support requires review.

During the intervening period support was procured from the Health Service Executive (HSE)where residents had specific care needs such as wound care and also to oversee admission and ongoing assessments. This was discussed with the provider at feedback and it was agreed that a nurse who had knowledge of the residents would be available one day per week until the arrangements regarding the person in charge were finalised. The acting person in charge and staff, demonstrated competency and a sound knowledge of the residents, their healthcare and personal needs.

All full time staff were non nursing staff but there had been a significant commitment to training and development. All staff bar one had Further Training and Education Awards Council (FETAC) level five training supported by the provider. All mandatory training including fire safety, the protection of vulnerable adults and manual handling was found to be updated in late 2014 and early 2015. This training included the procedure for staff to enable residents to regain their balance following a fall if only one staff was available.

All staff had first aid training and training in challenging behaviour was updated for all

staff in 2015. New staff were briefed in fire safety procedures and there was a detailed induction programme which included supernumery time for staff. There were dedicated night staff and they were obliged to have (FETAC) level five and all mandatory training. A schedule of planned training was available for 2015 and this included further medication management training and training in end of life care.

The acting person in charge has initiated monthly staff meetings to ensure care is consistent. A review of the minutes of these meetings indicated that they were used to advice on practice and on residents care needs. Following the inspection of 2013 the provider had as required placed an additional staff on at weekends to ensure care could be delivered. since then in response to an incident an additional staff was also allocated until 21:00hrs at night. On this inspection the roster demonstrated that from 07:30hrs until 08:30hrs only the catering staff are present in the centre. They are required to administer medication at this time to residents who require or want it and respond to any calls for assistance. They had received the appropriate training to do so and also had training in moving and transporting residents. However, this is a very busy time for catering staff and in the inspectors view this allocation is a potential risk to residents.

A review a sample of personal files indicated that the provider had made the required improvements in the recruitment procedures with all relevant documentation available for staff and the information had been verified.

Where staff were employed via the community employment scheme the provider sourced the Garda Síochána vetting independently and also reviewed all other documentation available from the agency.

Staff were observed to be kind, patient and very supportive of the residents and were aware of the statutory requirements and standards in relation to the delivery of care and copies of relevant guidance was available at the centre.

Judgment:

Non Compliant - Moderate

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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Mount Carmel Supported Care Home
Centre ID:	OSV-0000546
Date of inspection:	26/03/2015
Date of response:	24/04/2015

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:

Governance arrangements required review to ensure there are robust reporting systems, monitoring of care practise and overview of complaints management.

Action Required:

Under Regulation 23(c) you are required to: Put in place management systems to ensure that the service provided is safe, appropriate, consistent and effectively

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

monitored.

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

A formal review of the service will be undertaken and management and reporting systems will be developed which ensure that: care practise is effectively monitored; complaints management is subject to effective oversight; and that the service is safe, appropriate, consistent and effectively monitored.

Proposed Timescale:

The process described above is in train and will be completed by 31/07/2015

Proposed Timescale: 31/07/2015

Theme:

Governance, Leadership and Management

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

No annual review of the quality and safety of care had been undertaken.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

A formal review of the quality and safety of care will be undertaken.

Proposed Timescale:

The review will commence on 05/05/2015 and will be completed by 30/06/2015

Proposed Timescale: 30/06/2015

Theme:

Governance, Leadership and Management

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

Systems for including the views of residents and relatives in an annual review had not been implemented

Action Required:

Under Regulation 23(e) you are required to: Prepare the review referred to in regulation 23(1)(d) in consultation with residents and their families.

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

Systems for consulting with residents will be enhanced, and systems for consulting with relatives will be further developed – in order to ensure that they receive full expression in the annual review.

Proposed Timescale:

The process will commence on 05/05/2015 and will be completed by 30/06/2015

Proposed Timescale: 30/06/2015

Outcome 05: Documentation to be kept at a designated centre

Theme:

Governance, Leadership and Management

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

Not all of the required policies were in place or satisfactory to guide practice .This included the complaint resident personal property and possessions and monitoring of food and nutrition policies.

Action Required:

Under Regulation 04(1) you are required to: Prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.

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

A comprehensive policy review is in train and the issues raised with regard to risk management policy, complaints policy, personal property and possessions, and monitoring of food and nutrition policies will be addressed in the review.

Proposed Timescale:

The policy review will be completed, appropriate amendments will be made, and the actions necessary for implementing required changes to policy will completed by 31/05/2015.

Proposed Timescale: 31/05/2015

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Records required by Schedule 3 in relation to residents were not maintained satisfactorily.

Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

A more structured and systematic approach to timely information gathering, recording, record keeping, action planning and monitoring will also be developed and implemented.

