



# Report of an inspection of a Designated Centre for Older People.

## Issued by the Chief Inspector

Name of designated centre:	Mount Alvernia Hospital
Name of provider:	Health Service Executive
Address of centre:	Newberry, Mallow, Cork
Type of inspection:	Unannounced
Date of inspection:	25 August 2022
Centre ID:	OSV-0000723
Fieldwork ID:	MON-0037013

## About the designated centre

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

Mount Alvernia is set on a rural site, southwest of Mallow town in Co. Cork. The building is bright and well lit with natural light on all upper floors. The building was originally built as a community hospital in the 1950s and the physical layout retains an institutional presentation, with accommodation and facilities laid out along a single corridor on each floor. Facilities on the ground floor include administration offices, the main kitchen facility and a dining area for staff. There is also a chapel and a hairdressing facility for residents to use on this floor. The grounds provide residents with opportunities for exercise and recreation with outside seating, paved walkways and an orchard. The centre provides long-term residential care for residents over the age of 18 requiring continuing care in relation to a range of needs including chronic illness, dementia and enduring mental health issues. Resident accommodation is laid out over the top three floors. Information as set out in the statement of purpose describes St Camillus' unit, on the first floor, as providing accommodation in four single and five twin bedrooms. Communal areas on this floor include a dayroom and dining room. A separate room to receive visitors in private is also available. On the second floor, Clyda unit, provides four twin and three single bedrooms as well as one three-bedded ward. Communal areas on this floor include a day room and dining area. Avondhu unit on the third floor provides focused care for residents with a cognitive impairment or dementia, and this unit is accessible via a keypad secure system. Accommodation here includes four single and five twin bedrooms. There is also a sitting room and dining area as well as a small separate room for residents to receive visitors should they so wish. There are no en-suite bathroom facilities in any of the rooms and all residents share toilet and shower facilities on each floor. Storage areas for equipment and supplies are located variously throughout the centre.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	35
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## How we inspect

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
Thursday 25 August 2022	09:30hrs to 17:30hrs	Siobhan Bourke	Lead
Thursday 25 August 2022	09:30hrs to 17:30hrs	Bernie Long	Support

## What residents told us and what inspectors observed

Overall, feedback from residents was positive regarding their experience of living in Mount Alvernia. The inspectors found that there was a welcoming and calm atmosphere in the centre where management and staff worked to provide a homely environment for residents. The inspectors met with many of the 35 residents living in the centre on the day of inspection and spoke with six residents in more detail to gain an insight into their lived experience. Residents were very complimentary regarding the kindness and support they received from the person in charge and the staff working in the centre. One resident described the staff as "exceptional".

On arrival to the centre, inspectors were guided through the centre's infection control procedures by a member of staff who ensured that hand hygiene, temperature and symptom checks for COVID-19 were carried out. Following an initial meeting, the person in charge, accompanied the inspectors on a walk around of the centre. It was evident to the inspectors that the person in charge was well known to residents and that she was aware of their assessed needs.

Mount Alvernia is located in a rural setting near Mallow town in Cork. The premises itself is an old hospital style building with infrastructural challenges associated with its age. The ground floor had administration offices, the hospital's kitchen, a chapel, staff changing and dining room, visitors' room, storerooms and a room designated for the hairdresser who attended the centre every two weeks. The ground floor also had a "shop" where residents could place orders for soft drinks, biscuits and treats during the week. There was a spacious laundry in the basement with segregated areas for managing clean and unclean clothes. Residents' accommodation was located over the upper three floors with accommodation for 14 residents on each floor, namely Avondu unit, Clyda unit and St. Camillus unit. The centre had one triple room, 14 twin rooms and 11 single rooms located over the three floors. None of these rooms had en-suite toilets or showers but had shared toilets and shower rooms on each floor. There were sufficient toilets and showers on each floor for residents and each floor had an assisted Jacuzzi bath for residents' use. During the walkaround of the centre, inspectors saw that a lock had been removed from a fire rated door in a bathroom which impacted the integrity of the door and a set of fire doors in the laundry was noted to have gaps between the doors, the person in charge sought immediate maintenance referral to address the issues.

