Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Mount Carmel Supported Care Home
Name of provider:	Mount Carmel Community Trust CLG
Address of centre:	Prologue, Callan, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	15 January 2025
Centre ID:	OSV-0000546
Fieldwork ID:	MON-0044326

About the designated centre

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

Mount Carmel Supported Care Home was opened in 1985. The centre is part of the local community and in 1982 the site on which the centre was built was donated by the local Parish and it is run by a Board of Management made up of local people and their representatives. The registered provider is Mount Carmel Community Trust Limited. The centre provides residential services to low dependency residents over 65 years. (Any deviation from this age range would be recommended by the Manager and approved by the Board of Management). The centre provides long-term and respite care for residents who are mainly capable of living independently and who require minimal assistance in a home-from-home environment. All residents are admitted following an assessment by the person in charge and a team of social and health care professionals. If residents develop a higher level of dependency and additional care is required; they will be provided with the necessary support in seeking other more suitable forms of accommodation. There is a day care facility that provides services for up to a maximum of 12 clients. The total capacity of the centre is for 20 residents. It is a single story building located on the main street of Callan, in a quiet area within walking distance of all local shops and amenities. All bedrooms are single with five having en-suites with shower toilet and hand basin. There is approximately 18 staff working in the Centre. The centre is funded by a grant from the Health Service Executive (HSE), resident's fees, fundraising and some staff provided by a An Foras Áiseanna Saothair (Training and Employment Authority also known as FÁS) and Tús which is a community work placement scheme providing short-term working opportunities for unemployed people.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	19

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
Wednesday 15 January 2025	09:10hrs to 17:40hrs	Aisling Coffey	Lead

What residents told us and what inspectors observed

The overall feedback from all residents who spoke with the inspector was that they were happy and liked living in Mount Carmel Supported Care Home. Residents spoken with were highly complimentary of the centre, with one resident describing it as "a lovely place to live", another resident told the inspector that "its grand here", while a third summed up the centre as "spot on". There was high praise for the care and attention received from staff and management, with staff and management described as kind, thoughtful and engaging. One resident informed the inspector how they valued being able to "have a laugh" with the staff that cared for them. Overall, resident feedback captured the person-centred approach to care and attention provided in this small and homely centre, where every resident was supported to have a good quality of life by a highly dedicated staff team. The inspector observed warm, kind, dignified and respectful interactions with residents throughout the day by all staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management promoted and respected the rights and choices of residents living in the centre.

The inspector arrived at the centre in the morning to conduct an unannounced inspection. During the day, the inspector chatted with 15 residents to gain insight into the residents' lived experience in the centre. The inspector also spent time observing interactions between staff and residents and reviewing a range of documentation.

Mount Carmel Supported Care Home is a single-storey building in Callan, County Kilkenny. The centre is located within walking distance of the local shops and amenities. The centre is registered to offer respite and long-term residential care to residents with low-dependency care needs. There were 19 residents accommodated in the centre on the day of the inspection, with one vacancy. The model of care supports residents who are predominantly independent with self-care but require minimal assistance to maintain their well-being. Should a resident's needs increase, they are supported to source alternative accommodation. The centre shares its grounds with eight bungalows offering independent living accommodation to older persons, managed by the same provider. Within the centre, a day centre facility operates two days per week for six older people living in the community. The model sees day centre attendees and the centre's residents enjoying activities and meals together. This model helps the residents living in the centre to maintain their friendships and connections with the local community. Some of the centre's residents had previously lived in the bungalows or attended the day centre. Residents informed the inspector that this pre-existing familiarity with Mount Carmel Supported Care Home made the transition into living in the centre easier.

The centre was welcoming and pleasantly decorated throughout. Residents' paintings, jigsaws, and photograph collages of residents and staff enjoying group activities hung proudly on the walls. The centre's design and layout supported residents in moving around as they wished, with wide corridors, sufficient handrails,

and comfortable seating in the various communal areas. These communal areas included a large day room and dining room, a prayer room and a day care room. Residents were observed reading, playing cards, and relaxing in each others company in the day room outside of mealtimes. This room was comfortable and pleasantly decorated with a working stove set within a marble-effect fireplace. This area had games, jigsaws, newspapers, magazines and a large-screen television for residents' enjoyment. There was also additional seating within the entrance lobby just inside the front door, where several residents were observed reading the newspaper and observing the comings and goings.

