



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 Company Limited by Guarantee
Address of centre:	Prologue, Callan, Kilkenny
Type of inspection:	Unannounced
Date of inspection:	25 May 2023
Centre ID:	OSV-0000546
Fieldwork ID:	MON-0039575

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 four 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:	20
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 25 May 2023	09:25hrs to 15:30hrs	Catherine Furey	Lead

What residents told us and what inspectors observed

There was a person-centred approach to care in Mount Carmel Supported Care Home, and staff were observed by the inspector to be kind and caring towards residents, while ensuring that independence and freedom of choice were promoted. The inspector met with the majority of residents during the inspection to gather feedback on their experience in the centre. Residents were unanimously complimentary of staff and of the overall service provided.

The inspector arrived unannounced in the morning and saw some residents sitting outside enjoying the sunshine. On entering the centre, some residents were seen walking around, going about their business and chatting with other residents. The person in charge met the inspector in the main foyer and welcomed the inspector to tour the premises. During this tour of the centre, the inspector observed a friendly, relaxed and calm atmosphere. The design and layout of the centre supported the independent lifestyle of residents.

The centre has outdoor space to the front that is freely accessible to residents which is maintained to a good standard with an array of seasonal plant pots and garden seating. A large, decorative mural composed by residents and staff as an art project is the centrepiece of this area, and provided a great talking point with residents and visitors. There are a number of communal areas within the centre including a dining room, a large sitting room, an oratory and a day care centre. The day care centre can be accessed by individuals living in nearby accommodation, who are not living in the designated centre. All bedrooms are single occupancy and are of adequate size and layout to meet the residents' needs. Residents were encouraged to personalise their bedrooms and the inspector saw this had occurred to various degrees with photographs, furniture and ornaments, depending on each resident's preferences. Each bedroom was equipped with a television and additional channels outside of the basic packages could be accessed on request. Residents had enough wardrobe space for to hang their clothes. Residents told the inspector that they were "much happier with the laundry nowadays, as things are not going missing".

Most residents came to the dining rooms for their meals. The inspector observed that the food served in the centre at lunchtime was wholesome, nutritious and served hot, in an appetising and well-presented fashion. There was a good choice of food available. Residents told the inspector that they enjoyed mealtimes and they had a choice that they could get an alternative to the menu if they did not like what was offered. It was clear that mealtimes were social occasions and provided opportunities for residents and staff to connect and chat. Light-hearted chatter and positive, respectful interactions were observed between residents and staff, and these interactions highlighted that staff had good knowledge of each resident. Residents came and went from the various communal rooms throughout the day, and some spent some quiet time in their rooms. Residents went out during the day to various appointments, visits and to the local shop which was within walking

distance of the centre.

In the afternoon, the visiting art teacher held a creative class with a small number of residents who were interested in art and craft. Other residents gathered in the sitting room to watch TV, and some were knitting and reading the local papers. Staff offered a range of snacks such as fruit salad and biscuits and hot and cold drinks between meals. Staff engaged with residents in a positive and respectful manner. Independence was promoted and assistance provided when necessary. Residents with whom the inspector spoke were complimentary of all of the staff in the centre. One resident told the inspector that they "waited years to get a bed here, they have a great reputation". Another resident said that staff respected their privacy and were always kind and helpful. saying "they help me if I need to organise a spin into town". Residents told the inspector that they could have visitors and they could go out when they liked, including on overnight and weekend stays at home or with their families. Many residents had mobile phones and were able to maintain good contact with family and friends.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered to residents

Capacity and capability

This centre had effective management systems in place, ensuring good quality care was delivered to the residents. There was a commitment to promoting a rights-based approach to care where the resident was central to service delivery.

Mount Carmel Community Trust Company Limited by Guarantee is the registered provider of Mount Carmel Supported Care Home. There is a currently a board of directors who act in the best interests of the company. One of the board is the nominated representative for Mount Carmel Supported Care Home. The centre is a low-dependency supported care home and was registered on the basis that the residents do not require full time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The centre is registered to provide care to 20 residents and all beds were occupied on the day of inspection. The person in charge works full-time in the centre and is responsible for the overall governance of the centre, in line with the centre's social model of care.

This was an unannounced risk inspection which took place over one day, to monitor ongoing compliance with the regulations. The centre had good systems in place to monitor the ongoing quality and safety of the care delivered to residents. The management team undertook a regular schedule of audits. The person in charge collates weekly data including incidents and accidents, complaints, infection control issues and occupancy. Due to the low dependency level of the residents, incidents

and accidents were not a regular occurrence, however the person in charge maintained clear records, and conducted investigations and reviews when incidents did occur.

The inspector found that there was sufficient staff rostered daily to meet the low-dependency needs of the residents. A night support worker was onsite each night from 9pm to 8am to support and assist the residents during this time. The staff complement was enhanced by the inclusion of a number of Community Employment scheme workers that provided essential cleaning, catering and maintenance services. There is a deputy person in charge and senior care worker who take responsibility in the absence of the person in charge. Nursing care is provided in the centre two days per week. Staffing and skill-mix were appropriate to meet the needs of the residents on the day of the inspection. There was a system in place to ensure clear and effective communication between the management and staff.

