



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

Issued by the Chief Inspector

Name of designated centre:	Mount Cara
Name of provider:	Shannore Management Ltd
Address of centre:	Redemption Road, Blackpool, Cork
Type of inspection:	Unannounced
Date of inspection:	09 November 2021
Centre ID:	OSV-0000747
Fieldwork ID:	MON-0033838

About the designated centre

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

Mount Cara is a purpose built facility located in the north side of Cork city. It is built on an elevated site with panoramic views of the city. It is a single storey building and resident accommodation comprises single occupancy bedrooms; communal areas include the parlour quiet visiting room, two large adjoined day rooms, sun room, small conservatory and large foyer with seating. Patio access to the garden is via the conservatory and sun room. The centre provides respite, convalescent and continuing care for persons assessed as being at low and medium dependency. The centre caters for both male and female residents over the age of 65 years.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 9 November 2021	09:00hrs to 17:30hrs	Breeda Desmond	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the person in charge and staff were working to improve the quality of life and promote the rights and choices of residents in the centre. The inspector met with many residents during the inspection and spoke with eight residents in more detail. Residents spoken with gave positive feedback and were complimentary about the person in charge, staff and the care provided in the centre.

There were 25 residents residing in Mount Cara at the time of inspection. On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by a member of staff, which included a signing in process, disclosure of medical wellness or otherwise, hand hygiene, face covering, and temperature check.

This was a single-storey building. The main entrance was wheelchair accessible and led to a lobby with the reception office and the parlour. The main fire alarm system, infection control sign-in and equipment, registration certification and complaints procedure were displayed within the lobby. Secondary fire panels were located on corridors off the foyer. The parlour was a smaller sitting room used by residents to meet with their visitors if they preferred a quiet room and privacy. Leading from the reception was the large foyer which was a large bright space with comfortable seating, where residents were seen to meet up with their friends, chat and enjoy a 'cuppa' together. Offices of the nursing staff and the clinical room were here. Communal rooms accessible to residents included the dining room, lounge day rooms, oratory and toilet facilities were all within easy access of the main foyer. Residents' bedroom accommodation was along two adjoining corridors to the right of the foyer area. Additional toilet facilities were available throughout the building. There were two bathrooms available to resident with specialist baths facilitating residents to enjoy Jacuzzi-type baths.

The main day room was quite a large bright room which led into another large room via an archway; both rooms had a large flat screen TV. There was ample space and comfortable seating for residents; newly acquired pressure-relieving cushions were seen on several chairs in day rooms and the foyer for residents' comfort. There were large tables for group art and craft activities and smaller tables alongside residents for their individual use. Off these day rooms was a smaller conservatory with seating, with views and access to the garden.

Other communal space available to residents included the sun room which was located along the left corridor off the foyer. This was a lovely bright room with comfortable seating and small resting tables for residents to place their beverage, book or newspaper. There was a patio door exit to access the outdoor patio area which led to the garden and walkways around the building.

The hairdressers room was along the back corridor and the hair dresser visited the

centre on a fortnightly basis. Orientation signage was displayed around the building to ally confusion and disorientation. There were lots of photographs of residents enjoying parties and sunshine and activities displayed around the centre.

All bedrooms were single occupancy and were of adequate size and layout and could accommodate a bedside locker and armchair; bedrooms had TVs enabling residents to enjoy their programmes in private when they chose. Residents had good wardrobe space for storage and hanging their clothes. The incumbent provider had upgraded 10 beds and was in the process of changing the remainder. Call bells were fitted in bedrooms, bathrooms and communal rooms.

During the morning walkabout, the inspector observed that staff knocked on residents' bedroom doors before entering, then greeted the resident by name in a friendly manner, and asked residents how they were. Lovely conversation and interaction was heard throughout the day between staff and residents.

