

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Ard Mhuire
Centre ID:	0420
Centre address:	Abbey Street
	Roscrea
	Co Tipperary
Telephone number:	0505 21146
Fax number:	0505 31754
Email address:	mtcarros@eircom.net
Type of centre:	<input type="checkbox"/> Private <input checked="" type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered providers:	Sisters of St. Madeline Postel Order
Person in charge:	Johanna Rafter
Date of inspection:	3 November 2011
Time inspection took place:	Start: 09:50 hrs Completion: 17:00 hrs
Lead inspector:	Sheila Doyle
Type of inspection:	<input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced
Purpose of this inspection visit:	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input checked="" type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection

About the inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the Standards, that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, 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*.

Additional inspections take place under the following circumstances:

- to follow up matters arising from a previous inspection to ensure that actions required of the provider have been taken
- following a notification to the Health Information and Quality Authority's Social Services Inspectorate of a change in circumstance for example, that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or wellbeing of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

About the centre

Description of services and premises

Mount Carmel required refurbishment of significant parts of the old building. During the building works the residents of Mount Carmel were temporarily relocated to Ard Mhuire, a new convent built on the same site. Ard Mhuire was viewed by inspectors at the previous inspection and adaptations were made to the building.

Ard Mhuire is a single-storey bright homely building with accommodation for 18 residents. There are nine twin rooms, seven of which have en suite shower, toilet and wash-hand basin. There were 16 residents on the day of inspection with one resident in hospital. All were over 65 years of age and receiving long-term care.

Communal facilities include a sitting room, dining room and a conservatory area which is used as a smoking area. A bathroom is also available. There is an activities room and a kitchenette. A small oratory is available to the residents. In addition there is a sluice room, a utility room and a visitor's toilet. A staff room is provided.

There is a small garden to the rear of the building.

Location

The centre is located to the rear of the Parkmore convent, a short distance from the original building in a residential area on Abbey Street in Roscrea, Co Tipperary.

Date centre was first established:	Mount Carmel - 1 September 1981 Ard Mhuire - December 2010
Number of residents on the date of inspection:	16 + 1 in hospital
Number of vacancies on the date of inspection:	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	3	3	4	6

Management structure

The Providers are the Sisters of St. Madeline Postel Order and the person nominated on their behalf is Sr. Marie Keegan. The Person in Charge is Johanna Rafter who is acting in this position and she reports to the Provider. The Nurses and the Catering Manager report to the Person in Charge. Catering staff report to the Catering Manager. Care assistants and household staff report to the House Manager who in turn reports to the nurse on duty. The maintenance staff reports to the Person in Charge and the Financial Manager reports directly to the Provider. The Provider reports to the Board of Management.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1	3	3	1	0	2*

* 1 Maintenance man and the Finance Manager

Background

To allow for refurbishment of significant parts of the old building, the residents of Mount Carmel were temporarily relocated to Ard Mhuire, a new convent built on the same site. This building was viewed by inspectors at the previous inspection and some adaptations were made. Ard Mhuire was subsequently registered by the Authority following a two day registration inspection on 8 and 9 July 2011.

While areas for improvement were identified, overall the inspectors found that the provider and person in charge met 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*. They had identified that the Mount Carmel building would not meet the Standards and planned to demolish and rebuild a large part of the facility.

The health needs of residents were met. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. Care plans were identified as an area for improvement.

The provider and the person in charge promoted the safety of residents. Staff had received training and were knowledgeable about the prevention of elder abuse. Fire precautions such as fire drills, fire training for staff and servicing of equipment were in place and plans were in place to address fire safety issues identified in the premises.

Some improvements were required to provide residents with opportunities to undertake activities in private such as freedom to lock their bedroom doors and the use of signage to indicate when bathrooms were in use.

Other areas identified for improvement included the statement of purpose, risk management procedures, complaints procedures and quality improvement processes. Some improvements were also required in arrangements for consultation with residents and policy review and development.

Summary of findings from this inspection

This was an announced follow up inspection and the second inspection to be carried out by the Authority. The purpose of this inspection was to carry out a fit person interview with the person in charge and to follow up the actions from the inspection of July 2010. The provider is in the process of recruiting a new person in charge as the current person in charge is in the post on a temporary basis.