Within the centre, there were 20 single-occupancy bedrooms. While five bedrooms had ensuite showers, toilets, and wash hand basin facilities, the remaining bedrooms had a wash hand basin. The remaining 15 residents shared three communal shower facilities, two containing a toilet and three stand-alone toilet facilities. All bedrooms seen contained a television, call bell, wardrobe, locker, seating and locked storage facilities. Residents had personalised their bedrooms with photographs, artwork, religious items, furniture and ornaments. The size and layout of the bedrooms were appropriate for resident needs. Residents whom the inspector spoke with were pleased with their personal space. However, two residents stated that their bedrooms had been cold at night in recent weeks. The inspector brought this feedback to the attention of management and the provider representative.

There was an onsite laundry service where residents' clothing, towels and bed linen were laundered. This area was observed to be clean and tidy, and its layout supported the functional separation of the clean and dirty phases of the laundering process. Residents spoken with were complimentary about the laundry service received in the centre.

There were no clinical hand sinks available for staff use within the centre. Sinks within residents' rooms and communal bathrooms were used for dual purposes by both residents and staff. Hand sanitiser dispensers were conveniently located in corridors to facilitate staff compliance with hand hygiene requirements further.

There was an internal smoking room for four residents who chose to smoke and a designated outdoor area at the front of the centre. Both smoking areas were seen to have the necessary protective equipment for residents, including fire blankets, call bells, ashtrays and fire retardant furniture. Fire extinguishers were located within close proximity to these smoking areas.

In terms of outdoor space, the centre had pleasantly landscaped grounds to the front of the centre, containing flowers, shrubs, ornaments, and a large decorative mural composed by residents and staff as a project facilitated by an artist. These grounds around the centre were clean, tidy, well-maintained and had level paths. During the day, some residents were seen strolling the centre's grounds.

The centre had a resident priest who celebrated Roman Catholic mass in the centre's prayer room six days per week. Residents commented favourably on having access to this facility on such a frequent basis. Outside of mass, the prayer room

provided a space for prayer and quiet reflection. The room had an altar, stained glass windows, and religious statues.

There was a relaxed and unhurried atmosphere in the centre. Residents were up and dressed in their preferred attire and appeared well cared for. Residents watched television, read the newspaper or magazines, played cards, used the prayer room, and chatted with other residents and staff. Residents came and went from the centre as they wished, informing the inspector that they had visited local amenities such as the local shops and library that day. Other residents spoke of enjoying a trip to the pub. While the inspector did not observe any activities organised by staff on inspection day, residents spoke of the outings they had gone on in recent months to Duncannon and Tramore beaches. They spoke of how they enjoyed the regular activities in the centre, including art, quizzes, bingo and keeping fit. The centre had a minibus to facilitate resident appointments and outings, and some staff members drove this vehicle. A resident informed the inspector how the minibus had been recently used to enable attendance at a funeral and how being supported to attend this service was important to the resident.

While residents used their mobile telephones, the centre provided access to a shared portable landline phone exclusively for resident use. The centre also had an electronic tablet to facilitate video calls. Residents had access to national and local newspapers, televisions, radios and internet services throughout the centre. There were arrangements in place for residents to access advocacy services. Residents could receive visitors in the centre within communal areas or in the privacy of their bedrooms. A small number of visitors were observed during the inspection day.

Residents had breakfast in the dining room when they wished. The inspector observed residents having cereals, toast and refreshments from 9:10am until late morning. Lunchtime at 12:30pm was a relaxed experience, with most residents eating in the dining room. Meals were freshly prepared in the centre's kitchen. The menu was displayed in the dining room. Residents confirmed they were offered a choice of main meal. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes and further drinks accompanied by snacks, including homemade buns, throughout the day. Residents informed the inspector they could make tea or coffee whenever they liked. Residents expressed their satisfaction to the inspector about food quality, quantity and variety.

