

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Mount Alvernia Hospital
Centre ID:	OSV-0000723
Centre address:	Newberry, Mallow, Cork.
Telephone number:	022 214 05
Email address:	julia.kelleher@hse.ie
Type of centre:	The Health Service Executive
Registered provider:	Health Service Executive
Provider Nominee:	Gretta Crowley
Lead inspector:	Mairead Harrington
Support inspector(s):	Aoife Fleming;
Type of inspection	Announced
Number of residents on the date of inspection:	43
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with 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 Quality Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
15 April 2015 10:00	15 April 2015 18:30
16 April 2015 09:00	16 April 2015 18:00

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

Outcome 01: Statement of Purpose
Outcome 02: Governance and Management
Outcome 03: Information for residents
Outcome 04: Suitable Person in Charge
Outcome 05: Documentation to be kept at a designated centre
Outcome 06: Absence of the Person in charge
Outcome 07: Safeguarding and Safety
Outcome 08: Health and Safety and Risk Management
Outcome 09: Medication Management
Outcome 10: Notification of Incidents
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents' Rights, Dignity and Consultation
Outcome 17: Residents' clothing and personal property and possessions
Outcome 18: Suitable Staffing

Summary of findings from this inspection

This was an announced inspection following an application by Mount Alvernia Hospital, in accordance with statutory requirements, for registration renewal of a designated centre. As part of the inspection the inspectors met with residents, the nominated provider, the person in charge, the facilities manager, nurses, relatives and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The documentation submitted by the providers as part of the renewal process was submitted in a timely and ordered manner.

This was the sixth inspection of this centre and where regulatory non-compliance

had been identified previously the providers demonstrated their willingness, commitment and capacity to implement the required improvements. The last inspection, a thematic focusing on nutrition and end of life care, was undertaken 15 April 2014 and the report, including the provider's response to the action plan, can be found on www.hiqa.ie.

The findings of the inspection are set out under 18 Outcome statements. These Outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

The inspectors were satisfied that, overall, the centre was well operated and compliant with the conditions of registration granted. However, areas for improvement were identified in relation to governance, documentation, premises and health and safety. These issues are covered in more detail in the body 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 Quality Standards for Residential Care Settings for Older People in Ireland.

Outcome 01: Statement of Purpose

There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The statement of purpose was viewed on inspection. Some updates were required to clarify the organisational structure, the number of residents and dependency levels on each floor and the location of the CCTV (closed circuit television) but these were all addressed during the course of the inspection. The statement of purpose contained information on the aims, objectives and ethos of the centre and all the information required by Schedule 1 was set out clearly.

Judgment:

Compliant

Outcome 02: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The designated centre operated with a well established system of governance in place. Care was directed through the person in charge who reported to the provider nominee. The governance system was effective in terms of communication with both the person in charge and provider nominee in regular and ongoing contact on the management of the centre. The organisational structure included the necessary deputising arrangements

and was appropriate to deliver a service that was in keeping with that described in the statement of purpose.

Staff spoken with were aware of the requirements in relation to the regulations and a copy of the national standards was available and accessible at the centre. Those staff spoken with were found to be committed to providing quality, person-centred care to their residents.

The person in charge explained that systems of supervision were in place, including regular meetings with senior nursing staff, where issues were addressed on an on-going basis. Inspectors saw minutes of these meetings with action points identified which were subsequently reviewed for follow-up. Management systems were in place to monitor the provision of service with a view to ensuring safety and consistency, such as audit procedures. Effective systems in relation to the assessment and investigation of risk were in place. However, the application of procedures in the investigation of allegations of abuse required further development as outlined in the relevant outcome of this report. Regular quality assurance reports were also in place, however, the overall annual quality review for the centre as required by the Regulations had not been completed. Documentation for the application for registration was complete as prescribed under Regulation 4 of the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2009.

Judgment:

Non Compliant - Moderate

Outcome 03: Information for residents

A guide in respect of the centre is available to residents. Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

A comprehensive residents' guide was available in the centre. It required some minor updates to clarify the complaints procedure, the location of the external CCTV (closed circuit television) cameras and to remove the information regarding the Nursing Support Scheme which was not relevant to the centre.