The person in charge was aware of her responsibilities under the Regulations and presented as very passionate about caring for the residents. The inspector found that 2 of the 21 actions from the previous inspection related to the older building, Mount Carmel. Of the 19 remaining actions, 8 had been completed and 9 had been partially completed. Two actions had not been addressed in the timescale agreed. Improvements were noted in care planning, self medication and the management of residents' finances. Records were appropriately stored and lockable storage had been provided. The statement of purpose had been updated to reflect the move to the temporary building. Some work had been undertaken around the use of restraint and the management of falls.

However, the inspector remained concerned about risk management procedures including the emergency plan and the provision of policies. In addition there was no system in place to consult with residents and their representatives regarding the organisation of the centre.

These are discussed further in the report and included in the Action Plan at the end of the report.

Actions reviewed on inspection:

1. Action required from previous inspection:

Provide to the Chief Inspector, together with the application for registration or renewal of registration, written confirmation from a competent person that all the requirements of the statutory fire authority have been complied with.

This action related to the original building which is currently under reconstruction. In relation to the current building, Ard Mhuire, written confirmation was received from a competent person confirming that all the requirements of the statutory fire authority have been complied with.

2. Action required from previous inspection:

Provide premises suitable for the purposes of achieving the aims and objectives set out in the statement of purpose and that meets the requirements of the Regulations and Standards.

This action related to the original Mount Carmel building which is currently under reconstruction. The current building Ard Mhuire premises is suitable for the purposes of achieving the aims and objectives set out in the statement of purpose and that meets the requirements of the Regulations and Standards.

3. Action required from previous inspection:

Assess each resident's needs, including social needs and develop into an individual care plan.

Put in place care plans to reflect the interventions provided to meet the health, social and emotional needs of residents.

Put in place a system where each resident's care plan is developed, agreed and formally reviewed, with each resident or their representative.

This action was partially completed.

New care plan documentation was introduced. Comprehensive person-centred care plans were in place for all residents' needs. The inspector read a sample of care plans and the staff outlined to the inspector how they were committed to improving this documentation. Three-monthly reviews were completed, dated and signed by staff, residents and relatives. Staff told the inspector how residents and relatives were now included in the development and review of care plans.

The inspector read care plans of a resident who had fallen and a resident who required supplements to maintain adequate nutrition and noted that comprehensive assessments and interventions were in place.

However, the inspector noted that although social assessments were undertaken there was no care plan in place to address the social needs.

4. Action required from previous inspection:

Put in place a policy on the use of physical restraint that is evidence-based and adheres to Regulations and National Guidelines.

Put in place arrangements so that consent is obtained prior to the use of physical restraint.

Carry a full assessment including the consideration of the use of alternatives, the risks and benefits, the duration and review date.

Put in place a system to ensure that the resident is checked regularly at intervals defined in his/her care plan.

Maintain a record of any occasion on which restraint is used, the nature of the restraint and its duration.

This action was partially completed.

Use of restraint was discussed with the person in charge and various staff members. The person in charge told the inspector that this was an area already highlighted for review. New documentation had been introduced including consent for the use of bedrails and a release check list. However, while staff outlined various alternatives to the use of restraint that they had tried for individual residents, there was still no documented evidence of this. The inspector read the policy and noted that it required further development to include among other things, details of assessment for the use of alternatives.

The person in charge maintained a record of all occasions when restraint was used. Seven residents were using either one or two bedrails at the time of inspection.

5. Action required from previous inspection:

Put in place an appropriate and robust system to ensure all reasonable measures are taken to protect each resident from all forms of abuse.

This action was not completed.

The inspector remained concerned that arrangements were not sufficiently robust to ensure the protection of vulnerable residents. The inspector read the policy and noted that it still did not outline the procedure to be followed in the event of an allegation of abuse.

Two staff members were trained as trainers and the inspector spoke with one of these. She outlined the progress they had made to date and plans to review the policy in line with national guidelines. The inspector checked the training records and noted that all staff had attended training and staff spoken with were clear regarding their responsibilities.