While the centre was generally clean and in good repair, some areas required additional attention and cleaning to ensure the residents could enjoy a comfortable, safe and pleasant living environment. These findings are discussed under Regulation 17: Premises and Regulation 27: Infection Control. In addition, the inspector observed that some fire precautions required review, which will be discussed under Regulation 28: Fire precautions.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being

delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

Overall, the inspectors found that Mount Carmel Supported Care Home was a well-governed service that provided residents with high-quality, safe care in accordance with their needs and choices. While established management systems were in place, some actions were required to ensure all areas of the service met the requirements of the regulations.

This was an unannounced inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and review the registered provider's compliance plan following the inspection on 20 March 2024. The registered provider had progressed with the compliance plan from the March 2024 inspection, and improvements were identified concerning the directory of residents, governance and management, notification of incidents, temporary absence or discharge of residents, fire precautions, healthcare and individual assessment and care planning. This inspection found that the provider had not fully implemented their compliance plan following the previous inspection concerning written policies and procedures. Some further actions were also required concerning fire precautions, training and staff development, infection control, governance and management, premises, and individual assessment and care planning.

Mount Carmel Supported Care Home was established in 1985 to provide supported residential care for older people with low dependency care needs from the local and surrounding areas. The registered provider is Mount Carmel Community Trust Company Limited by Guarantee. The company is comprised of 11 directors who work in a voluntary capacity. The chairperson represents the provider for regulatory matters and attended onsite for feedback at the end of the inspection. The centre was granted registration under the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations, which stipulated that if the centre provided care to residents who do not require full-time nursing care, the person in charge is not required to be a registered nurse. The residents' medical needs are met by their general practitioner, and the centre employs a registered nurse working 10 hours weekly for the exclusive benefit of the residents.

The centre had a clearly defined management structure, and staff members were clear about their roles and responsibilities. The person in charge works full-time in the centre, is responsible for overall governance, and reports to the board of directors. The person in charge is supported by a full-time assistant manager, a part-time nurse, a senior care worker, a team of health care assistants, chefs, catering staff and a maintenance person. The assistant manager deputises for the person in charge. The healthcare assistants work in a multi-task capacity,

undertaking household, laundry and caregiving duties. The staff complement was enhanced by additional staff members participating in a community work placement scheme run by the Department of Social Protection, who provided additional care and maintenance support. The inspector reviewed past and future rosters and found the staffing and skill mix was appropriate to meet the low dependency needs of the residents within the centre and aligned with its social model of care. The centre had a staff member working every night.

Communication systems were in place to ensure clear and effective communication between the person in charge and the board of directors. The person in charge submitted a comprehensive report to the board outlining key issues within the centre, such as occupancy, temporary discharge, incidents, accidents, compliments, complaints, regulatory matters, infection control, resident feedback and premises issues. The board convene monthly to review this report and oversee other key issues such as finance, governance and human resource requirements. Within the centre, there were staff meetings where operational matters concerning the daily care of residents, such as regulatory compliance, training, medication management and infection control, were discussed. The person in charge also chaired a health and safety meeting attended by staff and two resident representatives concerning matters including fire safety and winter preparedness. There were also documented handover meetings occurring three times daily where residents' needs were reviewed, and key daily operational issues were reviewed.

The provider oversaw incidents within the centre and had systems for recording, monitoring, and managing related risks. All incidents, as set out in Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time frames. Other systems to monitor the quality and safety of care delivered to residents included an audit schedule covering areas such as cleaning and environmental hygiene, medication and residents' care records. This inspection found that some areas required enhanced oversight to strengthen the governance and management of the centre to effectively identify deficits and risks in the service and drive quality improvement. This will be discussed under Regulation 23: Governance and management.

