

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mount Carmel Nursing Home
Centre ID:	OSV-0000734
Centre address:	Abbey Street, Roscrea, Tipperary.
Telephone number:	0505 21146
Email address:	mlarkin@mountcarmelnursinghome.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Sisters of St. Marie Madeleine Postel
Provider Nominee:	Marie Keegan
Lead inspector:	Mary Costelloe
Support inspector(s):	None
Type of inspection	Unannounced Dementia Care Thematic Inspections
Number of residents on the date of inspection:	27
Number of vacancies on the date of inspection:	1

About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 2 day(s).

The inspection took place over the following dates and times

From:	To:
13 February 2017 09:30	13 February 2017 17:30
14 February 2017 09:30	14 February 2017 16:30

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

Outcome	Provider's self assessment	Our Judgment
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Non Compliant - Moderate
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Substantially Compliant	Substantially Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Non Compliant - Major
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Compliant
Outcome 07: Health and Safety and Risk Management		Compliant
Outcome 08: Governance and Management		Non Compliant - Moderate
Outcome 12: Notification of Incidents		Non Compliant - Moderate

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the

inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

While this centre does not have a dementia specific unit the inspector focused on the care of residents with a dementia during this inspection. Six residents were formally diagnosed with dementia. The inspector met with residents, relatives, and staff members during the inspection. The inspector tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia. The inspector also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The design of the building was suitable for its purpose. The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout. The building was secure and residents had access to an enclosed garden courtyard which was easily accessible.

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Staff continued to strive to improve the type and variety of activities to ensure that meaningful and interesting activities were provided for all residents. Detailed life histories had been documented for most residents and staff were observed to use this information when conversing with residents.

Residents were observed to be relaxed and comfortable in the company of staff. Staff had paid particular attention to residents dress and appearance. The inspector noted that staff assisting residents with a dementia were particularly caring and sensitive.

The collective feedback from relatives was one of satisfaction with the service and care provided.

Staff were offered a range of training opportunities, including a range of specific dementia training courses.

Improvements were required to areas such as notification of incidents, falls and wound management, complaints management, Garda vetting and setting out the roles and responsibilities of volunteers.

These areas for improvement are discussed further throughout the report and in the action plan at the end of the report.

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

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents' overall healthcare needs were met and they had access to appropriate medical and allied healthcare services and each resident had opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. Some improvements were required to nursing documentation in areas of wound and falls management and to recording evidence of residents and relative involvement in the development and review of care plans.

Residents had access to general practitioner (GP) services of their choice and could retain their own GP if they so wished. There was an out-of-hours GP service available. The inspector reviewed a sample of files and found that GPs reviewed residents on a regular basis. The inspector noted that medications were regularly reviewed, and individually prescribed. Inspectors were satisfied that medications were administered as prescribed and that there was no over reliance on PRN (as required medications).

A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic services and psychiatry of later life. Chiropody and optical services were also provided. The inspectors reviewed residents' records and found that residents had been referred to these services, regularly reviewed and results of appointments were written up in the residents' notes.

There was a policy in place that set out how resident's needs would be assessed prior to admission, on admission, and then reviewed at regular intervals. A review of the records showed that this was happening in practice. All residents had a care plan that was developed on admission, and this was updated as the staff got to know the resident better. When considering admissions to the nursing home, they would consider if the residents needs would be met in the environment. The inspector observed that pre admission assessments were completed by the person in charge or clinical nurse manager (CNM) for all residents prior to admission.

Comprehensive up-to-date nursing assessments were in place for all residents. A range of up-to-date risk assessments were completed for residents including risk of developing

pressure ulcers, falls risk, nutritional assessment, dependency, moving and handling, oral health, continence and mental status.