6. Action required from previous inspection:

- Provide a written policy relating to the recruitment, selection and vetting of staff.
- Obtain and maintain full and satisfactory information as required by the Regulations.

This action was partially completed.

The provider outlined to the inspector how she had examined each staff file and approached staff members to supply any additional information that was required. She maintained a check list to track the progress. The inspector read a sample of personnel files and noted that they contained the information required by the Regulations.

However, the recruitment policy was not in place within the agreed timescale. The provider said it had been developed but was not available at the time of inspection as it was before the board of trustees for approval prior to sign off.

7. Action required from previous inspection:

- Update the accident and incident policy to include the requirements of the Regulations.
- Put a system in place to inform all staff of the requirements of the policy and monitor its implementation.

This action was completed.

The accident and incident policy had been reviewed and met the requirements of the Regulations. The policy provided clear guidelines to staff on what to do in the event of an accident involving a resident.

The inspector read the accident and incident log and noted that new documentation had been introduced which now included additional details including any action undertaken and the outcome for the resident. For example, the inspector saw where following a fall, additional equipment was obtained for a resident.

8. Action required from previous inspection:

Put in place a policy for the assessment, review and management of self administration of medication.

This action was completed.

The inspector read the medication policy and noted that it contained a comprehensive section on self administration. One resident was currently self-administering her medication. The inspector read the care plan of this resident and noted that appropriate assessment had been undertaken. In addition a system was in place to monitor the resident's compliance with administration. The resident's personal supply of medications was appropriately stored.

9. Action required from previous inspection:

Establish a process for reviewing and improving the quality and safety of care provided to, and the quality of life of, residents in the designated centre at appropriate intervals.

This action was partially completed.

The person in charge had put a system in place to gather information related to falls, complaints and medication management. However, as yet this information was not being used to identify possible trends or for the purpose of improving the quality of service and safety of residents. This was discussed with the person in charge who outlined how she intended seeking additional training to assist herself and the staff to audit and monitor the quality and safety of care delivered.

10. Action required from previous inspection:

Provide written operational policies and procedures in accordance with current Regulations, guidelines and legislation.

Ensure all policies are reviewed within specified timeframes.

This action was partially completed.

Efforts were being made to develop all policies in line with the Regulations. However, there was no system in place to withdraw older operating policies when a new policy was introduced. There was also no system to ensure that staff understood the policies, or to ensure that these policies were used to guide practice. The inspector saw where several versions of the same policies were maintained in a single folder making it difficult for staff to know which policy was current.

11. Action required from previous inspection:

Provide an up-to-date evidence based policy to inform practices around the management of falls.

Provide training for staff to enable them to provide evidence based practice around the management of falls.

Put in place a system to analyse and audit falls records to identify trends and inform improvements to reduce the number of falls.

This action was partially completed.

The inspector read the falls policy and noted that it did not guide practice as it still focused only on the environmental factors that contributed to falls. Other factors such as medication or medical conditions were not considered.

However, the inspector examined the care plans of residents who had fallen and noticed that appropriate assessment and intervention strategies were in place including blood pressure check and medication review. Staff spoken with were very knowledgeable on falls management and some staff confirmed that they had attended training in this area.

The person in charge had started to collect data on falls and this information on individual falls was discussed with staff for learning purposes and to increase the safety of individual residents at risk of falling. As yet comprehensive analysis of the data was not being conducted to identify trends or causative factors.

12. Action required from previous inspection:

Put in place a communication policy to inform communication practices with residents.

This action was completed.

The inspector read the communication policy and noted that it covered communication with residents. For example, it included referral to ophthalmology services for residents who required it and the inspector read where these referrals had been made and action taken.

13. Action required from previous inspection:

Revise the statement of purpose to include a statement as to the matters listed in Schedule 1 of the Regulations.

This action was completed.

The statement of purpose had been revised to include the temporary move to Ard Mhuire. In addition the person in charge was aware of the need to compile a new statement of purpose prior to moving back to the renovated centre.

14. Action required from previous inspection:

Revise the written operational policies and procedures relating to the making, handling and investigation and recording of complaints from any person about any aspects of service, care and treatment provided in, or on behalf of a designated centre.

This action was completed.