Breakfast was observed throughout the morning and residents had their breakfast in the foyer, dining room and their bedrooms. A kitchen assistant was allocated to the dining room and she prepared the dining tables for residents before meals. HCAs asked residents' their choice for their meals, however, the menu choice was not displayed on the menu board outside the dining room for their main meal. This was highlighted to staff who wrote up part of the menu, but the full menu choice relayed to the inspector for the main meal was not displayed for residents to enable them make an informed choice.

Beverages were offered to residents at 11 o'clock and lovely banter and conversation was heard between staff and residents. Staff members were heard to welcome and encourage a resident who was recently admitted to the service. Staff explained the mealtimes, routines and what was available regarding activities, staff, visiting and GP for example. Based on the observation of the inspector and discussions with staff, there were adequate numbers and skill mix of staff to meet the needs of residents living in the centre on the day of the inspection.

Residents spoken with said they were very happy with the service. They said that the new person in charge was approachable, kind and respectful. One resident said that he brings his concerns to the person in charge and 'she sorts everything out' for him. He gave several examples of his concerns which he had raised and explained how they had been addressed, to his satisfaction. The inspector met a gentleman who enjoyed going out to his 'local' after his dinner and met him later in the evening when he had returned and said he was looking forward to his 'tea'. He said he enjoyed his afternoon. Another gentleman explained that he often went home for a few hours to check on things and was happy that everything was OK.

The optician had been to the centre a few weeks previously and was on site on the day of inspection with residents new glasses. Residents spoken with were delighted with their new frames and prescriptions, as one resident had broken hers and was delighted with her new 'stylish' frames. The resident explained that the optician had put their name on the frame so that if they were mislaid they would be identifiable and easily returned.

In the afternoon the day rooms were a hive activity. The record player was playing records of bygone eras with requests taken from residents. Some residents were knitting, others painting, all were chatting and discussing the news, events of the day and COVID-19 updates and precautions. One gentleman explained that they had started organising and finalising songs for the Christmas choir as part of their Christmas concert production. They said they were looking forward to the concert as well as the other festive activities being organised. Residents showed the inspector their art which was displayed in the foyer and day rooms. Other art and craft work included their Halloween masks and decorations. The activities co-ordinator had individual folders for each resident containing their art and craft work such as the masks, decorations and memorabilia. The co-ordinator explained that she was planning on developing a 'resident's life story' with each resident if they wished. A weekly schedule of activities was displayed in the foyer outside the day room. Each day there was a variety of activities which was resident-led. The activities co-ordination was very discerning regarding the impact COVID-19 restrictions had on the mental well-being of residents. From this she started 'positivity session' where she set aside some time each day where she asked residents to share the things they are grateful for, three things they like about themselves and what is good about themselves, for their self-esteem. She said it took a while for people to get into it but now it part of their day and residents find it uplifting and helps them to be positive.

Some residents preferred to stay in their bedroom, while a few others preferred to stay in the smaller of the day rooms. The activities co-ordinator visited these residents; some liked her to read to them and they found this relaxing and enjoyable. Once a week they have an opera afternoon and residents said that Mario Lanza and Andrea Bocelli were the two favourites.

Visiting had resumed in line with the HSE 'COVID-19 Normalising Visiting in Long-term Residential Care Facilities' of July 2021. Visitors were known to staff who welcomed them, guided them through the HPSC precautions and actively engaged with them. The inspector met with one visitor who reported that the service was exceptional and he found staff kind, helpful and caring.

Additional wall-mounted hand sanitisers were installed following the last inspection. Nonetheless, the centre would benefit from additional sanitisers placed outside risk areas such as sluice rooms and the laundry. While the centre appeared visibly clean, terminal checks were not completed by a suitably qualified person following discharge of a resident from a bedroom and cleaning of the bedroom. By way of example, a resident was recently discharge and it was reported that the room had been cleaned, however, there was food residue and crumbs in some of the drawers.

There were two sluice rooms available to staff and one had a new bedpan washer. While there were separate sluicing sinks and hoppers, neither sluice room had a separate hand-wash sink available to staff. Soiled clothes were seen soaking in one sluice room, which was not in keeping with infection control protocols.