The provider had contracted a fire safety consultant to conduct a fire safety risk assessment in May 2024. This assessment identified risk areas, including containment, fire safety precautions, and maintaining the building fabric and services. The provider was seen to have developed and progressed an action plan, with control measures to manage some of the identified risks, although it was not a time-bound action plan. Of the 70 risks identified in the fire safety risk assessment, the provider had introduced control measures to manage 37 risks at the time of this inspection. Of the remaining 33 fire safety risks, the provider was seen to have obtained quotations or identified competent personnel to carry out works related to 22 such risks; however, 11 risks had yet to be addressed. Of the 33 risks that did not have control measures introduced at the time of inspection, eight were deemed to have required immediate action by the fire safety consultant, while 18 were considered to have action needed in the short term. The provider explained the challenges faced in accessing funding to support the implementation of these fire safety works, and the inspector saw correspondence where efforts to acquire

funding had initially been unsuccessful, while more recent correspondence found the provider had been successful. Notwithstanding the funding challenges faced by the provider, the provider is required to submit a time-bound action plan for all outstanding fire safety risks and, when all works are complete, to submit an appropriate sign-off from a competent person to confirm all actions in the fire safety risk assessment have been addressed.

Staff were appropriately supervised and clear about their roles and responsibilities. There was evidence that newly recruited staff had received an induction covering key aspects of care and service provision, including fire safety, health and safety and infection control. Staff had access to mandatory training to support them in their roles through online and in-person training sessions. However, a review of training records found the provider had not provided staff training in managing challenging behaviour, and there were some gaps in mandatory training. This will be discussed under Regulation 16: Training and staff development.

The provider has been updating the centre's policies and procedures since the last inspection. The provider had signed off on three new policies and had seven further policies in review. Notwithstanding this progress, further action was required to ensure the provider had a full suite of policies and procedures to guide practice in the centre, as discussed under Regulation 4: Written policies and procedures.

Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents, it was evident that there was sufficient staff with an appropriate skill mix on duty each day to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

While there was a training programme in place, not all staff had completed the mandatory training required to enable staff to provide a safe service, for example:

- Staff had not been provided with training to respond to and manage behaviour that is challenging, as required by the regulations.
- Two staff had not completed safeguarding residents from abuse training.
- One staff was overdue for a refresher in fire safety training.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was up to date and was available for the inspector to review. The directory contained all the information required under Schedule 3 of the regulations.

Judgment: Compliant

Regulation 23: Governance and management

While this was a well-governed service with established management systems, further oversight was required to ensure that the service provided was safe, appropriate, consistent and effectively managed, for example:

- The provider's fire safety risk assessment had identified risks that were deemed to require immediate action or be addressed in the short term. Eight immediate risks and 18 short-term risks had not been progressed by the provider in a timely manner as recommended by their competent person. The provider is required to submit a time-bound action plan for all outstanding risks and, when the work is complete, to submit an appropriate sign-off from a competent person to confirm all actions in the fire safety risk assessment have been addressed.
- The current oversight systems had not identified areas that were not fully in compliance with the regulations, such as training and staff development, individual assessment and care planning, infection control, and further risk areas concerning fire precautions. These are discussed under the relevant regulations throughout the report.
- A compliance plan submitted following the previous inspection was not fully implemented within the required timeframes, resulting in repeated non-compliance with Regulation 4: Written policies and procedures.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Arrangements for recording accidents and incidents were in place and were notified to the Chief Inspector as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre displayed its complaints procedure at reception. Information posters on advocacy services to support residents in making complaints were displayed. Residents said they could raise a complaint with any staff member and were confident in doing so if necessary. Staff were also knowledgeable about the centre's complaints procedure. The person in charge maintained a record of complaints received, how they were managed, and the outcome for the complainant. No complaints had been received in 2024.

The provider did not have an up-to-date complaints policy that complied with regulatory requirements. This matter is referenced under Regulation 4: Written Policies and Procedures.

Judgment: Compliant

Regulation 4: Written policies and procedures

While the provider was seen to be progressing with updating the centre's policies since the last inspection, further prompt action was required as six policies, including the complaints policy, had last been reviewed in 2015; while the provider did not have four required policies concerning risk management, responding to emergencies, fire safety management and health and safety of residents, staff and visitors (including infection control and food safety).