A sample of the residents' contracts was viewed and they outlined the services provided to care for residents in the centre. The fees for services provided to residents were outlined however, the fees for additional services were not set out, as required by Regulation 24.

Judgment:

Substantially Compliant

Outcome 04: Suitable Person in Charge

The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The designated centre was managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of service. The person in charge was a long standing member of staff who operated on a full-time basis and had extensive experience in clinical care. Throughout the course of the inspection the person in charge demonstrated a professional approach to the role that included a commitment to a culture of improvement along with a well developed understanding of the associated statutory responsibilities. Staff spoken with reported substantial support from the person in charge both in the management of their work and in their continuous professional development.

Judgment:

Compliant

Outcome 05: Documentation to be kept at a designated centre

The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

Up-to-date, site-specific policies were in place for matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. However, as detailed at outcome 7, the policy on abuse was not comprehensive and required further development. Also, while there were policies in relation to health and safety, including fire prevention and precaution, there was no over-arching policy on fire management as required by the Regulations. Copies of the

relevant Standards and Regulations were maintained on site. Staff spoken with demonstrated a satisfactory understanding of the policies discussed and their application in practice; for example managing challenging behaviour and responding to emergencies including fire and evacuation procedures.

Records checked against Schedule 2, in respect of documents to be held in relation to members of staff, were in keeping with requirements. Other records to be maintained by a centre such as a complaints log, records of notifications and a directory of visitors were also available.

Resident records checked were complete and contained information as detailed in Schedule 3, including care plans, assessments, medical notes and nursing records.

Policies, procedures and guidelines in relation to risk management were up-to-date and available as required by the regulations, including fire procedures, emergency plans and records of fire training and drills. However the risk management policy required development and this finding is detailed for action at outcome 8. Maintenance records for equipment including hoists and fire-fighting equipment were available and up to date. Whilst the required policies and procedures were in place there were some issues in relation to the maintenance of documentation, for example more than one current abuse policy was in place and cover sheets of several policies incorrectly referenced guidelines and required amendment.

The directory of residents was viewed by the inspector and found to contain comprehensive details in relation to each resident such as name, contact details for relatives and contact details for their GP.

Judgment:

Non Compliant - Major

Outcome 06: Absence of the Person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Governance, Leadership and Management

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

No actions were required from the previous inspection.

Findings:

The person in charge and the registered nominated provider were aware of the obligation to inform the Chief Inspector of any proposed absence of the person in charge. Arrangements were in place to cover for the absence of the person in charge and at the time of inspection the assistant director of nursing was responsible for covering the role during periods of absence. Inspectors were satisfied that this member of staff was suitably qualified and demonstrated the necessary level of experience and knowledge to fulfil this role.

Judgment:

Compliant

Outcome 07: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

There was a policy on, and procedures in place for, the prevention, detection and response to abuse which had been reviewed in July 2014 but which did not cover circumstances involving residents, visitors and other persons in a position of trust. However, a previous policy dated September 2013 did provide guidance in such circumstances. Neither of these policies referenced the current national policy and procedures on Safeguarding Vulnerable Persons at Risk of Abuse. The abuse policy required review to address these issues and ensure clear directions to staff. Action in relation to this finding is recorded against outcome 5 on documentation.

Training in safeguarding and safety was up to date and a programme had been commenced on 19 January 2015 which referenced current national policy and procedures. Training records reviewed indicated all staff were trained in elder abuse; those spoken with understood what constituted abuse and, in the event of such an allegation or incident, were clear on the procedure for reporting the information. Reasonable measures were in place to protect residents from abuse however, where allegations of abuse had been made these measures were not effectively implemented as the arrangements made for investigation by the provider were not in keeping with the timelines set down in national policy and procedures. For example, there was a time lag of over six weeks between the reporting of an incident and the substantive implementation of the Trust in Care investigation.

An up-to-date safety statement was in place. A policy was in place for residents' personal property and possessions dated January 2014 including measures to safeguard the process such as the secure storage of valuables. Where the centre had responsibility for a resident's finances there were suitable checks and processes in place to ensure accurate monitoring and control. However, of a sample checked, there were some instances where recorded receipts were not double signed which did not adequately protect the residents or the staff. This had also been a finding on a previous inspection.