While walking around the centre, the inspector noted that some rooms such as the clinical room and cleaners room were not secure to prevent unauthorised access.

Another store room which had hand gels stored, was not lockable. Staff rooms were not locked to protect staff property.

The inspector saw that the cleaning trolley available to household staff could not be securely maintained to ensure cleaning solutions could be locked away. The trolley could not facilitate the storage of clothes to enable household staff to change cleaning cloths and floor mop-heads between rooms.

The laundry was secure to prevent un-authorised access. A new washing machine was procured by the incumbent registered provider as part of upgrading equipment in the centre. While there were two sinks in the laundry room, neither had been designated as a hand wash sink. There was a clean and dirty side to the laundry room, however, as this room was not very big, de-markation of clean and dirty would assist staff in adhering to best practice regarding movement between the sides. There was just one laundry trolley which allowed for segregation of clothes, however, this was kept in the laundry and staff brought dirty linen to the laundry from around the centre. Dirty linen was seen gathered in their arms without a protective apron to prevent contamination of their uniform. Some staff demonstrated appropriate use of personal protective equipment, however, not all staff were knowledgeable regarding changing disposable gloves, with the associated hand hygiene practice.

Appropriate signage was displayed on rooms where oxygen was stored. Fire safety equipment was serviced in July 2021. Emergency evacuation plans were displayed in the centre, however, their orientation required review to ensure the display correlated with their relevant position in the building.

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

Capacity and capability

This service promoted a rights-based approach to care where residents' independence was promoted, encouraged and facilitated.

Mount Cara was a residential care setting operated by Shannore Management Limited. It was registered to accommodate 26 residents. The governance structure of Mount Cara comprised the nominated person representing the registered provider. The person in charge reported to the nominated person. The person in charge was supported on site by senior nurses, clinical staff, activities staff and maintenance staff. The previous nurse deputising for the person in charge had left and the post of deputy was vacant at the time of inspection.

The registered provider had taken over responsibility for the service in March 2021 and had undertaken a complete review of the management systems, premises and

facilities. An improvement plan was developed to remedy identified areas, as described throughout the report. The nominated person explained that Schedule 5 policies and procedures were completely overhauled to reflect the new governance, management, mission and values of the incumbent registered provider. The COVID 19 contingency plan was examined. Information relating to HPSC guidelines, along with contact details of COVID-19 support services were detailed together with other high-level information. The person in charge articulated the finer details of cohorting and isolation pathways should the service require them, as well as the team approach to care with designated changing and staff facilities already in place. However, this detail was not included in the contingency plan to inform staff of operational protocols should the person in charge or other members of the management team be unavailable.

The registered provider had upgraded all the fire safety equipment since taking over the service in March. Nonetheless, an urgent compliance plan was issued at the end of inspection regarding evacuations of compartments to be assured that all staff were competent in fire evacuation procedures.

Quality and safety of care and quality of life was monitored through audits and maintaining weekly key performance indicators (KPIs). The number of falls, pressure ulcers, chemical restraint, antibiotic usage were examples of the range of KPIs recorded. These along with the results of monthly audits informed the monthly quality management meetings. There was a set agenda for the monthly quality meetings with clinical, HR, external reports, health and safety items; quality of life items included complaints, feedback from residents meetings, accidents and incidents for example. Vi-clarity was the audit system in place and the schedule of audit for 2021 commenced in April following the take-over by the new registered provider. Clinical, observational and work practices were audited. However, the sample examined showed that the audit process required review as items identified as being available such as designated hand-wash sinks in sluice rooms, were not present in either sluice room.

The statement of purpose required updating to include the governance structure and floor plans which accurately reflected the purpose and function of all rooms.

Based on a review of the accident and incident log, notifications required to be submitted to the Chief Inspector were submitted within the specified time frames.

