



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

Issued by the Chief Inspector

Name of designated centre:	Mount Carmel Community Hospital (Short Stay Beds)
Name of provider:	Health Service Executive
Address of centre:	Braemor Park, Churchtown, Dublin 14
Type of inspection:	Unannounced
Date of inspection:	09 January 2023
Centre ID:	OSV-0005337
Fieldwork ID:	MON-0038868

About the designated centre

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

The centre, located in South Dublin, is owned by the Health Service Executive (HSE) and operated by Mowlam Healthcare on their behalf. It offers 93 short stay beds to men and women over 18, with a focus of caring for those over 65. The aim of the service is to facilitate the discharge of medically stable patients from hospitals in the Dublin area to the centre with a care programme to enable them to return home, or where appropriate move on to long-term residential care. It is staffed with a multidisciplinary team including nurses, healthcare assistants, a general practitioner (GP), physiotherapist and occupational therapist. The service is provided on the ground, first, second and third floor of a large premises. It is divided in five units that are all staffed independently. Units had a range of single and multi-occupancy bedrooms. The building is easily accessible and provides parking for a number of vehicles. It is also close to local bus routes.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	72
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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
Monday 9 January 2023	09:00hrs to 17:00hrs	Jennifer Smyth	Lead
Monday 9 January 2023	09:00hrs to 17:00hrs	Margo O'Neill	Support

What residents told us and what inspectors observed

From what residents told us and from what the inspectors observed, Mount Carmel Community Hospital had a relaxed and friendly atmosphere. A number of residents were complimentary of the care and service provides, and told the inspectors that staff were lovely and kind to them.

Following an opening meeting with the person in charge, the inspectors were guided on a tour of the premises. The designated centre provided accommodation to 93 residents in single and twin and multi-occupancy rooms located over four floors.

Residents were found to be enjoying activities in the day room which was sufficiently staffed at the time of inspection. One resident said that they enjoyed the opportunities to take part in various activities, such as bingo and a group word search. For residents who preferred smaller group or one-to-one activities, residents were seen to knit and read newspapers. There was also mass available within the oratory. During the course of the inspection, inspectors found that staff maintained residents privacy and dignity in their bedrooms. They were protected by staff knocking on doors and seeking permission before entering resident rooms and closing or leaving bedroom doors open if residents requested this. However residents were required to wear identifying wrist bands which was an infringement on their privacy and right to make choices.

Staff who spoke with the inspectors were knowledgeable about residents and their needs, responding to safeguarding issues and complaints. It was evident that staff knew residents well and observations were that they were responsive to residents' needs. Staff told the inspector that the management team were supportive.

Inspectors observed that some areas of the centre required attention; for example, that paint was chipped and cracked in many areas, wash hand basins cracked and seals corroded and doors were badly scratched and chipped.

Throughout the centre inspectors observed signs of water damage on ceiling tiles such as staining. In one communal bathroom, which contained a toilet, inspectors observed a leak had occurred and the flooring was in need of attention as it was peeling away from where it attached to the wall.

Residents rooms overall were found to be clean and bright. Multi-occupancy bedrooms had been configured to support each residents' right to privacy and autonomy. For example, within each residents' privacy curtains there was a bed, a chair, storage space and a lockable space so that residents could access their possessions in privacy and sit in their own company should they so wish. Each resident could also access the exit and bathing facilities without having to enter other residents' spaces in the room. However storage space was not suitable for some residents. For example, inspectors noted that residents personal belongings were stored on the floor, as there was insufficient space in their wardrobes. Also in

some multi-occupancy bedrooms, parts of privacy curtains were missing resulting in gaps when curtains were drawn. This required attention to ensure residents' right to privacy was maintained.

Inspectors observed that there were open and exposed plumbing pipes; for example in one room which was labelled as a sluice room but was used as a store room, an open drainage pipe were present. Inspectors observed that this pipe had been filled with a towel.

All staff were observed to wear face masks throughout the day however some staff were observed at times to wear face masks under their noses or to pull their masks down when speaking to other residents. Some staff were also observed to wear wrist watches, this did not support effective hand hygiene.