All staff in the centre had received training appropriate to their individual roles through a combination of online and in-person training sessions. There was an ongoing training schedule in place to ensure all staff had relevant and up to date knowledge and skills. Mandatory training modules such as fire safety and safeguarding of vulnerable adults was completed by all staff.

A sample of staff files reviewed by the inspector were found to be very well maintained. These files contained all the necessary information as required by Schedule 2 of the regulations, including the required references and qualifications. Evidence of active registration with the Nursing and Midwifery Board of Ireland was seen in the nursing staff records viewed. The majority of residents' records, such as records of medicines administered, a record of referrals made, and a record of falls sustained, were maintained in the centre as outlined in the regulations, however, a daily note was not always kept in respect of each resident.

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were noted in relation to the provision of staff training in the centre. The vast majority of staff were up-to-date with relevant and important training and

plans were in place for refresher training in fire safety and first aid.

A good programme of induction was in place and new and existing staff were well-supervised and supported in their roles.

Judgment: Compliant

Regulation 21: Records

Staff did not consistently maintain a daily record of each resident's health, condition and treatments given.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider ensured that adequate resources were in place to ensure the effective delivery of care in accordance with the centre's statement of purpose.

There is clearly defined management structures which identify the lines of authority and accountability, and the specific roles and responsibilities for all areas of care provision. Management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored. A schedule of regular monitoring was in place, including weekly cleaning audits, regular medication management audits and reviews of any falls occurring in the centre. The person in charge presents a regular, comprehensive report on the centre including any relevant resident, staffing or environmental risks to the board of management which ensures that there is good oversight of the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. A review of this record identified that all incidents required by regulation to be notified to the office of the Chief Inspector had been submitted within the required timeframes.

Judgment: Compliant

Quality and safety

It was evident that this centre promoted a human rights-based approach to care, which was respectful and inclusive of the residents' views, opinions and choices. The well-being of the residents' was at the centre of the service. Residents were consulted with regularly and proactively engaged in the running of the centre. Some improvements in relation to care planning and assessment, infection control practices and fire safety were required.

The centre had good oversight of the resident's individual health needs. Due to the low dependency of the residents, there was a very minimal level of wounds and incidents and there was no use of restrictive practices within the centre. When incidents did occur, the data was collected and reviewed to identify any improvements required. Residents were assisted to make appointments with their general practitioner (GP) and to maintain hospital and any other appointments. Records reviewed by the inspector identified that all residents had a comprehensive assessment and care plan completed on admission to the centre. Reassessment of residents' needs were conducted regularly, including assessment of risks including falls and pressure-related skin damage. The risk of residents developing malnutrition was not assessed in the centre, and this led to a missed opportunity to identify a potential risk, as discussed under Regulation 6: Healthcare.

While the staff knew the residents and were familiar with their individual needs and preferences, these were not always documented in the residents' care plans. As a result, care plans were more problem-focused and did not describe person-centred interventions to meet the needs of residents. For example, some residents had good care plans for nursing and healthcare-related issues such as managing diabetes or falls, but no meaningful care plan which reflected the residents' social and spiritual needs.

The design and layout of the premises were appropriate to support the needs of the residents. The centre was found to be clean and uncluttered. All areas of the centre were found to be on a cleaning schedule, and clear documentation of the cleaning practices were provided to the inspector. Following the previous inspection in July 2022, the systems for managing the residents' laundry and personal possessions were reviewed. This review identified areas of improvement, and subsequent changes were made resulting in a more efficient procedure. There was evidence in residents' meeting minutes that the laundry procedures were thoroughly discussed with residents, and their opinion was taken into consideration when implementing the new system. Some existing issues including the provision of clinically-compliant handwashing sinks, were impacting on the ability of the registered provider to fully comply with Regulation 27: Infection control.

Overall the provider had taken precautions to protect the residents in the event of a fire. There was an effective system of daily and weekly checking of means of escape, fire safety equipment and compartment fire doors. Fire evacuation drills

were conducted simulating various fire scenarios in different areas of the centre. Residents were invited and encouraged to participate in fire safety training and drills in the centre. There was evidence that the fire alarm and fire extinguishers were serviced at recommended intervals, however the emergency lighting required review to ensure that the required quarterly testing and inspection was carried out as recommended.

The inspector saw evidence in the documentation reviewed and from conversations with residents that residents were consulted in respect of the quality of the service provided. The management of the centre continued to involve the local community and external entertainers in activity provision. Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available.

Regulation 11: Visits

There was open and unrestricted visiting procedures in place on the day of inspection. Residents and visitors came and went from the centre throughout the day and visits took place in residents' rooms, communal areas and outside.

Judgment: Compliant

Regulation 12: Personal possessions

The issues identified on the previous inspection with regard to the management and safe return of residents clothing that went to the laundry service were found to have been fully rectified. There were no concerns raised by residents about the laundry service and management confirmed that the system was working efficiently. All residents had adequate space to store and maintain their belongings in their rooms and had access to a secure lockable storage facility for the safe-keeping of personal money and valuables.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of nutritious food and drinks, which were safely prepared, cooked and served in the centre. Residents could avail of food, fluids and snacks at times outside of regular mealtimes. Support was available from a dietitian for residents who required specialist assessment with regard to their dietary needs.