A current policy and procedure was also in place in relation to managing challenging

behaviour dated July 2014. Staff spoken with demonstrated the appropriate skills and knowledge to respond to, and manage, behaviour that is challenging. A restraint policy dated 8 September 2014 was in place. Where restraints such as bed-rails were in use appropriate assessments had been undertaken and nursing notes reflected regular monitoring and review of restraints in accordance with requirements. The centre promoted a restraint free environment and staff spoken with reported a decline in the rate of restraint use following monitoring initiatives implemented by the person in charge.

Judgment:

Non Compliant - Major

***Outcome 08: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.***

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A risk management policy was in place dated July 2014 which provided direction on hazard identification and assessment of risk. However, it did not include measures and actions on the required areas in relation to unauthorised absence, assault, accidental injury, aggression, violence and self-harm. The policy and risk register also required development to include site-specific hazards such as a busy road outside the premises and resident specific assessments in relation to use of this road. Furthermore, where the risk register did include resident-specific risk assessments, some of these were inconsistent; for example one resident was assessed as being at risk of wandering though staff informed inspectors that there were no measures in place to control this risk. The policy did include arrangements to identify, record, investigate and learn from serious incidents and a policy on incident reporting was in place dated July 2014. However, the recording procedures were not consistent with some incidents included in the complaints log and action in this regard is recorded against outcome 5 on documentation.

Mandatory training for all staff in relation to manual handling and fire prevention and precaution was up to date. An inventory of equipment, and its location, was in place and certification in respect of fire equipment servicing was available from 19 December 2014. The fire alarm was serviced on a quarterly basis. A daily check of both the fire panel and fire escapes was in place. Weekly checks of first aid and fire equipment, including the fire alarm test, were recorded. Evacuation drills were documented for 30 March 2015. On the day of inspection all corridors were clear and exits were unobstructed. The centre had a health and safety statement in place dated January 2015. An emergency policy was in place dated November 2014 and emergency and evacuation plans were on display that indicated the viewer's relative location. Emergency lighting had been tested on 24 March 2015. There was written confirmation

by a competent person of compliance with all the requirements of the statutory fire authority as per the application for registration.

HSE infection prevention and control guidelines were in use dated August 2012. Work routines observed by the inspector were in keeping with good practice and included the use of a colour coded cleaning system. Staff were seen to use personal protective equipment appropriately. Sanitising hand-gel was readily accessible and regular use by staff was evident. Laundry staff spoken with understood appropriate infection control procedures in relation to the segregation of contaminated garments or linen. Separate machines were in use for the contents of alginate (water soluble) bags. The premises overall was clean and well maintained.

Judgment:

Non Compliant - Moderate

Outcome 09: Medication Management

Each resident is protected by the designated centre's policies and procedures for medication management.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

Inspectors viewed up to date, centre-specific policies relating to the ordering, prescribing, storing and administration of medicines to residents. Residents' regular medications were dispensed in monitored dosage systems and were securely stored in locked medication trolleys. The processes around the storage of controlled drugs were safe and well maintained with the controlled drug balances being checked by two nurses at the start of each shift. The fridge temperatures were recorded on a daily basis.

The prescription sheets contained the residents' allergy status and photograph. The administration times matched the times outlined on the prescription sheets. When residents refused medications this was documented clearly on the prescription sheet. However, one resident who was prescribed a nutritional supplement twice daily was only being documented for once daily administration on the administration sheet. Medications for crushing were prescribed as such in most, but not all, of the prescription sheets.

The inspector found a medication error during the course of the inspection; where a medication was not administered in accordance with the directions of the prescriber. A resident on a short term medication had not received the correct dose of the medication at some stage of the treatment course. The medication was dispensed in a separate box and clearly labelled as such, however, the number of tablets left in the box did not correspond to what should have been left. The administration instructions for this medication, and also for warfarin, were hand-written by the nurses on a note separate to the administration sheet. This would not be best practice according to An Bord Altranais Guidance to nurses and midwives on medication management 2007. This was

acknowledged by the nurse in charge. An incident form was completed by the nurse in charge during the course of the inspection and the residents general practitioner was contacted. Staff informed inspectors that no harm was caused to the resident as a result of this incident.

