

**Health Information and Quality Authority
Regulation Directorate**

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



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|---|---|
| Centre name: | Mount Tabor Care Centre |
| Centre ID: | OSV-0000071 |
| Centre address: | Newgrove Avenue, Sandymount Green, Sandymount, Dublin 4. |
| Telephone number: | 01 260 5772 |
| Email address: | info@dublincentralmission.ie |
| Type of centre: | A Nursing Home as per Health (Nursing Homes) Act 1990 |
| Registered provider: | Mount Tabor Designated Activity Company |
| Provider Nominee: | David Reynolds |
| Lead inspector: | Nuala Rafferty |
| Support inspector(s): | None |
| Type of inspection | Announced |
| Number of residents on the date of inspection: | 45 |
| 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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 01 March 2016 10:00 To: 01 March 2016 19:00

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

| Outcome | Our Judgment |
|---|--------------------------|
| Outcome 01: Statement of Purpose | Compliant |
| Outcome 02: Governance and Management | Substantially Compliant |
| Outcome 05: Documentation to be kept at a designated centre | Substantially Compliant |
| Outcome 07: Safeguarding and Safety | Substantially Compliant |
| Outcome 08: Health and Safety and Risk Management | Compliant |
| Outcome 11: Health and Social Care Needs | Non Compliant - Moderate |
| Outcome 12: Safe and Suitable Premises | Compliant |
| Outcome 18: Suitable Staffing | Substantially Compliant |

Summary of findings from this inspection

This announced inspection took place in response to an application to vary the conditions of registration for Mount Tabor Care centre. The application was made by the provider subsequent to the renovation of the premises comprising a change of function of a former boardroom to a single bedroom with ensuite. The provider applied to vary the conditions of registration in relation to the maximum number of persons to be accommodated at any one time in the centre. The application requested an increase from 45 to 46 persons to be accommodated at any one time.

As part of the application for variation of registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). These were submitted by the provider and were found to be satisfactory. The inspector met with the nominated person on behalf of the provider and the person in charge. An inspection of the building was also carried out and documentation such as staffing rosters, policies and procedures and clinical care plans were reviewed.

The design and layout of the new bedroom located on the first floor of the centre was finished to a good standard and provided a comfortable spacious environment. The determination of fitness of the provider and person in charge was previously and

successfully undertaken by the Authority with the provider nominee and the person in charge.

The inspector found a good standard of nursing care was being delivered to residents in an atmosphere of respect and cordiality.

The Action Plan at the end of this report identifies a small number of areas where improvements are required to comply 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. These include further improvements to care planning and clinical audit processes and moving and handling practices.

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):

Findings:

A written statement of purpose that broadly described the service and facilities in the centre was available and contained the information required by Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

The statement of purpose had been revised to reflect the changes to the design and layout of the new building, the maximum number of residents the centre intends to accommodate and the staffing to be provided. Some aspects of the document required clarification. The provider submitted these clarifications in a revised document on the day following the inspection.

The document meets the requirements of the Regulations and Schedule 1 in all other respects.

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):

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

implemented.

Findings:

A clearly defined management structure that identified the lines of authority and accountability as outlined in the statement of purpose was in place.

The provider works part time in the centre and supports the person in charge. The person in charge (PIC) was a registered nurse with the relevant experience as required by the regulations and also worked full-time in the centre.

The management team also includes two Clinical Nurse Managers' (CNM).

Throughout the inspection it was noted that residents were familiar with the PIC and the CNM's and many could address them by name.

Clinical Governance systems were becoming established on this inspection. The management team had initiated a system of monitoring to identify where improvements in clinical care was required. The inspector was told and evidence was available to show where the PIC and provider had sourced external consultants to review the system in use and make recommendations on evidence based practice to ensure a strong system of review, monitoring and transfer of learning was established. This had taken place over a six month period from mid 2015. The clinical governance meetings, chaired by the PIC commenced in January 2016. Evidence of audits was viewed on aspects of clinical care such as; falls; wound care and medication management. But further improvements to the audit process were required. The quality of the information being gathered was not detailed enough to identify trends or improve the standard of care delivered. This was discussed with the PIC and the CNM who has been delegated responsibility for conducting audits, analysing trends and implementing measures agreed to improve practice.

Judgment:

Substantially 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:

Th centre policy on prevention of elder abuse was not updated to reflect the most

recent HSE guidance on safeguarding vulnerable adults.

Judgment:
Substantially 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:
Issues arising from the last inspection were found to be partially addressed including; A review of the use of restraint found that there was a reduction in the use of bed rails throughout the centre although bed rails were still in place for some residents. The use of bed rails and lap belts had reduced considerably from levels previously found. It was found that revised assessments were now in place for this type of restraint and were in the process of being completed. Evidence of alternatives considered or trialled was available although this was not always included or referenced in the assessments. The assessment tools required to be amended to include all of this information. A culture of promoting a restraint free environment with an increase in the use of alternative safety measures such as bed alarms, roll out mats and low low beds continued to be a priority for the management team.

