

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Mount Carmel Supported Care Home
<b>Centre ID:</b>	ORG-0000546
<b>Centre address:</b>	Prologue, Callan, Kilkenny.
<b>Telephone number:</b>	056 7725301
<b>Email address:</b>	mountcarmelcallan@gmail.com
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Mount Carmel Community Trust Limited
<b>Provider Nominee:</b>	Breda (Mary Brigid) Somers
<b>Person in charge:</b>	Anne Walpole
<b>Lead inspector:</b>	Ide Batan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	20
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From:

28 May 2014 08:15

To:

28 May 2014 14:00

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

Outcome 08: Medication Management
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 17: Residents clothing and personal property and possessions

**Summary of findings from this inspection**

This inspection report sets out the findings of a thematic inspection which focussed on two specific outcomes End of Life Care and Food and Nutrition. In preparation for this thematic inspection the provider received evidence-based guidance and undertook a self-assessment in relation to both outcomes. The inspector reviewed policies, met residents and staff, and observed practice on inspection. Documents were also reviewed such as complaints log, care plans, medication management records, rosters and minutes of residents' forum meetings and audits. The nurse manager who had completed the self assessment tool had judged that there was minor non compliance in relation to both outcomes.

The inspector found that meals were varied and of a good standard. Given the low dependency of residents, few of the assessment or monitoring procedures that one would expect with more dependent residents were not required. In addition, as no residents were accommodated once their level of dependency increased, procedures for end-of-life care were limited to sudden death.

Overall, the inspector noted that a warm atmosphere prevailed in the centre. Residents told the inspector how happy they were and stated that they could come and go as they pleased. Staff exhibited an in-depth knowledge of the residents and their backgrounds and were observed caring for residents in a respectful manner while maintaining residents' privacy and dignity. There was constant activity with numerous residents' and visitors coming and going.

The inspector, on foot of the completion of actions identified by the person in charge in the self assessment, found a minor non compliance in the area of food and

nutrition and moderate compliance in the area of end-of-life care with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

While the thematic inspection focused on two outcomes as described above, there was a requirement for the inspector to review other outcomes in so far as they related to end of life care and food and nutrition. Some non compliances were identified and these are discussed in the body of the report.

Further improvements in these areas were required to meet regulatory requirements and these included:

- medication management practices
- policy on residents' personal possessions.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 08: Medication Management***

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

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

No actions were required from the previous inspection.

**Findings:**

Medication management documentation indicated that nutritional supplements were prescribed by the GP. A sample of medication management documentation reviewed indicated the following:

- medications were not signed by staff administering the medications on all occasions
- some medications such as eye drops and creams were not labelled for individual residents use
- fridge temperatures were not recorded
- some medicines that did not require refrigeration were stored in the fridge
- some items did not have an opening date on them therefore it was impossible to ascertain the length of time the medicine was in use.

The inspector also observed that the administration of medications was not in accordance with best practice in medication management. Staff were signing off on administering medications before the resident had actually taken his/her tablets. This practice does not following guiding principles in safe medication management and could potentially lead to error.

**Judgement:**

Non Compliant - Moderate

**Outcome 14: End of Life Care**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The centre caters for low dependency/independent residents and in the event that a resident's dependency increases to a level where more than minimal assistance is required with activities of daily living, their transfer to alternative accommodation is planned in liaison with the relevant health professionals.

The inspector noted that this practice was reflected by the fact that only two residents had died in the centre within the past twenty four months. There was therefore no cohort of relatives available to complete questionnaires in respect of residents who had died while living in the centre.

The person in charge told the inspector that residents did have the option of returning home for end of life care if they wished. However, there was no documented evidence available to support this.

The inspector reviewed the centre's policy on end-of-life care and noted that the policy was up-to-date having been reviewed in March 2014. However the inspector saw that the policy did not reflect practices in the centre. For example the policy stated that advance care directives will be accommodated. This was not reflected in any care plan viewed by the inspector.