There were dining spaces on all units and inspectors observed that these areas were decorated nicely with tables laid in preparation for residents to take their meals. Menus were displayed on the tables for residents to use when choosing their meals. Inspectors observed that meal times were calm and relaxed with sufficient staff in place to provide support to residents if required.

Most residents stated that the food was nice with one residents saying that their favourite was the lamb stew. One resident however stated that when they received their food that at times it was cold and required re-heating. Another resident stated they enjoyed the food however the portions received could be small.

There were communal rooms such as activity rooms, visiting rooms and day rooms available for residents to use. Some of these areas contained books, newspapers and television. In one activity room there was a soccer table game for residents use. There was an activity programme in place to provide recreational and occupational opportunities for residents Monday to Saturday and a team of three activity staff in place to provide the programme. During the day of inspection, inspectors noted that there were not many activities happening. On one unit inspectors observed that five residents spent a long period of time sitting opposite the nursing station with little or no stimulation available. When inspectors asked why these residents were seated opposite the nurses' station and not in a sitting room inspectors were informed it was so that staff could provide close supervision to the residents. One resident who spoke to inspectors stated that there 'was very little activities on' while another resident did not know what activities were provided in the centre and tended to spend their day watching television.

Despite being a registered designated centre for older persons (DCOP), inspectors observed a culture more akin to acute care than a designated centre for older persons for example staff referred to residents as "patients".

Overall, the inspectors observed a relaxed environment. The overall feedback from residents spoken with was that they felt safe and content within the centre. The next two sections of the report present the findings of the inspection and give examples of how the provider has been supporting residents to live a good life in the centre. It also describes how the governance arrangements in the centre effect

the quality and safety of the service.

Capacity and capability

The centre was well managed by a management team who were focused on improving resident's well-being. Residents received good care and support from staff. The layout of the building provided them with plenty of space and residents could make choices on how they spent their day. However, improvement was required with regard to, governance and management oversight of maintenance, statement of purpose, written policies and procedures and contract of care.

There were clear governance and management structures in place within Mount Carmel Nursing Home. There were clearly-defined roles and responsibilities set out and staff were aware of the line management reporting protocols within the centre. The centre is owned by the Health Service Executive (HSE) and operated by Mowlam Healthcare on their behalf. The person in charge reported to managers from the HSE and Mowlam Healthcare. A range of quality assurance checks were being used in the centre to provide information to the provider about the quality of the service. This included key performance indicators gathered through clinical surveillance reports, analysis from audits and resident surveys. There were regular staff and management meetings where the key data on the centre was discussed to drive good quality care. However the oversight of maintenance was not on the agenda of governance meetings.

The management team had oversight of the care being delivered to residents. There was an audit schedule and system in place for auditing practices such as falls, wound care, medication management and the environment. There was clear evidence of learning and improvements being made in response to audit reports. However the oversight of maintenance required action. There was no planned maintenance schedule available to identify works that were required, persons responsible or time frames.

The Registered Provider had submitted an application to vary the registration, prior to this inspection. The documentation to support this application was complete.

The registered provider had a written statement of purpose relating to the designated centre available on the day of inspection. However the centre was not in compliance with their statement of purpose. The centre was a short stay facility, with length of stay ranging from two weeks to 12 weeks. On the day inspection there were 17 residents who had resided in the centre beyond their anticipated discharge date ranging from three weeks and up to three years. This is further discussed under Regulation 3: Statement of Purpose.

Schedule 5 policies were available to the inspectors and to staff for review. However they had not all been updated to reflect the practices and procedures in the centre. For example the emergency plan required action. This is discussed under

Regulation 4:Policies and Procedures.On the day of inspection, the staffing numbers and skill-mix were appropriate to meet the support requirements of residents.

Staff were supported to access mandatory training. Mandatory training was scheduled and planned for fire, safeguarding and manual handling in the weeks following the inspection. There was additional training available to staff in areas such as dementia training and CPR and infection control.

While contracts of care were in place for each resident and had been appropriately signed, inspectors found that action was required to ensure they detailed the requirements set out in the regulations in relation to the terms on which a resident shall reside in that centre. This is further discussed under Regulation 24: Contract for the Provision of Services below.