Proposed Timescale:

The enhancement of the record system will be completed by 31/07/2015

Proposed Timescale: 31/07/2015

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 policy did not contain guidance on assessment of risks as detailed by the regulations and the procedures to d control these risks.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The risk management policy will be reviewed, required changes will be made, and the enhanced policy will be implemented.

Proposed Timescale:

The enhanced policy will be implemented by 31/05/2015.

Proposed Timescale: 31/05/2015

Theme:

Safe care and support

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

Systems for investigating and learning from accidents or incident were not satisfactorily addressed in the risk management policy.

Action Required:

Under Regulation 26(1)(d) you are required to: Ensure that the risk management policy set out in Schedule 5 includes arrangements for the identification, recording, investigation and learning from serious incidents or adverse events involving residents.

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

Appropriate systems will be developed and implemented in the context of the review of risk management policy described earlier.

Proposed Timescale: 31/05/2015

Theme:

Safe care and support

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

Some risks had not been identified including:
satisfactory assessment of residents who smoke
working call bell in the smoking room:
The availability of a generator for emergencies.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

The required enhancement of policy and practice will be implemented in the context of the review of risk management policy described earlier.

Proposed Timescale: 31/05/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

Medication was not stored securely at all times.

Action Required:

Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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

Systems for ensuring that the safe storage facilities for medication kept in resident's bedrooms are used at all times will be reviewed and upgraded, all necessary information giving / training will be provided to residents and staff.

Proposed Timescale: 31/05/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

Some assessments had not been reviewed within the required time frame.

Action Required:

Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

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

A more structured and systematic approach to the timely assessment of residents needs will be developed and implemented together with enhanced monitoring of compliance in this area.

Proposed Timescale: 31/05/2015

Theme:

Effective care and support

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

Care plans were not consistently reviewed within the required time frames.

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:

A more structured and systematic approach to the timely review and enhancement of resident's care plans will be developed and implemented together with enhanced

monitoring of compliance in this area.

Proposed Timescale: 31/05/2015

Outcome 13: Complaints procedures

Theme:

Person-centred care and support

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

The complaint procedure displayed did not correlate with the policy as outlined.

Action Required:

Under Regulation 34(1)(b) you are required to: Display a copy of the complaints procedure in a prominent position in the designated centre.

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

The complaints procedure currently displayed in the centre will be reviewed and amended to ensure that it correlates fully with the approved policy.

Proposed Timescale:

The new version of the complaints procedure will be completed and displayed by 31/05/2015

Proposed Timescale: 31/05/2015

Theme:

Person-centred care and support

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

The policy did not clearly stipulate who was responsible for overseeing the management of complaints.

Action Required:

Under Regulation 34(3) you are required to: Nominate a person, other than the person nominated in Regulation 34 (1)(c), to be available in a designated centre to ensure that all complaints are appropriately responded to and that the person nominated under Regulation 34 (1)(c) maintains the records specified under in Regulation 34 (1)(f).

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

A suitable person will be nominated their name included in all complaints policy and procedures documentation.

Proposed Timescale: 31/05/2015

Outcome 14: End of Life Care

Theme:

Person-centred care and support

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

Systems to elicit the wishes and preference of resident in relation to end of life care were not fully implemented.

Action Required:

Under Regulation 13(1)(a) you are required to: Provide appropriate care and comfort to a resident approaching end of life, which addresses the physical, emotional, social, psychological and spiritual needs of the resident concerned.

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

Systems to elicit the wishes and preferences of residents in relation to end of life care will be reviewed, appropriate staff training will be provided, and all residents will have their wishes and preferences identified.

Proposed Timescale: 31/07/2015

Outcome 15: Food and Nutrition

Theme:

Person-centred care and support

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

Communication systems between catering and care staff did not consistently ensure that residents dietary needs were adhered to.

Action Required:

Under Regulation 18(1)(c)(iii) you are required to: Provide each resident with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.

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

Food and nutrition policy and procedures will be reviewed and updated to ensure adequate nutritional monitoring and clear communication to catering staff in regard to residents nutritional needs.

Proposed Timescale: 31/07/2015

Outcome 18: Suitable Staffing

Theme:

Workforce

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

There were no health care assistant staff available for an hour in the morning to provide care for residents and administer medication.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

Additional staffing hours have been allocated to provide support for residents and the administration of medication.

Proposed Timescale: 24/04/2015

Theme:

Workforce

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

The skill mix available in terms of nursing support was not satisfactory to ensure that resident healthcare needs, assessment and care plans were satisfactorily managed.

Action Required:

Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

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

The skill mix of staff is currently under review and the need for additional staffing was brought to the attention of the HSE in the context of annual funding.

Additional care staff and nursing hours have been allocated pending completion of the review and the appointment of the new manager in June 2015.

Proposed Timescale: 30/09/2015