Judgment: Not compliant

Quality and safety

The inspector found that residents had a good quality of life, whereby their human rights were promoted, and they were encouraged to live their lives in an unrestricted manner, according to their interests and capabilities. Residents' needs were met through good access to healthcare services. Residents told the inspectors they felt safe and happy living in the centre, and staff were knowledgeable of their role in responding to abuse. Staff were observed speaking with residents in a kind and respectful manner and knowing their needs well. Open visiting was seen to occur, and residents retained access to and control over their personal possessions. Notwithstanding these positive aspects, some actions were required concerning premises, infection control and individual assessment and care planning to enhance the quality and safety of the service provided to residents.

Overall, the premises' design and layout met residents' needs. The centre was appropriately decorated to provide a homely atmosphere. There was a tidy onsite laundry service and pleasant outdoor areas, which were well maintained. Notwithstanding this good practice, two matters requiring attention to comply with Schedule 6 requirements are discussed under Regulation 17: Premises.

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre's interior was generally clean on the inspection day. There was an auditing system that regularly reviewed cleaning activity and environmental cleanliness. The centre's nurse monitored antibiotic usage. The layout of the onsite laundry supported the functional separation of the clean and dirty phases of the laundering process. Notwithstanding these good practices, some areas for improvement were identified to ensure compliance with the National Standards for Infection Prevention and Control in Community Services (2018), as discussed under Regulation 27.

Concerning fire precautions, preventive maintenance for fire detection, emergency lighting and fire fighting equipment was conducted at recommended intervals. Staff had undertaken fire safety training. Fire drills were conducted regularly. Each resident had a personal emergency evacuation plan to guide staff in an emergency requiring evacuation. The centre had an internal smoking room and an external smoking area for residents. Both areas contained protective equipment for residents. There was a system for regularly checking the fire alarm, means of escape, fire safety equipment, and fire doors. The provider has undertaken building works in the past three years to improve fire safety. More recently, in May 2024, the provider contracted a fire safety consultant to conduct a fire safety risk assessment. This assessment and its findings are referenced under Regulation 23: Governance and management. Some further actions were required regarding fire safety risks that were identified on inspection day. These matters are discussed further under Regulation 28: Fire precautions.

Validated nursing risk assessment tools were used to assess a resident's needs upon admission, such as nutritional requirements, dependency levels, and risk of falling. In line with the centre's social care model, care plans were developed as a need was identified, and care plans covered areas including falls prevention, nutrition, cognition and medical needs. Notwithstanding these areas of good practice in assessment and care planning, some gaps were observed, which will be outlined under Regulation 5: Individual assessment and care plan.

Regulation 11: Visits

The inspector observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had suitable private visiting areas for residents to receive a visitor if required.

Judgment: Compliant

Regulation 12: Personal possessions

Residents were supported in accessing and retaining control over their personal property and possessions. Residents had ample space to store and maintain their clothing and possessions. Residents had access to lockable storage facilities in their bedrooms for valuables. The centre had a tidy, well-organised onsite laundry for the laundering of residents' clothing and the centre's linen. Residents were complimentary about the laundry service received in the centre.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, one area required attention to comply with Schedule 6 requirements. Two residents informed the inspector their bedrooms had been cold at night in the weeks before the inspection, affecting their comfort.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The inspector reviewed records of residents transferred to and from the acute hospital. Where the resident was temporarily absent from the designated centre, relevant information about the resident was provided to the receiving hospital to enable the safe transfer of care. Upon residents' return to the centre, the staff ensured that all relevant information was obtained from the hospital and placed on the resident's record. Transfers to the hospital were discussed, planned and agreed upon with the resident and, where appropriate, their representative.

Judgment: Compliant

Regulation 27: Infection control

While the provider had processes in place to manage and oversee infection prevention and control practices within the centre, and the environment was

generally clean and tidy, some areas required attention to ensure residents were protected from infection and to comply with the National Standards for Infection Prevention and Control in Community Services (2018), for example:

- Some surfaces within resident bathrooms were observed to be significantly rusted and damaged and, therefore, could not be effectively cleaned, for example, several grab rails in ensuite and communal toilet facilities.
- Storage containers and drawers for utensils were visibly unclean with loose food and debris.
- Bedpans and urinals were not routinely inverted after decontamination.