Instances where residents were prescribed PRN (as required) medications such as psychotropic medications (e.g. lorazepam and quetiapine) were not always supported by the necessary documentary evidence to support such administration. The centre's policy around PRN medications indicated that this information should be outlined in a care plan and that the assessment of the need for the medication, and response to the medication, be documented.

The centre received support from the pharmacist who provided educational sessions to the nurses and was involved in monthly medication and stock reviews at the centre. There was documentary evidence of residents' medications being reviewed on a 3 monthly basis by the general practitioner.

Judgment:

Non Compliant - Moderate

Outcome 10: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe care and support

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

No actions were required from the previous inspection.

Findings:

A system for recording all incidents at the designated centre was in place and the person in charge was aware of the requirements to notify the Chief Inspector accordingly. Quarterly reports or nil returns were also provided to the authority as required.

Judgment:

Compliant

Outcome 11: Health and Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. The arrangements to meet each resident's assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.

Theme:

Effective care and support

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

On the last inspection, which was a thematic inspection of food and nutrition and end of life care, two actions were given to update residents' care plans in relation to dietary requirements and end of life care, and to ensure regular access to dietetic services. The inspectors viewed a sample of care plans and were satisfied that access to dietician services, as well as regular dietician assessment and review, were in place for residents. The care plans viewed were updated on a regular basis by the nurses who were very familiar with the specific dietary needs of the residents. Since the last inspection, the centre had obtained the services of a local dentist who had reviewed all residents over recent months and was available to attend to residents needs when required. The inspectors viewed the nursing notes of a resident who was at end of life where appropriate care was given to meet their needs. However, there was no person-centred end of life care plan in place.

The centre had regular access to local general practitioner services and a daily visit by a general practitioner was noted by the inspectors. The services of Consultant Psychiatrists and their teams were available to review residents on a regular basis, and on request. Regular medical review of residents was noted and frequent bloods were taken, especially for residents on warfarin and other medications that required monitoring.

Access to a speech and language therapist was documented in residents' files as appropriate and there was good evidence of their recommendations being implemented. Chiropody visits were also documented on a regular basis in residents' files. The hairdresser visits the centre regularly and there is a secure hairdressing room in the hospital building.

Residents' care plans were up to date and reviewed on a four monthly basis, or more frequently if needs changed. The assessments informing the care plans were resident-focused and residents were involved in the development of their care plan, where appropriate. Inspectors did note that though it was clear from communication notes on the care plan that residents and their relatives were apprised of changes in care, the consultation process was not always signed off by residents or relatives accordingly. Residents had the right to refuse treatment if they wished and this was documented in their nursing care notes. However, there were no care plans in place for residents who presented with behaviour that was challenging. It was not possible to assess whether or not appropriate strategies were implemented for these residents to manage their challenging behaviour. Also, where a resident with mobility issues had been assessed by a physiotherapist the assessment did not result in a meaningful care plan; records were maintained however there had been no further follow-up provided.

The activities available in the centre were well organised and met the needs and interests of the residents. One resident was attending a local day centre on the days of

inspection. Inspectors noted that residents had a choice in attending the activities or not depending on the day. Residents who were able were facilitated to walk outside to the orchard on the grounds of the hospital. Some residents were facilitated to go to town shopping, to attend mass in the town, to go out with family or to attend regular local events in the community.

Judgment:

Non Compliant - Major

Outcome 12: Safe and Suitable Premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents' individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:

Effective care and support

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

No actions were required from the previous inspection.

Findings:

Mount Alvernia was situated in large landscaped grounds southwest of Mallow town in Co. Cork. A number of significant issues had been identified in relation to premises at the initial registration inspection for this centre. Substantial work had been undertaken and completed in the intervening years to bring the centre further into compliance though some issues were identified as requiring further action. The centre provides long term care to people assessed as requiring on-going psychiatric and medical care. The centre was a four-storey building over basement where administration offices were on the ground floor and residents occupied the first three floors, with laundry facilities set in the basement. The premises were bright and well decorated. A lift serviced access between all floors. On the day of inspection the centre had 43 residents. Separate facilities were available for staff and included an area for changing and storage.