Bedrooms in the centre were brightly painted and a number of bedrooms were decorated with residents' personal possessions and family photographs and paintings. Some bedrooms had displays of artwork undertaken by the residents themselves in their rooms. However, inspectors saw that storage in some of the shared rooms did not promote residents' dignity as some wardrobes and chests of drawers were shared. One resident told the inspectors that this could be "awkward" when looking for their clothes and personal items. Some bedrooms had wardrobe space without hanging rails and residents' clothes that required it were on hangers on a hook inside the door which meant that most items had to be folded in shelves.

Clothes stored on shelves were neatly folded and residents told the inspectors that they were very happy with the laundry systems in the centre.

Communal spaces on each floor comprised of a day room and a dining room for residents' use. The third floor had a second dining room as the main one was a small size and only had room for two tables. On the third floor the second dining room was under renovation as part of fire precaution works in the centre where an interconnecting door had been removed and the wall rebuilt. This was due to be painted in the coming weeks. The dayrooms on each floor were cosy, homely rooms that were nicely decorated with dressers, fireplaces and pictures. The activity schedule was displayed in the day rooms. The inspectors saw display boards with pictures of residents enjoying themselves, participating in celebrations and activities in the centre. During the inspection residents were using these communal spaces to rest and chat with each other and staff. The centre also had a beautiful church that residents could use to sit and pray. The centre had a number of designated areas for visitors such as a visiting room on the ground floor and a visiting room on the third floor. However the ground floor visiting room was in need of maintenance as a sink was cracked and stained and the plaster on one wall was cracked and lifting. This is discussed further under regulation 17.

The centre had well maintained outdoor grounds that many of the residents were using during the day to sit in the sunshine or go for walks. The grounds had beautiful mature plants and shrubs and lawns. On the morning of the inspection, the activities co-ordinator had accompanied a resident down to the local town for some shopping and other residents told the inspector that they loved to go on outings for coffee or shopping with staff when possible. Some residents also went on outings with relatives if they wished.

Inspectors observed the lunchtime and evening meals. The inspectors saw that residents were offered a choice at mealtimes and modified diets appeared well presented and appetising. Menus were nicely displayed on dining room tables. Staff serving meals were aware of residents likes and dislikes and the inspectors saw individual residents' choices were catered for. For example, some residents were provided with meals that were not on the lunch menu such as lamb chops or chips and sausages. Staff provided assistance with eating and drinking to residents who required it in a respectful and dignified manner. Some residents choose to eat their meals in their rooms. The inspectors saw that dining experience varied from floor to floor with the first floor being a sociable dining experience with residents chatting together and socialising during the meal. While on the third floor the lunchtime meal was served 30 minutes earlier than scheduled. Not all residents in the second and third floor were eating in the available dining rooms, with some residents eating in the day rooms with bed tables in front of them. During the walkaround, inspectors saw that each floor had a kitchenette, and fridges were well stocked with fresh fruit and yogurts for residents' snacks. Residents told the inspectors that they got plenty snacks and drinks.

The centre had a full-time activities co-ordinator and care staff also assisted with activities in her absence. Residents participated in both one-to-one sessions such as hand massage and nail painting or group sessions such as sonas, bingo fun or bean

bag tossing games. Some of the male residents enjoyed playing cards in the evening. Residents told inspectors how they had great fun with the bean bag tossing game the previous day and inspectors saw residents engage in a Sonas session, which included movement and singing, that was facilitated by the activities co-ordinator on the day of inspection. Mass was held in the centre every Friday and residents told inspectors that this was important to them. Inspectors heard a group of residents pray the Rosary together during the day.

The inspectors observed that staff engaged with residents in a respectful and dignified manner and knew residents needs, likes and dislikes well. Residents were well dressed and groomed in line with their own preferences and style. Residents told inspectors that staff were "top class" and "couldn't do enough for you." A resident told inspectors that the centre was a "peaceful place where staff respected your privacy". A number of residents who had contracted COVID-19 during the recent outbreak told the inspectors that they were well cared for by staff during this difficult time. Residents' views were sought on the running of the centre through regular residents meetings on each floor. From a review of these minutes it was evident that action was taken in response to their suggestions. Resident and family surveys were also undertaken and over all the findings from those surveys were positive.