There was adequate numbers of staff available to assist residents with nutrition intake at all times.

Judgment: Compliant

Regulation 27: Infection control

Notwithstanding the many good practices in infection control seen on the day, the inspector found that the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. This presented a risk of cross infection in the centre and were repeat finding from the previous inspection. For example;

- there were some examples of worn, scuffed and peeling surfaces including bedroom doors and handrails which hindered effective decontamination and cleaning
- none of the hand hygiene sinks throughout the centre were compliant with current recommended specifications

Additional findings on this inspection included;

- linen and towels were stored on the exposed flooring of a storage cupboard. Clean items should be stored off the ground
- the housekeeping trolley in use had a build up of dust and grime in some areas. Equipment used in cleaning and decontamination should itself be kept clean.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Records showed that the emergency lighting systems in the centre had not been subject to regular servicing and annual inspection. The maintenance of all fire equipment and means of escape is necessary to ensure the safe evacuation of residents in an emergency. This was a repeat finding from the previous inspection.

Following the inspection, annual inspection and servicing of the emergency lighting system was undertaken, and records were submitted to the inspector for review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

In the sample of care documentation reviewed, there were some residents who had no assessment of their social needs. The document which was to be used to complete this assessment was blank, and as a result, no details regarding a residents past life, hobbies and personal preferences were gathered. Therefore, there was insufficient information to develop person-centred care plans to meet the residents' needs.

Judgment: Substantially compliant

Regulation 6: Health care

A validated assessment to measure the risk of malnutrition was not in use. This was important as residents were weighed monthly, and significant changes were seen in a residents weight; had an appropriate risk assessment for malnutrition been carried out, this would have indicated that a referral to a dietitian was required.

Judgment: Substantially compliant

Regulation 8: Protection

There were arrangements in place to protect residents from the risk of abuse.

- staff had good knowledge in relation to recognition of abuse and the resulting actions required should an allegation of abuse be disclosed
- Garda (police) vetting disclosures were in place for all staff, and the management team assured the inspector that no staff member commenced employment without this in place
- the centre was acting as a pension agent for a small number of residents. The inspector reviewed the arrangements in place and these were in line with the required Department of Social Welfare guidelines
- the registered provider facilitated staff to attend training in safeguarding of vulnerable persons
- residents had access to advocacy services

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a variety of activities and were able to choose where and how they spent their time in the centre. Residents were encouraged to maintain links with the community and keep up-to-date with national and international affairs through access to TV, radio, internet facilities and newspapers. Residents were supported with access to religious activities of their own denomination.

Residents were encouraged to give their feedback on the running of the centre and were involved in decisions which impacted upon their day-to-day lives. For example, any changes in the centre in relation to staffing, infection control procedures and building upgrades were discussed with the residents, and their opinions were readily sought.

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	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	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	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Carmel Supported Care Home OSV-0000546

Inspection ID: MON-0039575

Date of inspection: 25/05/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: Staff will now record at handover a daily note on residents. Also, the nurse will continue to record resident’s health, condition and treatments when required.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: From a previous inspection it was noted that internal doors were identified as a potential infection control issue. Since that inspection suitable contractors were identified, and a quote received to remedy the issue. The quote amounted to approximately €16,000, to date €5000 has be sourced and we are awaiting to identify additional funding sources to meet the shortfall.</p> <p>In addition to this, the requirement to rectify the hand hygiene sinks throughout the Centre to ensure that they are compliant with current recommended specification is subject to securing funding to enable this to happen.</p> <p>Cost neutral or low-cost actions will be taken to address the additional findings highlighted in the report, such as the purchasing of new cleaning equipment (scoop and brush) and also ensuring that bedlinen should be stored off the ground.</p>	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: A quarterly reminder has been placed in the Office Diary to ring the electrician as a reminder to carry out the quarterly inspection of the emergency lighting. This compliments the existing checks carried out by the maintenance person in Mount Carmel</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: All residents are encouraged and supported to maintain their social and community interest post their admission to Mount Carmel in line with a person-centered approach and while there is a social needs assessment tool not all resident wish to avail or partake in such as assessment. We will now re-engage with residents who initially declined to participate in the social assessment and seek to encourage and support them to participate.</p>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care: In response to the issue highlighted regarding a suitable assessment tool to identify the risk of malnutrition, an assessment tool will be included in the suite of assessment tools used in Mount Carmel, such as the MUST (Malnutrition Universal Screening Tool) screen tool. This will complement the existing screening and monitoring that takes place.</p>	

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 21(1)	The registered provider shall 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.	Substantially Compliant	Yellow	01/07/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	01/03/2024
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment,	Substantially Compliant	Yellow	01/07/2023

	means of escape, building fabric and building services.			
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	01/07/2023
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.	Substantially Compliant	Yellow	01/08/2023