The inspector read the complaints policy and noted that it had been updated to meet the requirements of the Regulations. The inspector also read the complaints log and noted that complaints were recorded including the complainant's level of satisfaction with the outcome.

15. Action required from previous inspection:

Put in place a secure, robust and transparent system to safeguard residents' finances.

This action was completed.

The inspector was satisfied that a robust and transparent system was in place and that all transactions were witnessed by two people including the resident when able.

16. Action required from previous inspection:

Amend the risk management policies to reflect the person in charge's responsibility to notify the Chief Inspector of any fire, loss of power, heating or water.

This action was partially completed.

The risk management policy was still under revision and the inspector noted that it did not meet the requirements of the Regulations. For example it did not cover self-harm or a resident absent without leave.

17. Action required from previous inspection:

Update the emergency plan to include details of action to take in the event of a power failure reflecting the equipment available with the centre.

This action was partially completed.

The inspector read the policy that was available to her and noted that several types of emergencies were still not covered. For example, no reference was made in the policy to the procedure to follow in the event of a flood.

However, the inspector noted that several aspects of the emergency plan had been developed. An emergency box was available in the front hall and included items such as torches and high visibility jackets. Staff spoken with were familiar with the arrangements in place should evacuation of the centre be necessary including the provision of alternative accommodation.

18. Action required from previous inspection:

Put a system in place to consult with residents and their representatives regarding the organisation of the centre.

This action was not completed.

There was no system in place to consult with residents and their representatives regarding the organisation of the centre.

There were no resident committee meetings since the relocation to Ard Mhuire. The person in charge told the inspector that this was attributed to the small number of residents currently in the centre.

The inspector spoke to the activity coordinator and saw that a variety of activities were available for residents including those residents with dementia related conditions. The inspector also saw that several groups attended the centre to provide music, hand massages and exercise programmes. However, the residents had not been involved in the development of the activity programme and the social assessments undertaken did not inform the programme. The coordinator showed the inspector a questionnaire that she hoped to distribute to residents and relatives in the near future.

19. Action required from previous inspection:

Provide a system to ensure that all records are maintained in a safe and secure place.

This action was completed.

The residents records were now stored in the nurses' office which was locked when unattended.

20. Action required from previous inspection:

Put in place a system to ensure that the door to residents' private accommodation is fitted with locks suited to his/her capabilities, is accessible to staff in defined circumstances and meets fire safety Regulations.

This action was completed.

Each door had a locking facility and some residents confirmed that they used this.

21. Action required from previous inspection:

Provide and appropriately maintain external grounds which are suitable for and safe for use by residents.

This action was not completed.

A small garden was available at the rear of the building but this was unsecured. The provider stated that she would address this immediately.

Report compiled by:

Sheila Doyle

Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

7 November 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
8 and 9 July 2010	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

Provider's response to inspection report *

Centre:	Ard Mhuire
Centre ID:	0420
Date of inspection:	3 November 2011
Date of response:	2 December 2011

Requirements

These requirements set out what the registered provider must do to meet the Health Act, 2007, 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*.

1. The provider has failed to comply with a regulatory requirement in the following respect:

Assessments for the use of restraint had been carried out but there was no evidence of consideration of alternatives.

The restraint policy was not specific enough to inform practice.

Action required:

Provide a high standard of evidence-based nursing practice.

Action required:

Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.

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

Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Regulation 27: Operating Policies and Procedures Standard 21: Responding to Behaviour that is Challenging	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Currently resourcing the national guidelines and will amend the policy and practice to reflect the guidelines.	Within one month

<p>2. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>There were several areas for improvement relating to risk management in the centre. For example:</p> <ul style="list-style-type: none"> ▪ the falls policy focused only on the environmental factors that contributed to falls. Other factors such as medication or medical conditions were not considered ▪ the risk management policy was still under revision and the inspector noted that it did not meet the requirements of the Regulations. For example, it did not cover self-harm or a resident absent without leave. ▪ the emergency plan did not outline the procedure to follow in the event of some emergencies.
<p>Action required:</p> <p>Put in place a comprehensive written risk management policy and implement this throughout the designated centre.</p>
<p>Action required:</p> <p>Ensure that the risk management policy covers the precautions in place to control the following specified risks: the unexplained absence of a resident; assault; accidental injury to residents or staff; aggression and violence; and self-harm.</p>
<p>Action required:</p> <p>Ensure that the risk management policy covers the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents.</p>
<p>Action required:</p> <p>Put in place an emergency plan for responding to emergencies.</p>