The next two sections of the report will present findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection to monitor compliance with regulations and to follow up on actions from the previous inspection in November 2021. Overall, the inspectors found that actions required from the previous inspection had been addressed though some further improvements were required as outlined under the relevant regulations.

Mount Alvernia Hospital is a designated centre for older persons that is owned and operated by the Health Service Executive (HSE) who is the registered provider. The centre was operated through the governance structures of the mental health services for Cork and Kerry Community Healthcare. There was a clearly defined management structure in place that identified the lines of authority and accountability. The person in charge reported to the general manager for mental health services who in turn reported to the head of mental health services for Cork and Kerry Community Healthcare. The head of mental health services was the nominated person representing the registered provider for the centre.

The person in charge was supported in her role by an assistant director of nursing,

three clinical nurse managers, staff nurses, healthcare assistants, multi-task attendants, administration staff and an activity coordinator. Each of the three units had a clinical nurse manager in position. Either one of the clinical nurse managers or the assistant director of nursing was rostered at weekends to provide supervision and support for staff.

The person in charge attended management team meetings held by the registered provider each month. Minutes viewed by the inspector indicated that key operational and clinical issues were discussed and managed at these meetings. The person in charge held regular management team meetings in the centre with clinical nurse managers to discuss and action key clinical issues with staff in the centre. There was a good system in place to ensure oversight of key clinical indicators such as residents' weights, medication management, pain, pressure ulcers and bedrail usage. Scheduled audits with associated action plans were also undertaken in care planning and documentation, nutrition and hydration and equipment hygiene. However further action was required to ensure that infection control audits such as environmental audits and better oversight of fire precautions was required.

The inspectors found that the centre was sufficiently resourced to meet the needs of residents. The registered provider had ensured that staffing levels were maintained to ensure the effective delivery of care to meet the assessed needs of the residents. Staff were seen to be knowledgeable about residents' needs. There was a comprehensive programme of training available for staff at the centre. Staff were provided with both online and face-to-face training in infection prevention and control, safeguarding and training to support residents who experienced the behaviour and psychological symptoms of dementia (BPSD). Staff were appropriately supervised. From a review of a sample of contracts, it was evident that residents had a signed contract in place in line with the regulations, however action was required as outlined under Regulation 24 Contracts of care.

The inspectors acknowledge that residents and staff living and working in centre had been through a challenging time with COVID-19 as the centre had experienced its first outbreak in the centre during June and July 2022 that impacted a number of residents and staff. During the outbreak, the centre had engaged with the local public health team for support and advice and accessed onsite expertise in infection prevention and control from the HSE. The person in charge had implemented its contingency plan for staffing and its communication strategy for residents and their relatives. Residents that had tested positive had since fully recovered. Following the outbreak, the person in charge completed an outbreak report as recommended in line with Health Protection and Surveillance Centre (HPSC) guidance to ensure that areas of improvement were documented and to inform future outbreak management. However some actions required in relation to infection control are discussed under regulation 27.

There was a low level of complaints in the centre, nonetheless, there was an effective complaints procedure which was displayed in reception and on the three units. An annual review of the quality and safety of care provided to residents in 2021 had been prepared in consultation with residents.

<b>Regulation 15: Staffing</b>
<p>Inspectors found that the number and skill-mix of staff was appropriate to meet the assessed needs of the 35 residents living in the centre in accordance with the size and layout of the centre. There was a minimum of one registered nurse on duty 24 hours a day on each floor.</p>
<p>Judgment: Compliant</p>
<b>Regulation 16: Training and staff development</b>
<p>Inspectors found that staff were knowledgeable regarding residents' needs and had access to mandatory training. A review of training records indicated that staff were up to date with both online and face-to-face training such as dementia care, safeguarding vulnerable adults, fire safety and infection prevention and control. Staff attendance at training was monitored by the person in charge in the centre.</p>
<p>Judgment: Compliant</p>
<b>Regulation 19: Directory of residents</b>
<p>The directory of residents was updated on inspection to include details of the residents' general practitioner and where required, the cause and time of death for all residents in line with specified regulatory requirements.</p>
<p>Judgment: Compliant</p>
<b>Regulation 23: Governance and management</b>
<p>The management systems in place to ensure that fire safety precautions and environmental hygiene were monitored and audited required action to ensure that the service provided was safe appropriate, consistent and effectively monitored</p>
<p>Judgment: Substantially compliant</p>