Some evidence that measure were in place to manage responsive behaviours was found. But positive behaviour support plans to ensure these measures were appropriately and consistently implemented were not developed. This is further referenced under Outcome 11 Healthcare with a relevant action. Staff had received training on the prevention of elder abuse and all staff spoken too were clear on their role and responsibilities in relation to reporting abuse. Staff were also knowledgeable in recognising the possible signs and symptoms, responding to and managing abuse. But it was noted that the centre policy on prevention of elder abuse was not updated to reflect the most recent HSE guidance on safeguarding vulnerable adults. An action in relation to this is located under Outcome 5.

Judgment:
Substantially Compliant

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):

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

Findings:

A reduction in the number and severity of falls sustained by residents was found since the last inspection.

Improved systems were in place to respond to calls for assistance. All healthcare assistants were provided with a pager when on duty. These pagers are linked to the call bell system. When a resident activates the call bell, the room number shows on the pager. The pagers have both vibrate and volume alert features. When on night duty this enables staff to switch from the volume to vibrate sensor to maintain a quiet environment for sleeping residents. The PIC told the inspector that the pagers have helped improve the response times to residents' calls for assistance.

As referenced under Outcome 2 improved auditing processes are being established. It was found that the data being collated on falls does identify some trends, for example the number of falls at night; location and injuries sustained. But further improvements were required to improve the quality of the data and implement specific measures to prevent and reduce falls further.

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:

There was evidence that the well being and welfare of residents were being maintained through the provision of a good standard of nursing medical and social care.

Residents had access to GP services. There was evidence of access to specialist and allied health care services to meet the care needs of residents such as opticians, dentists and chiropody services.

Evidence of access to medical and allied health professionals was found with documented visits, assessments and recommendations by dietician speech and language therapists and physiotherapy reviews. Access to community liaison teams such as psychiatry of old age and geriatrician services were reported as available.

A palliative care nurse was on site reviewing a number of residents who were referred to the service.

Samples of clinical documentation including nursing and medical records were reviewed. These showed that all recent admissions to the centre were assessed prior to admission. The pre admission assessment was generally conducted by the person in charge who looked at both the health and social needs of the potential resident.

Transfer of information within and between the centre and other healthcare providers was found to be good.

Improvements to the standard of care provided was found on this inspection with more timely responsiveness and referral to allied health professionals to manage risks associated with deteriorating clinical needs. These included improvements to the management of risks associated with; nutrition, pressure ulcers, falls and responsive behaviours.

A recent and in-depth review of the systems in place to assess, plan for and manage healthcare and social needs had recently concluded and the inspector found evidence of good improvements, particularly in the level of involvement of residents' next of kin, family or significant other.

The arrangements to meet residents' assessed needs were set out in individual care plans and each resident had a care plan completed. A number of core risk assessment tools to check for risk of deterioration were also completed and assessments were in place for every identified need.

Although in general care plans were person centred and reflected the care delivered, further improvements were found to be required.

A care plan was not in place for every identified need, for example melanoma.

Where care plans were in place they were not specific enough to guide staff and manage the needs identified examples included; Positive behaviour support plans were not in place to manage behaviours associated with restlessness and agitation. The care plan in place to manage these needs did not fully guide staff on the signs to look for as potential triggers to responsive behaviour. The plans also did not guide staff on the type of distraction techniques which could be employed to reduce escalation or of all measures which were known to manage the behaviour and prevent recurrence.

In a sample of nutrition care plans, it was noted that they did not always include reference to the use of subcutaneous fluids, frequency of weight or intake monitoring or recommendations of dietician or speech and language therapists. It was also noted that the care plan system provided an element of overlap whereby all residents had a small plan of care incorporated into a very comprehensive and well completed assessment of activities of daily living. Only when the resident's condition required it, was an extended specific care plan put in place to manage the deteriorating need. But these plans were not linked so where information may have been included in one, it was not referenced in the other and so could be missed by new or inexperienced staff.

The quality of clinical documentation, together with practices observed, had improved and a better standard of care was now being provided to residents. But ongoing support and training was still required to embed improvements to practices and further improve the standard of care delivery. Some aspects of documentation and recording were not improved including, the daily nursing progress notes which were primarily summation and did not always refer to changes in health care plans or changes to treatments or recommendations made by clinicians. Also the recording of intake on food diaries needed to improve to identify the portion sizes so that an accurate determination of the amount of food eaten could be made.

Care plans, nursing progress notes and other supporting documentation were not appropriately linked to ensure that a high standard of evidence based nursing care was being provided or give a clear and accurate picture of residents' overall health management.

Judgment:

Non Compliant - Moderate

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:

The design and layout of the premises, which was purpose-built, met the needs of the residents to a good standard. Bedrooms were located on both the ground and first floor with ample communal spaces and areas of interest and diversion for residents to spend time alone or with family and friends outside of their bedroom.