There was adequate staff to the size and layout of the centre, and the current dependency levels of residents in the centre. The duty roster was updated following the findings of the last inspection; there were designated household staff allocated for cleaning duties; one HCA had responsibility for laundry as part of their duties and was identified on the roster. The training matrix was examined and showed that most training was up to date; the training that was outstanding was scheduled for the weeks following the inspection. Nonetheless, observation on inspection showed that staff required refresher courses on infection prevention and control and food safety.

Regulation 14: Persons in charge

The person in charge was a registered nurse, working full time in post and had the necessary experience and qualifications as required in the regulations. She actively engaged in the governance and operational management of the service.

Judgment: Compliant

Regulation 15: Staffing

The staff roster showed that the number and skill mix of care staff was appropriate having regard to the needs of the current residents, assessed in accordance with Regulation 5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Most training was up-to-date for mandatory training; some staff were over due training on manual handling, and this was scheduled for November.

Practices observed throughout the inspection and described throughout the report demonstrated that better staff supervision was necessary to ensure that best practice was adhered with regarding mealtimes including food preparation, laundry management and cleaning.

Judgment: Substantially compliant

Regulation 21: Records

Controlled drug records required review to mitigate the risk of errors or near miss episodes. The drug count was correct, and while errors were corrected documentation errors were seen when a resident required multiple doses of the same medication at the same time, which could lead to confusion and possible episodes of near-miss.

Judgment: Substantially compliant

Regulation 23: Governance and management

The deputy person in charge had left the service and at the time of inspection there were no deputising arrangements for occasions when the person in charge was absent from the centre.

An evaluation of the auditing process was necessary to be assured that it accurately captured the service to inform learning and promote better outcomes for residents.

The COVID 19 contingency plan contained high-level information, and while the person in charge articulated the finer details of cohorting and isolation pathways should the service require them, as well as the team approach to care, these detail were not included in the contingency plan to enable and guide staff in the management of suspected cases or outbreak management.

The systems in place to monitor risks required review as some rooms such as the clinical room and cleaners room were not secure to prevent unauthorised access. Another store room which had hand gels stored, was not lockable. Staff rooms were not locked to protect staff property.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose required updated to include:

- deputising arrangement for the person in charge
- arrangements for contact between residents and their relatives and friends
- floor plans to reflect the changes to the purpose and function of some rooms
- floor plans to reflect the fire compartments.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications submitted to the Chief Inspector correlated with the incident and accident log examined. They were timely submitted in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

Residents reported that they could raise anything with the person in charge, whom they knew by name; residents spoken with said that she was 'approachable' and that her 'door was always open', and said she 'was a great girl'. While minutes of residents' meetings showed that often, issues were raised as part of the residents' meetings and were followed up and addressed to the resident's satisfaction, they were not recorded as part of their complaints process.

Judgment: Substantially compliant

Quality and safety

The inspector observed that, in general, care and support given to residents was respectful; staff were kind and were familiar with residents preferences and choices and facilitated these in a friendly manner.

Visiting was in line with current HPSC guidance of November 2021 and visitors were seen throughout the day in various locations such as the foyer and day rooms. Appropriate IPC precautions were adhered with coming and going from the centre. The person in charge liaised with residents and their families regarding changing HPSC guidance regarding visiting as well as other HPSC information.

Overall, residents' health care needs were met to a good standard. There were effective systems in place for the assessment, planning, implementation and review of health care needs of residents. Residents had regular access to their GP. Recently, the service changed to electronic medical management and GPs had their own log-in access. Residents medications were reviewed as part of consultation with their GP; the person in charge and senior nurse outlined that there was ongoing monitoring of and responses to medication to ensure best outcomes for residents, and this was observed on inspection. Residents had access to specialist services such as psychiatry of old age, palliative care, speech and language, physiotherapy, geriatrician, dietitian and optician. Good clinical oversight was demonstrated regarding restrictive practices with no bed-rails in place; a chemical restraint register was also maintained and this information fed into their clinical governance meetings.