## Regulation 24: Contract for the provision of services

From a sample of contracts reviewed by the inspectors, it was evident that while contracts outlined the room number, the number of other residents, if any in the bedroom, was not outlined as required by the terms on which a resident resides in the centre.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

An inspector reviewed the centre's records of accidents and incidents in the centre. All required notifications as outlined in Schedule 4 of the regulations had been submitted to the office of the Chief Inspector of Social Services.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was an accessible and effective complaints procedure that was displayed in the main reception and on each floor in the centre. Residents who spoke with inspectors were aware how to raise a concern or make a complaint. There was a low level of complaints in the centre and those recorded had been managed in accordance with the centre's policy and procedure.

Judgment: Compliant

## Regulation 4: Written policies and procedures

The inspectors saw that the provider had ensured that there was a suite of up to date written policies and procedures available to staff to meet the requirements of Schedule 5 of the regulations.

Judgment: Compliant

## Quality and safety

Overall, inspectors found that residents living in Mount Alvernia had a good quality of life where they had good access to medical and healthcare services. However, some action was required in relation to personal possessions, infection control and fire safety. These will be addressed under the relevant regulations.

Inspectors found that care planning was person centred. Residents' care needs were assessed using evidence-based assessment tools and care plans were developed based on the individual needs of the resident. The inspectors observed that staff were knowledgeable regarding residents' needs. Residents had good access to medical care from a general practitioner (GP) who visited the centre twice weekly for medical reviews and residents were frequently reviewed by consultant psychiatrists and their teams who were onsite weekly in the centre. Residents had access on referral to physiotherapy, occupational therapy, speech and language therapy and chiropody. There was evidence of input from allied health professionals when required.

Residents' hydration and nutrition needs were assessed, regularly monitored and met. There was sufficient staff available at mealtimes to assist residents with their meals. Residents with assessed risk of malnutrition or with swallowing difficulties had appropriate access to a dietitian and to speech and language therapy specialists and their recommendations were implemented. Inspectors observed that residents were provided with a choice of nutritious meals at mealtimes. Meals appeared varied and wholesome. Food was seen to be served in an appetising way. Residents were complimentary about the meals and snacks available in the centre. The inspectors saw that the timing of serving of meals and the dining experience required action as outlined under Regulation 18; Food and nutrition.

Residents' wellbeing had been enhanced by the recruitment of a dedicated activities co-ordinator. Residents' meetings were held and minutes of meetings were documented in a manner that represented residents. Residents told inspectors and inspectors observed that staff were kind and caring when interacting with residents. Staff spoken with were clear in their understanding of what constituted abuse and the procedure for reporting abuse. Residents spoken with stated that they felt safe in the centre and knew who to contact if they any concerns.

Inspectors did not meet with any visitors on the day of inspection, however from speaking with residents they were happy with visiting arrangements in place. There was a visitors' book at reception and a log of visitors for the previous day was seen by inspectors.

There was a proactive approach to risk management in the centre and there was an up to date risk management policy and risk register in place. Bed rails were monitored frequently when in use and documentation was seen by inspectors to validate this. The use of alternatives to bed rails such as low entry beds and crash

mats were seen on the day of inspection.

Inspectors saw that overall the premises met the needs of the residents and that there were painting renovations ongoing in the centre on the day of inspection. The privacy curtains in the three bedded room had been repositioned and replaced and the shower unit in Avondhu had been repaired. Some findings that required action are outlined under Regulation 17;Premises.

Residents told inspectors that they were satisfied with the arrangements in place for laundry and inspectors saw that clothes were neatly folded and well maintained for residents. However, action was required to ensure residents had adequate hanging space for their clothes and other findings in relation to personal possessions are outlined under Regulation 12;Personal possessions.