The accommodation available on the first floor, St Camillus unit, comprised four single and five twin bedrooms with a large lounge, dining room and visitor's room. On the second floor, Clyda unit, provided four twin and three single bedrooms. Whilst overall the design and layout of the building was in keeping with the statement of purpose there were shortcomings in relation to the extent to which the individual and collective needs of the residents were met. There was one four bedded room on this second floor where the accommodation compromised the privacy and dignity of residents. Avondhu unit was on the third floor accessible via a keypad secure system. This unit contained four single and five twin bedrooms that provided appropriate space and storage. On this floor there was a sitting room and conjoined dining areas as well as a small quiet room for residents to receive visitors should they so wish. Heating, lighting and ventilation was adequate to the layout of the premises and all bedrooms had a wash-hand basin and access to toilet and shower facilities close to the bedrooms. However, there were

instances where access to toilet facilities was only available through an unsecured storage/sluice facility which presented a potential hazard and was not in keeping with effective infection control best practice.

A separate kitchen area on the ground floor was appropriately equipped for the size and occupancy of the centre. The laundry area was well equipped and staffed with sufficient space and facilities to manage all laundering processes.

Residents had access to assistive equipment as required – where there were issues in relation to appropriate assessments these are addressed under health and social care needs at outcome 11. Staff had received current training in manual handling and where it was necessary to utilise specialised equipment they demonstrated a knowledge of the necessary lifting and handling techniques. Equipment such as wheelchairs and beds were maintained in good working order and supporting documentation was available in relation to the maintenance of this equipment.

Judgment:

Non Compliant - Major

Outcome 13: Complaints procedures

The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A site specific complaints policy and procedure was in place dated September 2014 which covered both written and verbal complaints. The policy cited relevant legislation and provided a clear outline of the procedure to follow in making a complaint, including expected time frames for resolution. A copy of the complaints policy and procedure was clearly on display and identified an independent complaints officer as part of the appeals process. Residents spoken with were aware of how to make a complaint should they so wish. A complaints log was maintained by the person in charge and included all relevant information and documented the complaint, actions and outcomes.

Judgment:

Compliant

Outcome 14: End of Life Care

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

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

This centre was the subject of a focused inspection around the theme of end of life care in May last year when it was found to have minor non-compliance in relation to the completion of documentation and recording and review of end of life care plans. There was a policy in place for the management of end of life dated 16 November 2013 which outlined the processes in place around advanced care planning and the documentation of the residents' needs in a care plan. Residents' wishes around spirituality and dying were documented in their nursing notes and advance care planning documents, signed by the resident where appropriate, were in place for some residents. Inspectors reviewed a sample of care plans where preferences in relation to end of life were addressed in some instances, however, care plans were not in place for all residents. Action on this finding is recorded at outcome 11: Health and social care needs. The person in charge explained that processes to address these issues were in place for new admissions though for existing residents action was on-going. A training programme on palliative care had been delivered on 8 January 2015.

Inspectors also reviewed the care plan of a recently deceased resident and noted that appropriate notes were maintained in the communication sheet with daily GP review and input by the palliative care team. Arrangements were also in place to ensure dignity was maintained such as a protected environment for the remains with the end of life symbol and a candle at the resident's bedroom door pending attendance by the certifying practitioner. Friends and family were facilitated to be with residents at end of life with a private room provided where practicable. Staff demonstrated courtesy and respect throughout and where residents were informed communication was appropriately discreet.

Judgment:

Compliant

Outcome 15: Food and Nutrition

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

Theme:

Person-centred care and support

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

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

Findings:

There was a policy for the management of food, nutrition and hydration dated February

2014. Staff were facilitated to attend training and a programme on dysphagia had been delivered in February 2015. A sample review of care plans indicated residents were nutritionally assessed on admission and subsequently reviewed regularly using an appropriate assessment tool. The services of a dietician and speech and language therapist were available. Where modified diets were in place communication folders were available for reference by kitchen staff and also copied onto residents' files. Staff spoken with were familiar with their residents' profile and knowledgeable of their individual needs and personal preferences. Meals were served at appropriate times and residents were offered choice and could have personal preferences. Refreshments were accessible with drinking water readily available.