The inspector observed that the policy guided staff in assessing a resident's needs should their health deteriorate rapidly including regular review by the general practitioner (GP). The Health Service Executive (HSE) palliative care team offers guidance as required in respect of appropriate management of illness. The person in charge told the inspector that the services of the hospice team had been required in one instance for a resident. The inspector reviewed a care plan of a deceased resident and noted that the resident had timely access to the attending medical officer and to specialist palliative care, when required, and records reviewed evidenced this. There was evidence in care plans viewed that residents received care at the end of his/her life which met his/her physical, emotional, social and spiritual needs. In addition, there was a policy to address issues arising out of any sudden death.

Staff with whom the inspector spoke were familiar with policies. The policy outlined that upon the death of a resident, his/her family or representatives were offered support and information on what to do following the death of their relative.

The manner in which personal belongings are returned to the relatives was also reflected in the policy. A sample of residents' inventories of personal property were reviewed and not all were up-to-date. The inspector saw that some had not been updated since 2011. There was no policy on residents' personal property and possessions as required by legislation.

The inspector observed that all rooms were single occupancy and had adequate space for relatives to stay over night should the need arise. Staff were knowledgeable in how to physically care for a resident at end of life and voiced to the inspector how important it was to be there for the resident and their families at this time. However, training records indicated that staff had not received any training in end of life care. The inspector saw that there was no staff support or debriefing arrangements in place following the death of a resident.

Religious and cultural practices were facilitated. Residents had the opportunity to attend religious services held in the centre as observed by the inspector. Residents had access to ministers from a range of religious denominations should these services be required.

The inspector reviewed a sample of care plans of current residents and observed that there was no evidence of any engagement or consultation regarding spirituality and dying. The care plans reviewed reflected that this issue was not yet addressed or discussed with the resident, where possible.

**Judgement:**

Non Compliant - Moderate

**Outcome 15: Food and Nutrition**

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector reviewed the person in charge's self-assessment questionnaire and the overall self assessment of compliance with Regulation 20 and Standard 19. The person in charge had assessed the centre as being non-compliant: minor and outlined a specific action to ensure compliance.

This action included:

- updating of the food and nutrition policy.

Based on the findings on the day of inspection, the inspector concurred with this assessment the policy was not comprehensive and required updating.

The inspector observed that food and hydration needs were assessed on admission using the malnutrition universal screening tool (MUST). Given the low dependency levels of residents on the day of inspection the inspector observed that staff were not required to monitor food intake and encourage residents to eat and take regular fluids.

The inspector observed mealtimes including breakfast, mid morning refreshments and lunch. Residents had the option of having their breakfast served in bed or in the dining room and at a time of their choosing. Snacks and hot and cold drinks including juices and fresh drinking water were readily available throughout the day. The inspector noted that staffing levels were adequate to supervise meal times.

Given the low dependency of residents, none required assistance with eating or modified diet and the need for referral to allied health professionals in respect of food and nutrition had not arisen. The inspector observed that two residents were taking nutritional supplements which had been appropriately prescribed. Residents' weights were recorded monthly or more often and it was evident that the documentation of a weight loss/gain prompted an intervention once a concern was identified including the commencement of food and fluid charts.

Of a sample of care plans reviewed by the inspector all contained records of relevant monitoring with regard to nutrition and weight. All residents were weighed regularly and nutritional assessments were reviewed on a three monthly basis.

The inspector reviewed records of residents' meetings. It was evident from minutes of these meetings that residents were satisfied with the food and choices provided. This was supported by the complaints log which did not include any concerns with regard to food.

The inspector met with the chef who confirmed that he met with the person in charge to receive an update of the current status of the residents pertinent to their nutrition. Up-to-date information with regard to residents' dietary requirements was available on a white board in the kitchen. The inspector saw that a swallow care plan was in place for a resident who availed of the day services provided by the centre. Staff had in-depth knowledge of residents' likes and dislikes.

A two weekly menu was in operation and it was displayed in the dining room. The chef stated that if a resident did not like what was on the menu, an alternative was available. The inspector saw that meals were kept refrigerated for residents who may miss a mealtime on occasions. There was evidence that choice was available to residents for breakfast, lunch and tea. Residents confirmed that they were always asked what they wished to have for main meals. However, on the day of inspection the inspector saw that lunchtime was hurried as residents were served their dessert while some were still

finishing their main course.

Documentation submitted to the Authority indicated that:

2 residents were on a diabetic diet

2 residents were using supplements.

there were no residents on fortified diets.