The inspectors saw that a number of infection control measures were in place and one of the clinical nurse managers was assigned as a link nurse for infection prevention and control at the centre. Residents and staff in the centre had access to expertise from community infection prevention and control nurse specialists who were based on the grounds of the centre. Staff had access to alcohol hand sanitiser dispensers and PPE such as gloves and aprons were easily accessible to staff in designated storage units throughout the centre. Inspectors saw that there was a cleaner assigned to each floor and that the environment and equipment in use by residents was clean and that bedrooms were regularly deep cleaned. Action had been taken by the provider in relation to the findings from the last inspection. However some improvements were required in relation to infection control are outlined under Regulation 27;Infection control.

An inspector reviewed the fire safety folder. There were frequent fire safety training sessions held in the centre to ensure that all staff were up to date with fire safety training. Staff who spoke with inspectors demonstrated a clear understanding of fire safety. Fire equipment detection was serviced annually and the fire alarm system and emergency lighting were serviced quarterly as required. Fire precautions were prominently displayed throughout the centre.The inspector saw that the means of escape and exits, which had daily checks, were unobstructed. The fire alarm was checked weekly. Residents had personal emergency evacuation plans (PEEPs) in place and these were updated regularly. The provider had undertaken a fire safety risk assessment in February 2022 and an action plan was available for inspectors to review to show progress with action required from the assessment. However inspectors found that action was required in relation to two fire doors and other findings in relation to fire precautions as discussed under Regulation 28; Fire precautions.

## Regulation 11: Visits

The centre facilitated visiting in line with national guidance for residential centres.

Residents spoken with were happy with visiting arrangements and visiting was facilitated in residents' bedrooms and in two designated visiting rooms.

Judgment: Compliant

### Regulation 12: Personal possessions

The inspectors saw that hanging space in wardrobes in a number of residents' bedrooms was not available and therefore residents clothes were hanging on a hook on the wardrobe door. Residents in a shared room shared a chest of drawers which did not promote residents' dignity and autonomy and did not allow them easy access and adequate space for their personal possessions as required by the regulations.

Judgment: Substantially compliant

### Regulation 17: Premises

The inspectors identified the following issues in relation to the maintenance of premises that required action to ensure the premises was kept in a good state of repair internally and is suitably decorated as required by the regulations;

- the service lift remained out of order since the previous inspection
- flooring in two residents' bedrooms was worn and required repair
- the visitors' room on the ground floor required renovation as the sink was cracked and worn and required removal or replacement and the plaster on one of the walls was cracked and lifting
- paintwork in one resident's room was chipped and required repair.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Inspectors observed that action was required to ensure that residents' meals were served at suitable times and in a way to ensure a social dining experience, for example,

- on the day of inspection, residents on the third floor's meals were served 30 minutes before the arranged time to residents. This increased the gap

- between their lunchtime and evening meal.
- not all residents on the second and third floor were offered the opportunity to attend the dining rooms as some residents were served in the day room with bed tables which did not promote a social dining experience.

Judgment: Substantially compliant

### Regulation 26: Risk management

The provider had a risk management policy and risk register in place, it included the requirements set out in the regulation. There was evidence of centre specific emergency plans to respond to major incidents.

Judgment: Compliant

### Regulation 27: Infection control

The inspectors found the following required action to ensure that practices in the centre were consistent with the standards for the prevention and control of healthcare associated infections.

- oversight of staff wearing of personal protective equipment (PPE) required action as some staff were observed to be wearing gloves when they were not required and masks were not always worn correctly.
- one pressure cushion and one crash mat was noted to be torn and therefore could not be effectively cleaned, these were removed and replaced immediately by the person in charge.
- while the environment was observed to be clean by inspectors, environmental hygiene audits were not consistently undertaken in the centre to ensure compliance with cleaning standards.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The registered provider had not taken adequate precautions against the risk of fire in relation to the following;

- A set of fire doors were noted to have a gap that would allow the spread of smoke to protected escape routes. A bathroom fire rated door had a lock

removed which removed the integrity of the door. This person in charge sought maintenance to action these findings urgently on the day of inspection.