The inspectors observed meals being served and noted that the food provided was well prepared and presented. Where residents required assistance this was provided in a courteous and discreet manner by staff who were respectful and attentive. The inspector observed that there were sufficient numbers of staff available to meet the needs of residents at mealtimes.

Since the last inspection efforts had been made to improve the dining experience of residents within the limitations of the premises and to this end seating in the dining area of the Clyda unit had been reduced to facilitate movement and comfort. A process of monthly consultation with residents was in place and the inspector noted feedback around personal preferences were recorded and implemented.

Judgment:

Compliant

Outcome 16: Residents' Rights, Dignity and Consultation
Residents are consulted with and participate in the organisation of the centre. Each resident's privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences.

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

Residents and relatives spoken with by inspectors reported a substantial degree of satisfaction with the care and service provided. This feedback was further echoed in the responses from both relatives and residents in questionnaires about satisfaction with standards of service and care at the centre. However, some areas for improvement were also suggested such as better consultation with family and the person in charge was also made aware of this feedback at the time. The centre provided an advocacy service and residents had access to a named independent advocate.

The inspectors observed a regular attendance of visitors and there was an open visiting policy in place with no restricted visiting times. Residents could receive visitors in their rooms or in the communal day room. Overall there was a good level of visitor activity throughout the day.

An activity programme was in place specific to each ward and tailored to meet the needs of that resident profile. The activities available in the centre were well organised and, though they met the needs and interests of the residents, feedback indicated activities for some residents could be more stimulating or individualised. One resident was attending a local day centre on the days of inspection. Inspectors noted that residents had a choice in attending the activities or not depending on the day. Residents who were able were facilitated to walk outside to the orchard on the grounds of the hospital. Some residents were facilitated to go to town shopping, to attend mass in the town, to go out with family or to attend regular local events in the community. Residents also had access to radio, television and newspapers as a matter of course.

Staff were seen to observe courtesies such as knocking before entering residents' rooms. Shared rooms were appropriately screened though privacy and dignity was compromised in one instance where four residents were accommodated in one four-bedded, ward like room. Action in relation to this finding is recorded against premises at outcome 12 of this report. Staff spoken with were aware of the different communication needs of residents. They understood the extra time that was needed to meet the needs of these residents and could demonstrate the necessary skills and techniques to engage with them accordingly.

Judgment:

Non Compliant - Moderate

***Outcome 17: Residents' clothing and personal property and possessions
Adequate space is provided for residents' personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.***

Theme:

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

A policy dated January 2014 was in place for residents' personal property and possessions. Arrangements for the laundering of linen and clothing were in place and appropriate facilities were available for these purposes. A formalised system of clothing identification was in use with individual garments labelled to ensure the safe return of items to residents. Adequate space was provided for residents' personal possessions and to store their own clothes.

Judgment:

Compliant

Outcome 18: Suitable Staffing

There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The documents listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are held in respect of each staff member.

Theme:

Workforce

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

No actions were required from the previous inspection.

Findings:

The inspectors viewed the actual and planned staff rotas and were satisfied that there were adequate numbers of staff in place, with the appropriate skill mix, to meet the needs of the residents. There was a nurse on duty on each of the three wards at night, as well as a health care assistant.

Staff were well supervised with a clinical nurse manager on each of the three wards of the centre. The inspectors spoke to cleaning and kitchen staff who were clear on their roles and responsibilities and kept a daily checklist of their duties.

There were local policies on recruitment and induction which ensured that staff were appropriately recruited and inducted to the centre. The requirements of Schedule 2 of the regulations were in place in the staff files viewed by the inspectors. A list of the nurses up to date registration numbers with An Bord Altranais was maintained in the centre. The person in charge conducted annual staff appraisals of staff performance.

Staff training records were viewed by inspectors and all staff had up to date training in the mandatory training requirements. Staff were also facilitated to attend external training courses on areas such as palliative care, and pain management. In-house training was provided by the pharmacist on medication management, by the speech and language therapist on dysphagia and by nurses trained in certain clinical areas such as restraint and hand hygiene.