The centre was found to be well maintained, warm, comfortably and tastefully furnished and visually clean. All walkways were clear and uncluttered to ensure resident safety when mobilising. Grab rails and hand rails were installed where required. There was a functioning call bell system in place within the centre, and hoists and pressure relieving mattresses were in working order, with records available to indicate servicing at appropriate intervals.

All of the bedrooms were personalised to reflect residents' individual wishes with pictures photograph's and mementos. Some also contained items of furniture with sentimental value.

There was ample communal space for residents which included a variety of different

sitting rooms, a large dining room and an activity room. All furnishings and fittings were of good quality, colour coordinated and contributed to providing a warm relaxed and tasteful environment. Appropriate signage both pictorial and in word form to orientate residents was in place.

The additional single bedroom with full shower ensuite was spacious and finished to a good standard.

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):

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

Findings:

Suitable and sufficient staffing and skill mix were found to be in place to deliver a good standard of care to the current resident profile. The staff rota was checked and found to be maintained with all staff that worked in the centre identified.

Systems were in place to provide relief cover for planned and unplanned leave. Actual and planned rosters were in place in all units.

The inspector observed mutually warm and respectful interactions between staff and residents. In conversation with some residents they expressed satisfaction for the cheerful and helpful manner in which staff delivered care. Some residents could identify both the person in charge and the provider nominee by name.

All residents were warmly and appropriately dressed and were provided with discreet assistance during lunch.

A daily communication system was established to ensure timely exchange of information between shifts which included updates on residents' condition.

Training records were reviewed and evidenced that all staff had been provided with required mandatory training such as fire safety, moving and handling and prevention of elder abuse. Staff had also received training in dementia care; restraint and consent and capacity. Training plans were in place and were being implemented and to date in 2016 staff had received additional training in care of the older person; food safety and

infection prevention and control.

Further training was planned in assessment and care planning; clinical supervision; pain management and medication management.

Staff competence in moving and handling practices required ongoing supervision and management. Moving and handling practices observed were not consistently in line with the principles of appropriate and safe moving and handling training. Evidence was viewed that showed staff received mandatory training every three years and refresher training was regularly provided. But it was observed by the PIC and inspector that not all staff implemented the training principles fully.

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:

Nuala Rafferty
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

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|----------------------------|-------------------------|
| Centre name: | Mount Tabor Care Centre |
| Centre ID: | OSV-0000071 |
| Date of inspection: | 01/03/2016 |
| Date of response: | 23/03/2016 |

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:

Improvements were required to the management systems in place to effectively and consistently monitor the services in place.

1. Action Required:

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

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

monitored.

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

All our current auditing procedures are under scrutiny. Auditing tools are in the process of being revised and updated, where necessary, to reflect best practice.

Clinical governance meetings shall continue on a monthly basis to ensure outcomes from audits are reviewed, any action plans implemented, and learning disseminated to staff.

Proposed Timescale: 30/06/2016

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:

The centre policy on prevention of elder abuse was not updated to reflect the most recent HSE guidance on safeguarding vulnerable adults.

2. 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:

The Elder Abuse Policy has been updated to reflect the most recent HSE guidance on safeguarding vulnerable adults.

Proposed Timescale: 23/03/2016

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:

Reviews of care plans did not include a determination of the effectiveness of the plans to manage the needs identified.

3. 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:

A new care plan review document will be introduced with details to encompass the effectiveness of the plan and to identify changes required.

Proposed Timescale: 31/08/2016

Theme:

Effective care and support

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

Assessment and care planning were not specific enough to direct the care to be delivered or guide staff on the appropriate use of interventions to consistently manage the identified need.

4. Action Required:

Under Regulation 05(2) you are required to: Arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to the designated centre.

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

An updated pre admission assessment will be introduced to ensure a more comprehensive assessment is completed prior to admission. This will aid the care planning process to capture specific needs and direct the care required.

Proposed Timescale: 31/08/2016

Theme:

Effective care and support

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

The documentation of care was not sufficiently accurate or appropriately linked to ensure that a high standard of evidence based nursing care was being provided or give a clear and accurate picture of residents' overall health management.

5. 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 will be guided in the drawing up of care plans to ensure specific interventions are more clearly identified thus enhancing the care given. Specific emphasis will be placed on the importance of linking related areas within the care plan and ensuring all information is referenced. Care plan processes are being continually reviewed to reflect current best practice.

Proposed Timescale: 31/08/2016

Outcome 18: Suitable Staffing

Theme:
Workforce

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

Evidence that staff were appropriately supervised to ensure the consistent application of appropriate and safe moving and handling training at all times was not available.

6. Action Required:

Under Regulation 16(1)(b) you are required to: Ensure that staff are appropriately supervised.

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

A member of staff will be trained as a manual handling instructor. The audit tool is under review and more frequent audits will be carried out by the trained instructor. Frequent reminders will be included in our weekly information meetings.

Proposed Timescale: 30/06/2016