The inspector noted that care plans were in place for all identified issues. A comprehensive and informative daily life plan of care was in place for all residents which outlined clear guidance for staff in areas such as washing and dressing, elimination, eating and drinking, mobilisation and maintaining a safe environment, communication, breathing, controlling body temperature, social, mental and emotional well being, expressing sexuality, maintaining respect and dignity, sleeping and end of life care. Care plans guided care and were regularly reviewed. Care plans were person centered and individualised. Care plans were also in place for specific issues such as dementia, confusion and disorientation, falls, warfarin therapy and weight loss. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs. While the inspector noted that there was on-going communication with families recorded on the computerised system with regards to issues such as updates and changes in residents' condition, medicines reviews and incidents, there were no records to support evidence of residents and relative involvement in the development and review of care plans. Nursing staff confirmed that care plans were discussed with relatives but that this information was not specifically captured on the computerised system.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. The person in charge advised that the daily life plan of care was copied and sent with the transfer letter to ensure that hospital staff were made aware of residents individual needs. The person in charge told the inspector that should it be necessary for a resident to be admitted to hospital that they were always accompanied by a staff member and were never left alone in the casualty department of the hospitals.

The inspector was satisfied that residents weight changes were closely monitored. All residents were nutritionally assessed using a validated assessment tool. All residents were weighed regularly. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Care plans in place were found to be person centered, comprehensive and reflected the recommendations of the dietician and SALT. Nutritional supplements were administered as prescribed. All staff were aware of residents likes and dislikes and of those residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT. The inspector spoke with the dietician who was visiting on the day of inspection, she advised that she regularly assessed and reviewed residents, she was satisfied that residents were offered nutritious varied diets and that there was no over reliance on nutritional supplements.

The daily menu was displayed and choice was available at every meal. The inspector observed the lunch time meal experience and noted it to be a pleasant one. The inspector noted that staff assisting residents with a dementia were caring and sensitive, they explained what foods were on offer and gently reminded some to swallow. Modified consistency diets were nicely presented and included a variety of texture and colour.

Residents spoken with were complimentary regarding the quality and choice of food. The inspector observed a variety of drinks and snacks being offered to residents throughout the days of inspection, a selection of home baking including brown bread, scones and cakes were also on offer.

Nursing staff advised the inspector that there were a small number of residents with wounds at the time of inspection. The inspector reviewed the file of a resident with a grade three pressure ulcer. While there was a wound assessment and wound care plan in place, these had not been recently updated. The wound assessment had last been completed in mid January 2017 and therefore it was difficult to see the progress of the wound. The person in charge had not notified the Chief Inspector of this occurrence as required under the regulations. This action is included under Outcome12: Notification of incidents.

The inspectors reviewed the files of residents who had recently fallen and noted that the falls risk assessments and care plans had been updated post falls. The person in charge reviewed falls on a regular basis, there was evidence of learning and improvement to practice. Residents who presented as high risk of falls or who had a number of recent falls had specific falls care plans in place. Low-low beds, crash mats, chair/bed sensor alarms and hip protectors were in use for some residents. The inspector noted that the communal day areas were supervised by staff at all times. All falls were logged as incidents on the computerised nurse documentation system. However, the individual residents falls logs were not consistently updated following each fall therefore it was difficult for staff to track individual falls pattern. There was evidence that residents families and GP were contacted post falls however, the inspector noted that neurological observations were not always recorded following un witnessed falls.

Staff provided end of life care to residents with the support of their GP and the palliative care team. The inspector reviewed a number of 'end of life' care plans that outlined the individual wishes of residents and their families including residents' preferences regarding their preferred setting for delivery of care. Many staff had undertaken training in end of life care. Residents religious and spiritual needs were met. Mass was celebrated daily in the centre. Other denominations were catered for when requested. There was a dedicated chaplain available to residents. Family and friends were facilitated to be with a resident who was at their end of life stage and there were no restrictions in terms of visiting hours.

The social care needs of each resident were assessed and detailed life histories, a 'Key to me' had been documented for residents and staff were observed to use this information when conversing with residents. Mass was celebrated in the centre each morning and many residents attended on a daily basis. A volunteer assisted staff with the provision of suitable activities during the late morning time. Residents were observed participating and enjoying quizzes, music, sing a long and discussions on a variety of topics including St. Valentine. There was a care assistant dedicated to the provision of activities each afternoon. Some staff had completed training in Sonas (therapeutic programme specifically for residents with Alzheimer's or dementia) and held both group and 1:1 sessions with residents on a weekly basis. Two staff members had recently attended creative arts and social therapeutic training. The daily activities schedule was displayed and the inspector observed residents enjoying a variety of

activities during the inspection including bingo, flower arranging and arts and crafts. Other activities that took place regularly included live music sessions, knitting club, board games, painting and gentle exercise games. The inspector observed staff encouraging residents to move around and having conversations. During this time the staff were seen to interact with residents positively, speaking directly to people, responding to any verbal communication, kneeling by people and getting eye contact and some physical contact. Other staff walked and talked with residents or spent time sitting with them.