The centre had Garda vetting in place for volunteers visiting the centre but they did not have their roles and responsibilities set out in writing.

Judgment:

Substantially Compliant

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:

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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 Alvernia Hospital
Centre ID:	OSV-0000723
Date of inspection:	15/04/2015
Date of response:	27/05/2015

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 02: Governance and Management

Theme:

Governance, Leadership and Management

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

The annual review of the quality and safety of care delivered to residents in the designated centre had not been completed.

Action Required:

Under Regulation 23(d) you are required to: Ensure there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that

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

such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.

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

An annual review of the quality and safety of care delivered will be initiated and completed on 31/12/2015.

Proposed Timescale: 31/12/2015

Outcome 03: Information for residents

Theme:

Governance, Leadership and Management

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

The residents' guide required minor amendment to clarify the complaints procedure, use of CCTV and information regarding the Nursing Support Scheme which was not relevant to the centre.

Action Required:

Under Regulation 20(2)(c) you are required to: Prepare a guide in respect of the designated centre which includes the procedure respecting complaints.

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

The residents guide has been amended to incorporate the above requirements.

Proposed Timescale: 14/05/2015

Theme:

Governance, Leadership and Management

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

A sample of the residents' contracts was viewed and they outlined the services provided to care for residents in the centre. The fees for services provided to residents were outlined but the fees for additional services were not set out, as required by Regulation 24.

Action Required:

Under Regulation 24(2)(d) you are required to: Ensure the agreement referred to in regulation 24 (1) includes details of any other service which the resident may choose to avail of but which is not included in the Nursing Homes Support Scheme or which the resident is not entitled to under any other health entitlement.

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

The fees for the additional services have been obtained and will be included on to the contracts.

Proposed Timescale: 30/05/2015

Outcome 05: Documentation to be kept at a designated centre**Theme:**

Governance, Leadership and Management

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

More than one policy on abuse was in place and these did not reference current national policy and procedures.

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:

A policy on elderly abuse is currently being formulated referencing the national policy.

Proposed Timescale: 20/06/2015

Theme:

Governance, Leadership and Management

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

A separate policy on fire management was not in place as required by item 17 of schedule 5 of the Regulations.

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:

A separate policy on fire management is being developed and will be in place by 30/06/15.

Proposed Timescale: 30/06/2015

Theme:

Governance, Leadership and Management

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

Cover sheets referenced guidelines in a number of instances and required amendment, in keeping with statutory requirements and best practice, to correctly reflect the policies and procedures to which they referred.

Action Required:

Under Regulation 04(3) you are required to: Review the policies and procedures referred to in regulation 4(1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.

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

At present all policy guidelines are being updated to meet the standard.

Proposed Timescale: 31/12/2015**Theme:**

Governance, Leadership and Management

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

A record of complaints was appropriately maintained as per Schedule 4 of the Regulations though there were examples in the documentation where the information recorded related to incidents and not complaints.

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:

All complaints are kept separate in a folder away from the incident forms which are accommodated separately now.

Proposed Timescale: 14/05/2015**Outcome 07: Safeguarding and Safety****Theme:**

Safe care and support

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

The arrangements made for investigation of abuse allegations, by the provider, were not prompt or in keeping with the timelines set down in national policy and procedures.

Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Whilst acknowledging the new National Policy in respect of safeguarding vulnerable persons at risk of abuse, this incident was investigated under HSE Trust in Care Policy. As per outcome 5, the policy on elder abuse is currently being reviewed to incorporate new National Policy.

Proposed Timescale: 27/05/2015**Theme:**

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:

Instances where recorded receipts were not double signed did not adequately protect the residents or the staff from financial abuse.

Action Required:

Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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

Further staff training provided .Matron has gone through the private patients property policy with Ward managers who will in turn relay the information to staff on the ward, and remind them that 2 signatures are required at all times when dealing with residents money.