Judgment: Substantially compliant

Regulation 28: Fire precautions

As referenced under Regulation 23: Governance and management, the provider was required to continue progressing their action plan to address the areas of risk identified in the fire safety risk assessment and submit a time-bound action plan for all outstanding risks to the Chief Inspector. When all work is complete, the provider is required to submit an appropriate sign-off from a competent person to confirm that all actions in the fire safety risk assessment have been addressed.

In addition to these identified risks, the provider was required to take action to ensure adequate precautions against the risk of fire, for example:

- The boiler house was storing combustible items, such as wooden logs, alongside flammable materials, including petrol, solvents and oil-based paints, creating a risk of fire and requiring a full review.
- Electrical cabling for external lighting was seen to be running from indoors to outdoors through a closed window in the day care room and a closed door in the day room. A risk assessment is required by a competent person to determine the appropriate controls to ensure the safety of this arrangement.

While the provider had conducted four practice evacuation drills covering a range of scenarios since the last inspection, some improvements were required concerning the management and recording of these drills to assure the provider that staff were aware of the procedure to follow in the case of a fire emergency, for example:

- The fire escape strategy for the designated centre was a progressive horizontal evacuation. However, some of the fire drill records reviewed by the inspector did not reflect this strategy. For example, in the fire drill of 09/12/2024, bedrooms 1-7 within compartments six and seven were evacuated; however, there was no reference to the remaining five bedrooms within these two compartments being evacuated.
- Some fire drill records incorrectly identified the compartment where the simulated fire occurred. For example, in the fire drill of 09/12/2024, there

was a simulated kitchen fire; however, the drill records referenced the simulated fire occurring in compartment one, the day care room.

The fire containment measures required review as the inspector observed that several fire doors did not meet the required standards.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Action was required concerning individual assessments and care plans to ensure that each resident's needs were comprehensively assessed and an appropriate care plan was prepared to meet these needs, for example:

- In the sample of resident documentation reviewed, there was no assessment of the resident's social needs. It was noted that the provider's assessment template to gather such information was not completed, meaning there was no detail recorded concerning residents' hobbies, preferred routines, and other personal preferences to support and inform person-centred care.
- Action was required to ensure that there was evidence of consultation with the resident and, where appropriate, their family when care plans were reviewed.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a doctor of their choice and an in-house nursing service twice weekly. Residents who required specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics, chiropody and physiotherapy, could access these services upon referral. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents and protect them from abuse. Staff spoken with were clear about their role in protecting residents from abuse. Residents reported that they felt safe living in the centre. The records reviewed

showed that no incidents or allegations of abuse had been reported in the centre in the last 18 months. The provider was a pension agent for one resident and had a transparent system where all pension monies collected were promptly given to the resident with a receipt, which was witnessed and signed by two staff. A sample of staff records reviewed showed evidence of Garda Siochana (police) vetting being in place. Staff had access to training in safeguarding residents from abuse. Some gaps in this mandatory training were noted and are referenced under Regulation 16: Training and staff development.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings. Residents' privacy and dignity were respected. The centre had religious services available six days per week. Residents could communicate freely and had access to a dedicated landline telephone for resident usage, an electronic tablet to facilitate video calls and internet services throughout the centre. Information was provided to residents about independent advocacy services.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Carmel Supported Care Home OSV-0000546

Inspection ID: MON-0044326

Date of inspection: 15/01/2025

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: A review of the training Matrix has been undertaken and the identification of a suitable trainer to carry out training in relation to responding and managing behavior that is challenging has happened and a negotiating suitable training date is taking place. Similarly, arrangements are taking place for staff to carry out the refresher training that was identified in the inspection report. I would envisage all training deficits to be rectified by the end of March 2025.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: The fire safety risk assessment that was carried out following the renewal inspection in March 2024 lead to the development action plan to respond to the issues highlighted. These are currently being addressed and this detailed action plan including time frames and cost implications have been sent to the inspector separately. Regarding the existing oversight systems, this will be enhanced to ensure that appropriate oversight is achieved, this will be done by resident folder audits, maintenance book audits etc.	