An annual review of the quality and safety of care delivered to residents had taken place for 2020. The inspector saw evidence that the review was completed in consultation with residents and their families through resident surveys.

Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed health and social care needs of residents with regard to the design and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to training and were appropriately supervised. There was an induction system in place for newly-appointed staff.

Judgment: Compliant

Regulation 23: Governance and management

Management oversight systems did not ensure that the service provided was safe, appropriate and effectively monitored. For example:

- Oversight systems had not identified that the visiting arrangements were not in line with the National Guidance.
- The oversight of maintenance was not evident in the governance meetings. There was no maintenance schedule available to address issues identified on the day of inspection.
- The centres statement of purpose did not define how residents can access social workers to support their discharge plans. There were inadequate systems in place for residents to access discharge assistance.

Systems had not been put in place regarding the ongoing monitoring and servicing of fire safety equipment. As a result inspectors could not be assured that all equipment and fire safety precautions were in order. For example:

- There were no record to confirm that the fire alarm system or emergency lighting had been serviced every three months in 2022.
- There were no documents to evidence that fire panels were inspected daily to ensure they remained in working order.
- No records were provided to inspectors to show that there was an annual review of all fire fight equipment such as fire extinguishers.

Judgment: Not compliant

Regulation 3: Statement of purpose

The statement of purpose did not reflect the services provided by the designated centre for example

- Residents who were admitted as short stay, had been residing in the centre for long periods of time over the 12 weeks. Resident had lived in the centre up to three years.
- Rooms did not correspond to the floor plans for example a visitors room had signage for an office and a store room had signage for a sluice.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures were available as set out in Schedule 5, these were seen to be updated at intervals not exceeding three years or where necessary in accordance with best practice.

Judgment: Compliant

Regulation 24: Contract for the provision of services

The inspector reviewed a sample of three contracts between the resident and the registered provider, and found that the terms were not set out clearly on which a resident resides in the centre.

- Resident's room allocation was not included in the contract.
- Two of the three contracts did not have the date of admission and planned discharge date.

Judgment: Substantially compliant

Quality and safety

Overall residents well-being and welfare was maintained by a good standard of evidence-based care and support. While many residents were content living in the centre and said they felt safe, improvement was required in infection control, premises, resident rights and visits.

Residents had good access to medical care services. Inspectors were assured that relevant referrals were made when specialist health care services were required, within a timely manner for residents. However access to a social worker was not available to all residents. This is further discussed under Regulation 6: Healthcare.

There was a policy and procedure in place when residents were transferred or discharged from the centre. Care records reviewed were found to contain discharge letters and appropriate referrals

The residents had access to an advocacy service. Inspectors observed that residents wore hospital type identification bracelets. Inspectors were informed that these were used in the administration of residents medication, to identify residents who were all short stay. This was an intrusion on residents rights to privacy and infringed on their dignity as they were residing in a nursing home.

The registered provider had a safeguarding policy and procedure to inform staff regarding the safeguarding of vulnerable adults. Inspectors reviewed a sample of investigations carried out to investigate safeguarding concerns raised. Inspectors were assured that these concerns had been investigated and recorded appropriately and referred to necessary external agencies as required. Records indicated that the majority of staff had received up-to-date training in safeguarding vulnerable adults

and while speaking with staff members, inspectors were assured that they had the confidence, knowledge and skills necessary to report safeguarding concerns.

There were arrangements in place for residents to have their clothes laundered and returned in a timely fashion. Action had been taken since the last inspection to improve access to residents' storage for their personal items and belongings in private. Storage space for some residents remained inadequate however with some residents having to place their belongings on the floor as there was insufficient space in their wardrobes.

Residents rooms overall were found to be clean and bright. Multi-occupancy bedrooms had been configured to support each residents' right to privacy and autonomy. There was suitable storage facilities for personal possessions including a lockable storage space. However screens around beds in multi-occupancy rooms had gaps and could close completely, residents were unable to carry out personal activities in private.

Inspectors observed that there were ceiling tiles not in place or missing completely. This created holes in the ceiling, potentially posing a containment issue should a fire occur, inspectors asked the management to address these issues immediately. One service area that contained electrics was seen to store combustible items such as plastic bags and a piece of fabric. Inspectors requested that this was removed immediately and the area secured. This was completed on the day of inspection.