Judgment:

Non Compliant - Moderate

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

While the provider and person in charge had taken measures to safeguard residents from being harmed and from suffering abuse, an allegation of abuse had not been managed in line with the centres safeguarding policy.

There was a comprehensive recently updated safeguarding policy in place. Staff spoken with and training records viewed confirmed that staff had received ongoing education on elder abuse. Further safeguarding training was scheduled. Staff spoken with were knowledgeable regarding their responsibilities. The inspector found that a complaint concerning an allegation of unsatisfactory staff interactions was recorded in the complaints book. The allegation had been managed and investigated in line with the complaints policy but not in line with the centres safeguarding policy. The allegation had not been notified to HIQA or the HSE safeguarding officer in line with the centre's safeguarding policy. This incident has since been notified.

The inspector reviewed the policies on the management of responsive behaviour and restraint. The policy on responsive behaviour outlined guidance and directions to staff as to how they should respond and strategies for dealing with behaviours. The policy on restraint was based on the national policy and included clear directions on the use of restrictive procedures including risk assessment and ensuring that the least restrictive intervention was used for the shortest period possible. Staff continued to promote a restraint free environment. There was one bed rail in use at the time of inspection at the residents own request. A risk assessment, care plan and two hourly checks were documented. The inspector saw that alternatives such as low low beds, crash mats and bed alarms were in use for some residents.

A small number of residents were prescribed psychotropic medicines on a 'PRN' as required basis and these were administered occasionally. Staff spoken with informed the inspector that these were always administered as a last resort only when other strategies had been trialled and possible underlying causes had been eliminated. Records were maintained to indicate the rationale for administration of these medications, what other interventions had been tried to manage the behaviour and the effect and outcome for the resident following the administration of the medicine.

The inspector observed that residents appeared relaxed, calm and content during the inspection. Staff spoke of the importance of maintaining a calm, noise free environment and allowing residents choice of daily routines. The inspector observed this taking place in practice.

Many staff spoken with and training records reviewed indicated that staff had attended training on dementia care, dealing with behaviours that challenged and management of restraint. Further refresher training was scheduled for the days following the inspection.

The person in charge told the inspector that the finances of residents were not managed in the centre. Small amounts of money were kept for safekeeping on behalf of some residents. The inspector was satisfied they were managed in a clear and transparent manner. There was a policy in place on the management of residents' personal property. All money was securely stored. Individual balance sheets were maintained for each resident and all transactions were clearly recorded and signed by two staff members.

All residents had access to a secure lockable storage in their bedrooms should they wish to securely store any personal items.

The inspector observed staff interacting with residents in a respectful and friendly manner. Residents and relatives spoken stated that they were supported by excellent staff and received very good care.

Judgment:

Non Compliant - Moderate

Outcome 03: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were consulted in the organisation of the centre, and that their privacy and dignity was respected.

Residents' committee meetings were held on a regular basis and were facilitated by the person in charge. Minutes of meetings were recorded, issues recently discussed included future plans for the building, ideas for activities and upcoming events. The person in charge had identified the hosting of more regular residents committee meetings facilitated by an independent advocate as an area for improvement. She advised that she had planned to complete resident and relative satisfaction survey in March 2017. The person in charge stated that she planned contacting a representative from the national advocacy service (SAGE) with a view to them visiting and speaking with residents.

The inspector noted that the privacy and dignity of residents was well respected. All residents had single bedrooms with en suite toilet and shower facilities. Bedroom and bathroom doors were closed when personal care was being delivered. Staff were observed to knock and wait before entering bedrooms.

Residents were treated with respect. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents' appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited weekly and some residents told the inspectors how they enjoyed availing of the service.

The inspector found the management style of the centre maximised residents' capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in an activity or to spend quiet time in their room and being encouraged and supported to follow their own routines. Residents were supported to eat their meals at their preferred times in their preferred location. The inspector observed this happening in practice.