- The inspectors saw that there was no signage on a bedroom where a resident was using oxygen to alert staff in the event of fire and to stop naked flames being used in the area. This was immediately actioned by the person in charge during the inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

From a sample of care plans reviewed by inspectors, residents were comprehensively assessed using evidence-based assessment tools. Assessments were carried out within 48 hours of admission and care plans reviewed within four months or when the residents' care needs changed in line with regulatory requirements. Individualised care plans were developed based on each resident assessment that set out the needs and choices of residents and contained sufficient detail to guide staff.

Judgment: Compliant

### Regulation 6: Health care

On review of residents' records and on observation of staff, the health and wellbeing of residents was promoted and residents were supported to meet their health care needs. Residents had access to a GP who visited the centre twice weekly. Residents were reviewed by a consultant psychiatrist as required. Documentation of medical reviews of residents was seen on the day of inspection. Residents had access by referral to physiotherapy, chiropody and speech and language therapy when required. A dietitian attended the centre once a month. Residents' care plans showed reviews by allied health professionals.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

From the observations of the inspectors and from speaking with staff, it was evident that residents who presented with responsive behaviours were responded to in a dignified and person-centred way by staff. Inspectors saw that staff training records

on managing responsive behaviour were up to date. Inspectors saw that there was five bedrails in place in the centre. Bed rails were monitored frequently when in use and documentation was seen by the inspector to validate this. The use of alternatives to bedrails such as low-entry beds and crash mats were seen on the day of inspection.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding training was provided to staff and staff demonstrated an awareness of the need to report if they ever saw or heard anything that affected the safety or protection of a resident. The provider was a pension agent for a number of residents and there were robust systems in place for the management and protection of residents' finances and in the invoicing for care and extras such as hairdressing.

Judgment: Compliant

### Regulation 9: Residents' rights

Inspectors found that residents' rights were upheld in the designated centre and their privacy and dignity was respected. The centre had a dedicated member of staff delegated to organising activities for residents. Residents were facilitated to go out shopping and attend a local community event. Residents who liked painting were facilitated and their art work was on display. Inspectors observed a television in all bedrooms, newspapers were available. A private telephone booth was available to the residents. Residents had access to a shop within the centre. The inspector observed residents moving freely in and out of the centre and around the well maintained grounds. Mass was held on site once a month in the centre and residents could freely access the chapel in the centre to pray.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Mount Alvernia Hospital OSV-0000723

Inspection ID: MON-0037013

Date of inspection: 25/08/2022

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The Fire Doors highlighted in the HIQA inspection have been repaired.            Infection Prevention team are to carry out an audit in Mt Alvernia Hospital on 22/9/22.            Weekly Audits of each floor will be carried out going forward.            Funding has been approved to replace flooring.            Painting to address issues highlighted in the report is being done currently.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The Occupancy of each room has been added to the Individual Contract of Care for each Resident</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p>	

An extensive review of Wardrobe space has been undertaken & Hanging space for Clothes has been provided for each resident & individual chest of drawers have been purchased where required.	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:  Replacement flooring has been approved by the Head of Mental Health Services &amp; work is to commence shortly.  Painting is currently being done to address issues highlighted in the unannounced inspection  Funding has been requested for replacement of the service lift .The company who provided the quote are sending out someone to review the type of lift required &amp; funding will continue to be requested .</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:  The PIC has discussed the mealtimes with Staff on Floor 3 &amp; Lunch is now served at the correct time .Residents are encouraged to go to the Dining room for mealtimes on all floors.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:  Further training has been arranged for staff  The Infection Prevention team are carrying out an audit on Mt Alvernia Hospital on 22/9/22 .Any recommendations from audit will be fully implemented .Weekly Audits will be carried out on each floor going forward to ensure IPC standards are adhered to at all times .</p>	

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Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
Fire Doors going into the Laundry have been repaired.  
The Fire Door on Avondhu ward going into the Bathroom has been repaired.

## 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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	30/09/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2023
Regulation 18(1)(c)(i)	The person in charge shall ensure that each	Substantially Compliant	Yellow	30/09/2022

	resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.			
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2022
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	30/09/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and	Substantially Compliant	Yellow	30/09/2022

	control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	30/09/2022