Lunch was served from 12.30pm. The dining room was pleasant and inviting and care was taken with condiments and table settings. There was one sitting for each main meal. The inspector noted that lunch, in sufficient portions, was plated and presented in an appetising manner. Residents told the inspector how the lunch was tasty and hot. Choices of desserts were available.

Residents' with diabetes were provided with the appropriate diet and had a care plan guiding their care as observed by the inspector. Any referrals to allied services were made through the general practitioner (GP). GP's were available in the community and residents visited their GP and dentist by private arrangement.

Given the low dependency of residents, the inspector saw that there were no facilities available for residents to make their own meals or drinks if they so wished.

The catering staff had completed food hygiene training.

**Judgement:**

Non Compliant - Minor

***Outcome 17: Residents clothing and personal property and possessions***

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

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

There was a protocol for the return of personal possessions in the end of life care policy. However, on review it was evident that not all residents had an updated inventory of their personal belongings, signed by the resident where possible.

**Judgement:**

Non Compliant - Minor

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

Ide Batan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Mount Carmel Supported Care Home
<b>Centre ID:</b>	ORG-0000546
<b>Date of inspection:</b>	28/05/2014
<b>Date of response:</b>	03/07/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

### Outcome 08: Medication Management

#### Theme:

Safe Care and Support

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

Staff were signing off on administering medications before the resident had actually taken his/her tablets.

#### Action Required:

Under Regulation 33 (1) you are required to: Put in place appropriate and suitable practices and written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents and ensure that staff are familiar with such policies and procedures.

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

Staff training has taken place 20 June.14 and the remaining staff will be trained. Nurse will assess staff administering medications to ensure correct procedures are followed.

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

<b>Proposed Timescale:</b> 18/07/2014

<b>Outcome 14: End of Life Care</b>
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**Theme:**

Person-centred care and support

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

While there were policies, procedures and practices in place some gaps were evident in the maintenance of documentation. The inspector observed that there was no evidence of any engagement or consultation regarding spirituality and dying. The care plans reviewed reflected that this issue was not yet addressed or discussed with the resident, where possible.

**Action Required:**

Under Regulation 14 (2) (a) you are required to: Provide appropriate care and comfort to each resident approaching end of life to address his/her physical, emotional, psychological and spiritual needs.

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

Update policies and procedures to include documentation relating to residents wishes regarding spirituality and dying.

<b>Proposed Timescale:</b> 31/08/2014
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**Theme:**

Person-centred care and support

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

There was no documented evidence available to support each resident's choice as to the place of death including the option of returning home.

**Action Required:**

Under Regulation 14 (2) (d) you are required to: Identify and facilitate each residents choice as to the place of death, including the option of a single room or returning home.

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

Provide documentation for residents where they can express and clearly state their choices for end of life care.

<b>Proposed Timescale:</b> 31/08/2014
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## **Outcome 15: Food and Nutrition**

### **Theme:**

Person-centred care and support

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

Given the low dependency of residents, the inspector saw that there were no facilities available for residents to make their own meals or drinks if they so wished.

### **Action Required:**

Under Regulation 20 (6) you are required to: Provide adequate facilities for residents to prepare their own food and ensure that these facilities are safe for use by residents.

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

Provide facilities for residents to make tea and coffee.

**Proposed Timescale:** 30/06/2014

### **Theme:**

Person-centred care and support

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

The food and nutrition policy was not comprehensive and required updating.

### **Action Required:**

Under Regulation 20 (7) you are required to: Implement a comprehensive policy and guidelines for the monitoring and documentation of residents nutritional intake.

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

Food and nutrition policy will include tools used to monitor residents weight and nutritional status and protocol for residents who are losing weight.

**Proposed Timescale:** 31/07/2014

## **Outcome 17: Residents clothing and personal property and possessions**

### **Theme:**

Person-centred care and support

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

Failing to ensure that all residents had an updated inventory of their personal belongings, signed by the resident where possible.

### **Action Required:**

Under Regulation 7 (2) you are required to: Maintain an up to date record of each

residents personal property that is signed by the resident.

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

Update residents' property log and maintain register.

**Proposed Timescale:** 18/07/2014