Residents' religious and political rights were facilitated. A dedicated chaplain celebrated Mass daily in the centre. The person in charge told inspectors that residents of varying religious beliefs were facilitated as required. She also told inspectors that residents were facilitated to vote and explained that residents had been facilitated to vote in-house during the recent general election.

There was an open visiting policy in place. Residents could meet with family and friends in private if they wished, or could meet in their rooms, or communal areas of the home. Residents had many visitors during the inspection and relatives spoken with were very complimentary of the service provided. They stated that they were always made feel welcome and staff were considerate towards them.

Judgment:
Compliant

Outcome 04: Complaints procedures

Theme:

Person-centred care and support
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The management team had a positive attitude to receiving complaints and considered them a means of learning and improving the service.</p> <p>There was a comprehensive complaints policy in place; it included details of the complaints officer and appeals process.</p> <p>While there was a complaints procedure displayed in the front entrance lobby area it could not be easily viewed by many residents. The person in charge undertook to have the procedure displayed prominently on both floors in the nursing home. The inspector noted that the details of the complaints procedure was not clearly explained in the residents information guide.</p> <p>The inspector reviewed recent complaints which were logged on the computerised nurse documentation system. There was one open complaint and one other complaint received during 2016. Details of complaints were documented and investigations carried out, however, the complaints log was not always fully completed to include action plan, outcome of investigation and complainant's satisfaction or not with the outcome.</p>
<p>Judgment: Substantially Compliant</p>

Outcome 05: Suitable Staffing

<p>Theme: Workforce</p>

<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: The inspector found that staff delivered care in a respectful, timely and safe manner. The centre was person orientated and not task focused as all staff provided care to the residents.</p> <p>The inspector found there was an appropriate number and skill mix of staff on duty to meet the holistic and assessed needs of the residents on the days of inspection. On the days of inspection there were 27 residents in the centre and there was one resident in hospital. Relative's and residents spoken with were complimentary regarding the staff stating that they were both caring and competent. Staff were supervised to their role</p>

and appraisals were also conducted. There were two nurses and four care staff on duty during the morning time, two nurses and three care assistants on duty in the afternoon and evening time and one nurse and two care assistants on duty at night time. The person in charge was normally on duty during the day time. The staffing levels had been increased at weekends following the previous inspection, there was now a second nurse on duty from 9.00 to 14.00 on Saturdays and Sundays.

An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed staff rosters which showed there was a nurse on duty at all times, with a regular pattern of rostered care staff. The staffing complement included a dedicated care assistant for activities in the afternoons, catering, housekeeping and maintenance staff.

There was a varied programme of training for staff. Staff spoken with and records reviewed indicated that all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, and fire safety.

The staff also had access to a range of education, including training in specific dementia care training courses, restraint management, dealing with responsive behaviour, infection control, hand hygiene, medication management, hoist training workshop, vena puncture and person hood, rights and legal capacity. The activities coordinator had completed training in Sonas and creative arts, social therapy and horticulture. There was a training plan in place for 2017.

There were robust recruitment procedures in place. Staff files reviewed were found to contain all the required documentation as required by the Regulations including Garda vetting. The person in charge confirmed that Garda Síochána vetting was in place for all staff. Nursing registration numbers were available for all staff nurses. Details of induction/orientation received, training certificates and appraisals were noted on staff files.

There were two volunteers attending the centre, however, their roles and responsibilities were not set out in writing. Garda Síochána vetting disclosures had not been provided in respect of both volunteers. This was discussed with the provider representative and person in charge who undertook to speak with both volunteers with a view to obtaining Garda vetting. The provider had put safeguarding measures in place, all volunteers engaged with residents under the supervision and support of staff.

Judgment:
Non Compliant - Major

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

No actions were required from the previous inspection.

Findings:

The design of the building was suitable for its purpose. The centre was well maintained and nicely decorated. It was warm, clean and odour free throughout.

The circulation areas had hand rails, corridors were wide and allowed plenty of space for residents walking with frames and using wheelchairs. There was a lift provided between floors.

There was a variety of communal day spaces including day room, dining room, library and seating areas on corridors. The communal areas had a variety of comfortable furnishings and were domestic in nature. Renovation works were in progress to the chapel and activities room areas.