Reference: Health Act, 2007 Regulation 31: Risk Management Procedures Standard 26: Health and Safety Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: From our revision policy our final policy will be printed on 9 January 2012.	09/01/2012

3. The provider has failed to comply with a regulatory requirement in the following respect: The policy for the prevention, detection and response to abuse did not outline the procedure to be followed in the event of an allegation of abuse.	
Action required: Put in place a policy on and procedures for the prevention, detection and response to abuse.	
Reference: Health Act, 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: Missing was the steps for staff to report abuse. This has now been amended in a flow chart.	Immediately

4. The provider has failed to comply with a regulatory requirement in the following respect: The recruitment policy was not available at the time of inspection as the provider stated it was before the board of trustees for approval prior to sign off.	
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Action required:	
Put in place written policies and procedures relating to the recruitment, selection and vetting of staff.	
Reference:	
Health Act, 2007 Regulation 18: Recruitment Standards 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
The HR policy will be sanctioned and approved by the Board. The document will be ready for printing by 9 January 2012.	09/01/2012

5. The person in charge has failed to comply with a regulatory requirement in the following respect:	
Although social assessments were undertaken there was no care plan in place to address the social needs.	
Action required:	
Set out each resident's needs in an individual care plan developed and agreed with the resident.	
Reference:	
Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
We have drawn up a schedule listing with dates for each resident care plan.	31/01/2012

6. The provider has failed to comply with a regulatory requirement in the following respect:

Information gathered relating to areas such as falls, complaints and medication management was not being used to identify possible trends or for the purpose of improving the quality of service and safety of residents.

Action required:

Establish and maintain a system for improving the quality of care provided at, and the quality of life of residents in, the designated centre.

Reference:

Health Act, 2007
Regulation 35: Review of Quality and Safety of Care and Quality of Life
Standard 30: Quality Assurance and Continuous Improvement Standard

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

Timescale:

Provider's response:

We have put together a monthly graph chart to collect data from each month in relation to the above points and the individual care plans will be addressed and action plans will update to prevent reoccurrences.

03/02/2012

7. The provider has failed to comply with a regulatory requirement in the following respect:

There was no system in place to withdraw older operating policies when a new policy was introduced. There was no means to ensure that staff understood the policies, or that these policies were used to guide practice.

Action required:

Put in place all of the written and operational policies listed in Schedule 5 of the Regulations.

Action required:

Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

Reference:

Health Act, 2007
Regulation 27: Operating Policies and Procedures
Standard 29: Management Systems

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We have set out a document for each member of staff enabling them to familiarise with the working environment and safety procedures of the nursing home. We have also put a system in place to document removal of older policies when new policies are updated.</p>	<p>09/01/2012</p>

8. The provider has failed to comply with a regulatory requirement in the following respect:

There was no system in place to consult with residents and their representatives regarding the organisation of the centre.

Action required:

Put in place arrangements to facilitate residents' consultation and participation in the organisation of the designated centre.

Reference:

Health Act, 2007
 Regulation 10: Residents' Rights, Dignity and Consultation
 Standard 2: Consultation and Participation

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Our chairperson for the residents committee has been away and is due back late December. We will put in place arrangements to allow residents to make decisions regarding activities.</p>	<p>09/01/2012</p>

9. The provider has failed to comply with a regulatory requirement in the following respect:

A small garden was available at the rear of the building but this was unsecured.

Action required:

Provide and maintain external grounds which are suitable for, and safe for use by residents.

Reference: Health Act, 2007 Regulation 19: Premises Standard 25: Physical Environment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: A 1.5 meter picket fence has been erected to secure the garden area adjacent to the conservatory.	Completed

Any comments the provider may wish to make:

Provider's response:

The outcome of the inspection was a fair analysis.

We thank the inspector for the courteous manner in which she conducted the inspection.

Provider's name: Sr. Marie Keegan

Date: 2 December 2011