Proposed Timescale: 26/05/2015

Outcome 08: Health and Safety and Risk Management**Theme:**

Safe care and support

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

Ensure that the risk management policy set out in Schedule 5 includes measures and actions to control the following specific risks:

- abuse
- the unexplained absence of any resident
- accidental injury to residents, visitors or staff
- aggression and violence
- self-harm

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Update risk policy to include above requirements and risk register.

Proposed Timescale: 31/05/2015

Theme:

Safe care and support

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

The registered provider is required to identify hazards at the centre, including the use of a main road by residents, and ensure appropriate risk assessments and control measures are in place where necessary.

Action Required:

Under Regulation 26(1)(a) you are required to: Ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.

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

Will risk assess resident that go out on the road walking and put controls in place and add to risk register. Update risk policy to include above requirements.

Proposed Timescale: 30/06/2015

Outcome 09: Medication Management

Theme:

Safe care and support

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

Ensure that all medications are administered in accordance with the directions of the prescriber and in keeping with best practice according to An Bord Altranais Guidance to nurses and midwives on medication management 2007.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Further education on medication management required. Policy on PRN medication reviewed with ward managers who are to follow up with ward nurses. Also the PRN medication .is written in the Mars sheet and care plan and the reason why it was given and the effects of same.
All nursing staff know it is not acceptable practice that nurses write separate on a sheet of paper that medication is to be administered. this is to be done only on the Mars sheet according to the policy.

Proposed Timescale: 20/06/2015

Theme:

Safe care and support

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

In some instances residents that were prescribed PRN (as required) medications did not have documentary evidence to support the reason for administration.

Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

Staff advised that there has to be documentary evidence supporting the reasons why prn medication was administered and according to policy.

Proposed Timescale: 20/05/2015

Outcome 11: Health and Social Care Needs

Theme:

Effective care and support

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

In some instances care plans did not contain an effective record of consultation with residents or their relatives.

Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.

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

Staff are made aware that care plans have to be signed by the resident after consultation and where this is not possible the next of kin is to be consulted and sign same.

Proposed Timescale: 26/05/2015

Theme:

Effective care and support

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

There were no care plans in place for residents who presented with challenging behaviour.

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:

We are putting a specific care plan for residents with challenging behaviour in place and updating the policy.

Proposed Timescale: 01/07/2015

Theme:

Effective care and support

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

A resident with continued mobility issues required review; the provider is to ensure that appropriate medical and health care and review is provided accordingly.

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 have been informed that therapists of any discipline must be specific in their assessment of residents ,their plan of care and objectives. These need to be reviewed 6 monthly or sooner if required.

Proposed Timescale: 31/05/2015

Theme:

Effective care and support

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

The inspectors viewed the nursing notes of a resident who was at end of life, and while appropriate care was given to meet their needs, there was no person-centred end of life care plan in place.

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 have been informed if a resident condition is deteriorating than a person centred end of life care plan is to be commenced immediately. This is being implemented.

Proposed Timescale: 31/05/2015

Outcome 12: Safe and Suitable Premises

Theme:

Effective care and support

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

A four-bedded room was not in keeping with schedule 6 of the regulations in regard to the needs and requirements of its residents.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

'The estates department are currently appointing a design team for all of the facilities in Cork North including Mt Alvernia, at this time the estimated costs associated with the necessary works are not available.'

Proposed Timescale: 31/05/2015

Theme:

Effective care and support

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

The layout of toilet and sluicing facilities were not appropriate to meet the needs of residents.

Action Required:

Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

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

'The estates department are currently appointing a design team for all of the facilities in Cork North including Mt Alvernia, at this time the estimated costs associated with the necessary works are not available.'

Proposed Timescale: 01/09/2015

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:

Person-centred care and support

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

Some residents needed their activities to be more individualised in accordance with their interests and capacities.

Action Required:

Under Regulation 09(2)(b) you are required to: Provide opportunities for residents to participate in activities in accordance with their interests and capacities.

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

We intend to do a leisure interest survey of each residents interests and hobbies and work on the outcome.

Proposed Timescale: 30/06/2015

Outcome 18: Suitable Staffing**Theme:**

Workforce

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

Volunteers did not have their roles and responsibilities set out in writing.

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:

Role and responsibility of volunteers have been outlined in writing and signed by volunteers.

Proposed Timescale: 14/05/2015