Bedroom accommodation met residents' needs for comfort and privacy. Bedroom accommodation for residents was in single rooms, all with assisted shower, toilet and wash-hand basin en suite facilities. Residents were encouraged to personalise their rooms and many had photographs and other personal belongings in their bedrooms. Some residents spoken to stated that they liked their bedrooms. It was observed that there was adequate room in the bedrooms for furniture including a bed, a chair and storage. The rooms also had enough space for equipment such as hoists to be used.

Call bells were accessible in all bedrooms and bathrooms. Residents also had the choice if they wished to wear a call bell bracelet on their wrist.

There was a separate assisted bathroom with specialised bath.

Appropriate signage was provided on doors, there was a sign with a word and a picture for bathrooms and other rooms residents would use. Contrasting colours were provided to all grab rails and toilet seats in all bathrooms to help residents with dementia orientate better.

The premises was located on a private site with well maintained external grounds, walkways, seating and ample car-parking. Residents also had access to a landscaped, secure enclosed courtyard garden that was directly accessed from the ground floor dining room.

There was appropriate assistive equipment provided to meet the needs of residents, specialised beds, hoists, specialised mattresses and transit wheelchairs. The inspector viewed the maintenance and servicing contracts and found the records were up-to-date and confirmed that equipment was in good working order.

The laundry, sluice rooms and cleaner's room were found to be well-equipped and maintained in a clean well-organised condition. Cleaning chemicals were securely stored. These rooms were provided with key coded locks to protect residents and visitors.

The kitchen was clean, spacious and well equipped. Separate staff changing and toilet

facilities were provided for catering staff.

The inspector noted that adequate staff facilities were provided and included staff toilet, changing facilities, storage lockers and dining room.

Close circuit television cameras were provided at all entrances ensuring additional security and safety for residents.

The provider had undertaken a review of signage following the completion of the self assessment questionnaire. New 'way finder' signage had been ordered and was due to be delivered and put in place.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

Theme:

Safe care and support

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

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

Findings:

While the inspector did not inspect specifically against this outcome, issues of concern relating to fire safety management identified at the previous inspection were reviewed. The inspector was satisfied that issues identified had been addressed.

Judgment:

Compliant

Outcome 08: Governance and Management

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

While the inspector did not inspect specifically against this outcome, the inspector had concerns that there was no administrative support available to the person in charge which impacted on her role in the effective governance, operational management and

administration of the centre. The person in charge was observed regularly responding to the front door bell and answering telephones throughout the days of inspection. The person in charge confirmed that she found it difficult at times to keep up to date with her managerial administrative work and maintain oversight of all departments because of the lack of reception and administrative support.

Improvements were required to meeting regulatory requirements and ensuring adequate oversight of areas such as notification of incidents, falls and wound management, complaints management and Garda vetting for volunteers to ensure that the service provided was safe, appropriate, consistent, and effectively monitored. These issues are discussed further under Outcomes 1, 4. 5 and 12.

Judgment:

Non Compliant - Moderate

Outcome 12: Notification of Incidents

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Some incidents had not been reported in writing to the Chief Inspector as required under the regulations.

An allegation of abuse against a staff member had not been notified within three working days of its occurrence. This incident was notified following the inspection.

There was one resident who had been assessed as having a grade three pressure ulcer which had not been notified.

There was one resident using a bedrail and a small number of residents were occasionally administered prescribed psychotropic medicines on a 'PRN' as required basis. The use of these restraint measures had not been notified.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

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

Report Compiled by:

Mary Costelloe
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Mount Carmel Nursing Home
Centre ID:	OSV-0000734
Date of inspection:	13/02/2017
Date of response:	06/03/2017

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Health and Social Care Needs

Theme:

Safe care and support

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

There were no records to support evidence of residents and relative involvement in the development and review of care plans.

1. Action Required:

Under Regulation 05(5) you are required to: Make the care plan, or revised care plan, prepared under Regulation 5 available to the resident concerned and, with the consent

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

of that resident or where the person-in-charge considers it appropriate, to his or her family.

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

All care plans are reviewed and discussed with resident and their family if it is residents wishes, staff aware to document this discussion in the Resident/Family input section on the computerised system.

Notices placed on notice board advising residents and their Next of Kin that care plans are available for viewing/discussion.

Auditing of care plans will confirm compliance.

Proposed Timescale: 30/04/2017

Theme:

Safe care and support

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

Neurological observations were not always recorded following unwitnessed falls by residents.