There were arrangements in place for visitors to attend the centre to visit their loved ones. However these arrangements were found to be restrictive and not in line with current Health Surveillance and Protection Centre Guidance. This is detailed under regulation 11, Visits.

There was ongoing simulated evacuation drills undertaken in the centre and staff who spoke to inspectors were knowledgeable regarding the steps to take in the event of a fire and when performing an emergency evacuation. However inspectors were not assured that all reasonable measures were in place to ensure residents were safe and protected from the risk of fire. This is detailed further under Regulation 28, Fire precautions.

Inspectors found that infection prevention and control practices required strengthening to ensure they were in line with and reflected the National Standards for Infection Prevention and Control in community services (2018). This is detailed further under Regulation 27, Infection Control.

Regulation 11: Visits

The arrangements in place for residents to receive visitors in the centre were not in line with National guidance. For example at the time of inspection visiting was restricted to 14:00-16:00 hours and then from 17:30 to 18:30 hours for all residents except those with compassionate grounds. Further restrictions in place resulted in

only one visitor per resident being permitted to attend the different units. If more than one visitor attended to see a resident at the same time, then residents were required to come to the reception area of the centre, where there was a seating area with tables and chairs. Inspectors were informed that these restrictions were in place to reduce the risk of transmission of COVID-19. However inspector observed that during the allotted visiting times that large crowds of people congregated in the reception area, sitting close to each other therefore increasing the risk of transmission.

Inspectors reviewed the risk assessment in place to inform management regarding the management of the risk associated with visiting. This was completed in August 2022 and had not been updated since that time. Furthermore it did not reflect the current measures or arrangements in place at the time of the inspection.

Information for residents regarding visiting arrangements was provided in the contracts for the provision of services, the centre's statement of purpose and the resident information booklet. All three documents stated different information regarding visiting.

Judgment: Not compliant

Regulation 12: Personal possessions

Inspectors were not assured that all residents had adequate storage space to store their personal belongings. For example, inspectors noted that for three residents who had lived in the centre for long periods of time, had their personal items stored on the floor. There was insufficient space to store their belongings in their wardrobes. This is a repeat finding from the last inspection.

Judgment: Not compliant

Regulation 17: Premises

Inspectors observed that some areas of the centre required attention; for example:

- There were signs of wear and tear on paintwork throughout the centre.
- Wash hand basins were cracked and seals corroded,
- Doors were badly scratched and chipped. Chips were observed on the side of furniture such as wardrobes.
- Laminate finish was coming away from furniture,
- Tiles were missing from some walls in communal areas and bathrooms and small holes in walls were present where items had been attached.
- Throughout the centre inspectors observed signs of water damage on ceiling

tiles such as staining. In one communal bathroom, which contained a toilet, inspectors observed a leak had occurred and the flooring was in need of attention as it was peeling away from where it attached to the wall.

- Inspectors observed that there were open and exposed plumbing pipes; for example in one room which was labelled as a sluice room but was used as a store room, an open drainage pipe was present. Inspectors observed that this pipe had been filled with a towel.
- One service area that contained electrics was seen to store combustible items such as plastic bags and a piece of fabric. Inspectors requested that this was removed immediately and the area secured.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

A transfer and discharge policy and procedure was in place to inform staff of the steps to follow for a safe and planned transfer or discharge of residents from the centre. The sample of care records provided contained discharge letters and appropriate referrals when required.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that improvements were necessary to ensure that infection prevention and control in the centre reflected the National Standards for infection prevention and control in community services (2018).

- Some staff were seen to wear their face mask incorrectly. For example; staff were seen to wear their face mask below their nose or chin while speaking with other staff or residents during the inspection. This may result in onward transmission of infections to residents.
- Staff were also observed to wear wrist watches; this did not support effective hand hygiene practices.
- Some surfaces and finishes around the centre such as flooring, cupboards and walls were damaged. These surfaces did not facilitate effective cleaning.
- Inspectors observed unlabelled items such as shampoo, barrier cream, toothbrushes and urinal bottles in shared toilets and bathrooms, this posed a risk of cross contamination.
- Bottles of antimicrobial skin cleanser solution were located in different areas throughout the centre. When inspectors asked why this product was in use

there was no clear indication or rationale provided.