Regarding Regulation 4 and the written policies and procedures, they have been reviewed and updated, currently the Governance sub-committee reviews 3 policies a month and these are ratified by the Board of Directors at the monthly meetings. The time frame to have all policies reviewed and approved in June 2025

Regulation 4: Written policies and procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: Regarding Regulation 4 and the written policies and procedures, they have been reviewed and updated, currently the Governance sub-committee reviews 3 policies a month and these are ratified by the Board of Directors at the monthly meetings. It is envisaged that all policies will be ratified by June 2025

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises: Following the inspection and the verbal report provided by the inspector, an assessment was carried out using a digital thermometer that recorded temperatures over 24-hour period, and this information was forwarded to the inspector. It was also agreed that monitoring would continue especially during colder weather to ensure that temperatures do not fall outside of guidelines. Mount Carmel is highly insulated, and the heating is relatively new and incorporates a system that monitors outside temperatures and acts accordingly. Finally residents were reminded about the use of the thermostats on all the radiators in bedrooms and how to use them or seek assistance from staff to adjust them to reflect the desired temperature.

Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:
A comprehensive review of all handrails etc was undertaken and a repair or replace program was undertaken.

A drawer that was used to store unused delph (Staff Cups) has now been included in the cleaning regime for the dining room.

It was re-iterated by management regarding the bedpans and urinals to be inverted post decontamination, it has also been included in the weekly audit.

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
In response to the renewal inspection in 2024 a fire risk assessment was carried out, and a subsequent action was developed. This action plan is time bound and has identified specific funding implications and avenues to pursue in relation to meeting those funding implications.

Regarding the fuel storage shed, a new flammable press has been installed to accommodate flammable liquids. A new wooden log storage facility has been built to accommodate the logs stored in the shed. In the action plan this covered under actions 23,32, and 33.

Again, as part of the action plan in response to the fire risk assessment, the fire doors are having the fire seal replaced where needed and additional assessments are to be carried out to ensure that the fire doors are fully compliant and meet the standards. Actions 38, 39, 43, 44, and 45.

While electrical cabling was used to facilitate Christmas lights, it has since been removed, and these lights will not be used until suitable and appropriate external electrical sockets are installed. Action 6 of the action plan addressed this concern.

While the Centre carries out regular practice evacuations drill, the recording and debrief of these events has been reviewed and updated.

When the action plan has been completed a competent person will be engaged to review the actions completed.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

Prior to admittance to Mount Carmel a resident's folder is developed, including a picture of the resident and as part various assessments are carried out including Bartel, health etc. One of these assessments includes a social assessment (life story), some residents decline to participate in this assessment which we must observe and accept, but that does not limit our ability to engage with the resident about their social preferences, on admittance we ask the resident about their likes, dislikes and favorite foods. Also, through engagement with the resident we develop a clear and unique understanding of the resident likes. This engagement continues in shared social outings with residents where chats and discussions take place to build a truly unique picture of the residents. This information is shared through the staff meeting etc. so that the staff team benefit from all the information. This approach has worked well in Mount Carmel as was highlighted in the section "What residents told us and what inspectors observed"

Staff were knowledgeable about the residents' needs, and it was clear that staff and management promoted and respected the rights and choices of residents living in the centre.

But to ensure that the Centre is in Compliance with regulation 5(3) and 5(4) and in particular where a resident declines to part take in the Life Story assessment a care plan will be developed in conjunction with the resident covering the flowing topics:

Preferences on support and level of support in daily living requirements (prompting, guidance & Physical), identification of hobbies, sports, interests. Level of interest to take part in group or shared activities or preference to engage in solitary activities. It is suggested that while initial information is gathered, this care plan will incorporate additional information as it presents itself and will benefit from the approach, we undertake in Mount Carmel of developing a better understanding of the people we support overtime and through shared experiences. These plans will be reviewed not less than every 4 months.

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2025
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	31/03/2025
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	31/12/2025
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	30/04/2025

	procedures, consistent with the standards for the prevention and 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	30/04/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	30/04/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting,	Substantially Compliant	Yellow	31/12/2025

	containing and extinguishing fires.			
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	30/06/2025
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	30/06/2025
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/04/2025
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise	Substantially Compliant	Yellow	30/04/2025

	it, after consultation with the resident concerned and where appropriate that resident's family.			