2. Action Required:

Under Regulation 06(1) you are required to: Having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care for a resident, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais.

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

Staff aware that Neurological observations must be recorded on all unwitnessed falls, staff are now compliant with same and will be monitored by Person in Charge

Proposed Timescale: Completed

Proposed Timescale: 06/03/2017

Theme:

Safe care and support

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

A wound assessment and wound care plan in place had not been recently updated. The wound assessment had last been completed in mid January 2017 and therefore it was difficult to see the progress of the wound. The care plan did not contain up to date information regarding the frequency of change of dressings.

3. Action Required:

Under Regulation 21(1) you are required to: Ensure that the records set out in

Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.

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

A review of all wounds has taken place, assessments completed and care plans updated to reflect the current plan of care. Compliance continues to be monitored

Proposed Timescale: Completed

Proposed Timescale: 06/03/2017

Outcome 02: Safeguarding and Safety

Theme:

Safe care and support

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

The inspector found that a complaint concerning allegations of unsatisfactory staff interactions was recorded in the complaints book. The allegation had been managed and investigated in line with the complaints policy but not in line with the centres safeguarding policy.

4. Action Required:

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

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

Training on safeguarding vulnerable persons given to staff
Safeguarding policy reviewed, updated and circulated to all staff.
NF06 form completed and forwarded to the Authority

Proposed Timescale: Completed

Proposed Timescale: 06/03/2017

Outcome 04: Complaints procedures

Theme:

Person-centred care and support

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

While there was a complaints procedure displayed in the front entrance lobby area it could not be easily viewed by many residents.

5. Action Required:

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

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

Complaints procedure is now displayed in the day room upstairs and downstairs

Proposed Timescale: Completed

Proposed Timescale: 06/03/2017

Theme:

Person-centred care and support

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

The complaints log was not always fully completed to include action plan, outcome of investigation and complainant's satisfaction or not with the outcome.

6. Action Required:

Under Regulation 34(1)(f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.

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

Complaints log amended to ensure all entries are completed in full

Proposed Timescale: Completed

Proposed Timescale: 06/03/2017

Outcome 05: Suitable Staffing**Theme:**

Workforce

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

The roles and responsibilities of volunteers were not set out in writing.

7. Action Required:

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

Volunteer policy updated

Roles and responsibilities for Volunteers are now in place for various roles

Proposed Timescale: Completed

Proposed Timescale: 06/03/2017

Theme:
Workforce

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

Garda Síochána vetting disclosures had not been provided in respect of volunteers.

8. Action Required:

Under Regulation 30(c) you are required to: Provide a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 for people involved on a voluntary basis with the designated centre.

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

Garda vetting in progress for volunteers

Proposed Timescale: 31/03/2017

Outcome 08: Governance and Management

Theme:
Governance, Leadership and Management

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

The inspector had concerns that there was no administrative support available to the person in charge. The person in charge was observed responding to the front door bell and answering telephones throughout the day. The person in charge confirmed that she found it difficult at times to keep up to date with her managerial administrative work and maintain oversight of all departments.

9. Action Required:

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

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

Part time admin support is under consideration and a suitable candidate will be recruited as soon as possible

Proposed Timescale: 08/05/2017

Outcome 12: Notification of Incidents

Theme:

Effective care and support

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

An allegation of abuse against a staff member had not been notified within three working days of its occurrence.

10. Action Required:

Under Regulation 31(1) you are required to: Give notice to the chief inspector in writing of the occurrence of any incident set out in paragraphs 7(1)(a) to (j) of Schedule 4 within 3 working days of its occurrence.

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

NF06 has since been submitted

Safeguarding Policy updated and circulated to all staff
Training for staff on Safeguarding Vulnerable Persons given.

Proposed Timescale: 06/03/2017

Theme:

Effective care and support

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

There was one resident who had been assessed as having a grade three pressure ulcer which had not been notified.

There was one resident using a bedrail and a small number of residents were occasionally administered prescribed psychotropic medicines on a 'PRN' as required basis. The use of these restraint measures had not been notified.

11. Action Required:

Under Regulation 31(3) you are required to: Provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of any incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.

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

All notifications now submitted.

Proposed Timescale: 06/03/2017