- The segregation of waste required review. Inspectors observed that yellow clinical bins, used for hazardous waste, were present throughout the centre, and inspectors were informed that these were used for residents' waste who were known to be colonised with multi-drug resistant organisms. Inspectors noted however these bins contained other items apart from clinical waste.
- Inspectors observed in many communal bathrooms open boxes containing incontinence wear and other items of personal protective equipment; this posed a cross infection issue.
- In treatment rooms, some sharps boxes did not have their safety mechanism engaged which posed a risk of cross contamination.
- Adhesive tape was observed on surfaces of doors and cabinets which meant effective cleaning could not be ensured.
- Inspectors observed that some wash basins were unlabelled in multi-occupancy rooms and stored upright, this posed an infection prevention and control issue.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors were not assured all residents had access to health care services when they required additional professional expertise, for example:

- While residents who were admitted from Tallaght hospital had access to social workers, residents admitted from the remaining hospitals did not have access to a social worker to support their discharge. This is a repeat finding from a previous inspection.

Judgment: Substantially compliant

Regulation 8: Protection

There was an up-to-date safeguarding policy available and a clear procedure to inform staff regarding the safeguarding of vulnerable adults. Staff members who spoke to inspectors clearly articulated the actions and steps they would take to safeguard residents if there was any allegation, suspicion or safeguarding concern identified. The registered provider did not act as a pension agent for residents at the time of the inspection.

Judgment: Compliant

Regulation 9: Residents' rights

In two multi-occupancy bedrooms, parts of privacy curtains were missing resulting in gaps when curtains were drawn. This required attention to ensure residents' right to privacy was maintained.

Residents were required to wear identification bands containing personal information which was an infringement on their right to privacy. This was an institutionalised hospital practice into their home, as visitors and other residents could see the labels. Residents have a right to make choices about how information about them is shared.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Inspectors were not assured that the measures in place were adequate to ensure that residents living in Mount Carmel Community Hospital were safe and protected from the risk of fire.

The maintenance of building fabric and services required review by the provider. For example:

- Inspectors identified ceiling tiles were not in place in a number of different locations through out the centre, creating gaps in the ceiling space. This posed a risk to the containment should a fire occur in these areas and a risk of allowing fire and smoke to potentially spread.
- Many rooms in the centre had up to three different signs on the outside of doors leading in to these rooms. This required review to ensure that the rooms had signs that reflected what was programmed into the fire detection and alarm system so staff could accurately and quickly identify the location of any potential fires or faults.

Judgment: Substantially 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 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 11: Visits	Not compliant
Regulation 12: Personal possessions	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant

Compliance Plan for Mount Carmel Community Hospital (Short Stay Beds) OSV-0005337

Inspection ID: MON-0038868

Date of inspection: 09/01/2023

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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Management oversight systems have been reviewed to ensure the service is safe, appropriate and effectively monitored.</p> <ul style="list-style-type: none"> • Visiting arrangements were reviewed immediately following the inspection and are now in line with the National Guidance. Visits can take place in several of the hospital’s visitors’ rooms and in the patients’ bedrooms, in accordance with individual patients’ preference. • We will continue to discuss maintenance issues at monthly management meetings, and record them on the centre’s action register, which is a standard practice in Mount Carmel Community Hospital. Unfortunately, these documents were not shown to the Inspectors during the inspection. • Since the inspection, the centre’s Statement of Purpose has been reviewed to reflect the current support systems in place to assist patients towards a safe discharge. • There are systems in place to support safe and timely discharge of patients to a suitable and safe destination of their choice. On occasion, planned discharges are delayed due to extrinsic circumstances such as when a patient requires home safety adaptations or when community support services are not available to facilitate a timely discharge. Social workers from the referring acute hospitals may assist with more complex discharge arrangements, and where a patient requires additional support, we will ensure that a referral is made to SAGE advocacy. The Patient Flow Team (ADON & CNM) are in regular communication with acute hospital discharge services and community care support services to arrange admissions and plan discharges to and from Mount Carmel Community Hospital. • The discharge plans of some patients may be altered during their inpatient episode in Mount Carmel Community Hospital, so that their original discharge plan may need to be reviewed; for example, if a patient’s care needs can no longer be safely met in their own home, they may choose to move into a nursing home for long-term care. This results in an extended stay beyond the anticipated discharge date so that the patient’s choice of nursing home can be facilitated and the Fair Deal application is processed. 	

- Evidence of the systems in place regarding the ongoing monitoring and servicing of fire safety equipment was shared with the Inspectors via email on 10/01/2023.
- The Provider will ensure hard copies are evident and available to the PIC and all on site for future reference.

Regulation 3: Statement of purpose	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 3: Statement of purpose:

- We will amend the Statement of Purpose to reflect that in certain circumstances some patients may exceed their anticipated length of stay. The reasons may include adaptation works to the patient's home to facilitate a safe discharge, or a change in the patient's care needs or medical condition which may require a review of the original discharge plan.
- We are currently in the process of recruiting a dedicated Social Worker for MCCH, who will assist with facilitating timely and effective discharge plans for patients. The role of the Social Worker will include communication and liaison with support services in acute and community healthcare settings. We will amend the Statement of Purpose to reflect the appointment of the Social Worker when the post has been filled.
- At the time of inspection, it was noted that a small number of room names/numbers did not correspond with the floor plans. This has been addressed on site to ensure correct names are evident. Floor Plans to support have been commissioned and will be available by 30th April 2023.

Regulation 24: Contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

Contracts for the provision of services have been reviewed and amended to include:

- Patient's room allocation.
- Date of admission and anticipated/planned discharge date.

Regulation 11: Visits	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 11: Visits:</p> <ul style="list-style-type: none"> • Visiting arrangements were reviewed immediately following the inspection and are now in line with the National Guidance. Visits can take place in several of the hospital's visitors' rooms and in the patients' bedrooms if they prefer. 	
Regulation 12: Personal possessions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <ul style="list-style-type: none"> • Bedrooms have been reviewed for all patients and additional storage areas have been found to facilitate a small cohort of patients who have a lot of personal items with them. Patients always have access to these items as required. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Defects to tiles noted at the time of inspection were rectified immediately in January 2023. Water damage evident on ceiling tiles, as well as flooring in need of attention as a result of damage have been repaired. • Inspectors noted inappropriate storage of combustible items and requested immediate removal of same. This was addressed. Staff have been reminded of the safe management of dangerous goods and an external audit of same will be completed during April 2023. • Overall the Provider undertakes to complete a full environmental audit to include all patient areas, service areas, plumbing, walls, doors and furniture to ensure that the premises are compliant with Schedule 6 of the regulations. In addition, an up-to-date preventative maintenance plan will be developed and monitored jointly by the Provider and Person in Charge, with first draft to be completed by 30th April 2023. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

- Since the inspection, infection prevention and control practices and procedures have been reviewed in line with the National Standards for Infection Prevention and Control in Community Services (2018), and the following actions have been completed:
 - Staff have been re-educated about the importance of appropriate and correct wearing of face masks and the hospital's 'bare below the elbow' policy to prevent the potential onward transmission of infection to patients and others.
 - Unlabelled items such as shampoo, barrier cream, toothbrushes, urinal bottles, incontinence wear, PPE and clutter from shared and communal toilets and bathrooms were removed immediately following the inspection and all items are now stored appropriately. The IPC Lead Nurse will monitor compliance with the appropriate storage of these items.
 - The IPC Lead Nurse has re-educated staff about the transmission risks associated with sharing toiletries.
 - The segregation of waste has been reviewed. Yellow clinical bins, used for hazardous waste have been removed from general circulation areas throughout the hospital, and are only used in areas where they are required for the safe disposal of hazardous clinical waste.
 - Bottles of antimicrobial skin cleanser solution have been removed from circulation throughout the hospital; hand mounted hand gel dispensers are located in convenient areas to facilitate hand hygiene for residents, staff and visitors.
 - The use of sharps containers was reviewed immediately following the inspection and the PIC has re-educated staff about the safe disposal of sharps and the importance of engaging the temporary closing mechanism.
 - Immediately following the inspection, handwash basins were reviewed and labelled appropriately. The PIC has re-educated staff about the correct storage of basins: inverted and separate to other items in order to prevent potential cross contamination.
- The following issues will be managed in line with the hospital's environmental risk assessment and preventative maintenance plan outlined under regulation 17 Premises.
 - Some damaged surfaces and finishes around the centre such as flooring, cupboards and walls are being addressed by the Provider with the support of HSE Estates as a priority.
 - Adhesive tape will be removed from all surfaces to ensure that effective cleaning can take place. Staff will be reminded to avoid use of tape on surfaces that should otherwise be wiped clean.

Regulation 6: Health care	Substantially Compliant
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- Outline how you are going to come into compliance with Regulation 6: Health care:
- We will continue to engage with Social Workers from the referring acute hospitals and HSE Community Healthcare Organisation regarding the provision of support for patient discharges and where a patient requires additional support, SAGE advocacy will be made available to patients requiring support.
 - Delayed discharges closely monitored and are in the minority and are due to

complicated social variables, including the waiting time for introduction of community support packages for patients.

- Patients overall wellbeing and baseline health is closely monitored.
- A small number of patients can experience a change in medical condition or social circumstances, which necessitates a review of the original discharge plan, such as referral to a nursing home for long-term residential care. Such changes in discharge planning are done in consultation with the patient, their NOKs, referring clinicians, advocates and managed through Local Placement Forums as
- We are in the process of recruiting a dedicated Medical Social Worker for MCCH who will enhance the work of the Patient Flow Team in ensuring timely, safe and effective discharges from the hospital.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Privacy in multi-occupancy bedrooms was reviewed immediately following the inspection. Additional curtains were put in place to ensure the privacy and dignity of all patients in sharing bedrooms.
- We will review the practice whereby patients are required to wear wrist bands for identification. We will ensure that all staff are aware that this practice will be revised. With effect from 01/05/2023, all patients will be identified by referring to their photographic identification on the electronic care record and on the medications administration records. The PIC, ADON and CNMs will monitor compliance and ensure that all staff refer to each individual patient's photographs to confirm identification.
- The Statement of Purpose (SOP) describes the function of MCCH and identifies that while it is registered as a DCOP, it is unique in being a short-stay facility overall. The context of the use of the term 'patient' is a purposeful and important component in the identity of the service provided.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- With the support of HSE Estates/Fire Officer, the Provider will undertake an overall fire risk assessment of Mount Carmel Community Hospital to ensure all aspects of fire safety are in compliance with national regulations and that all patients are kept safe and protected from the risk of fire. The risk assessment will be completed before 30th April 2023, and findings will be acted upon in order of risk priority.
- The Provider will commission an external Dangerous Goods Audit to ensure adequate safeguards are in place to mitigate harm to a patient, staff member or the fabric of the

building. The DG Audit will be completed before 30th April 2023.

- The PIC will ensure fire training and evacuation continues as a core component of mandatory training for all new staff and refreshed for all existing staff.

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 11(2)(b)	The person in charge shall ensure that having regard to the number of residents and needs of each resident, suitable communal facilities are available for a resident to receive a visitor, and, in so far as is practicable, a suitable private area, which is not the resident's room, is available to a resident to receive a visitor if required.	Not Compliant	Orange	22/03/2023
Regulation 12(a)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in	Substantially Compliant	Yellow	22/03/2023

	particular, that a resident uses and retains control over his or her clothes.			
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Not Compliant	Orange	22/03/2023
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/04/2023
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2023

Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/04/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	22/03/2023
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	22/03/2023
Regulation	The registered	Substantially	Yellow	30/04/2023

28(1)(a)	provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Compliant		
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/04/2023
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	30/04/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/04/2023
Regulation 6(2)(c)	The person in charge shall, in so far as is reasonably practical, make available to a resident where the care referred to in paragraph (1) or other health care service requires additional	Substantially Compliant	Yellow	31/05/2023

	professional expertise, access to such treatment.			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	22/03/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	22/03/2023