Pre-admission assessments were undertaken by the person in charge to ensure that the service could provide appropriate care to the person being admitted. The person in charge acknowledged that the pre-admission assessment template required upgrading to enable the person completing the assessment to comprehensively record the assessment. Care plan documentation reviewed showed mixed findings. Some assessments and care plans were person-centred with resident-specific information to guide and inform individualised care, however, some were generic and did not provide resident-specific information. Nonetheless, observation and

feedback from resident showed that staff knew residents well and facilitated their choice and requests in a respectful manner.

The person in charge reported that transfer letters were sent with residents when they were temporarily absent from the service to another service, however, the letter was not saved when the resident was transferred. The service was in the process of transitioning to a more up-to-date I.T. system and the person in charge explained that they were familiarising themselves with the nuances of the new version, which included saving transfer letters and location of saved letters.

Medications were administered either before or after meals to ensure residents could enjoy their meal undisturbed. The senior nurse described best practice regarding medication management. Associated administration charts seen were comprehensively maintained. Medication requiring controlled management were securely maintained in line with professional guidelines. While daily checks were completed and drug counts were correct, a review of controlled drug recordings was necessary to ensure they were in line with professional guidelines and mitigate the potential for recording errors.

Residents' meetings were held every three months. The minutes for meetings held since the current provider took over the service in March 2021 were seen. The activities co-ordinator facilitated these and there were lots of discussion and information sharing including the provision of current COVID-19 guidance. Other areas discussed included meal and menu choice.

While improvement was noted regarding fire safety precautions since the last inspection as all fire safety equipment had been upgraded and appropriate certification for servicing was in place, additional actions were necessary to be assured of fire safety measures.

Regulation 11: Visits

Visiting was facilitated in line with November 2021 HPSC guidance. Measures were taken to protect residents and staff regarding visitors to the centre with face masks, hand sanitising gels and advisory signage available throughout the centre. Updates relating to visiting in the centre were provided as the guidance changed or in line with the local COVID-19 numbers. Residents spoken with were familiar with the current visiting regimes and understood the rationale for the restrictions and mask-wearing. They said that staff kept them fully informed of the pandemic precautions.

Judgment: Compliant

Regulation 12: Personal possessions

Storage for personal possessions included a double wardrobe and bedside locker for each resident. A lockable unit formed part of the storage available to residents. Residents' clothes were laundered on site and no issues were raised by residents about their laundry.

Judgment: Compliant

Regulation 17: Premises

The registered provider had undertaken an audit of the premises following the take-over of the service in March 2021. He developed an action plan for replacement and upgrading of equipment and facilities. By way of example, items such as profiling beds, pressure relieving cushions and mattresses were procured and others were on order. A new hoist to assist when transferring resident was available to staff to safely transfer a resident.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were offered drinks and snacks throughout the day between meals. Mealtime was protected as medications were administered after meals to ensure residents enjoyed their dining experience un-interrupted. However, the full menu choice was not always written up for residents to chose their preferred options.

Judgment: Substantially compliant

Regulation 25: Temporary absence or discharge of residents

The person in charge explained that while transfer letters accompanied residents upon transfer to another service, these letters were not saved on their computer system. Consequently it could not be assured that the receiving service had comprehensive information to provide care in line with the assessed needs, wishes and preferences of the resident.

Judgment: Substantially compliant

Regulation 27: Infection control

The inspector saw that the cleaning trolley available to household staff could not be securely maintained to ensure cleaning solutions could be locked away. The trolley could not facilitate the storage of a variety of clothes to enable household staff change cleaning cloths and floor mop-heads between rooms. Cognisant that we are in a pandemic, a review of the daily cleaning regimes was necessary to ensure effective cleaning of the centre. Terminal cleaning checks were not completed by a suitably qualified person to ensure a high standard of cleaning was maintained.

A review of the laundry and laundry practices was required to ensure current guidance issued by the HPSC and the national standards were implemented in practice. The laundry was not very big; there was no de-markation to distinguish the clean from the dirty side of the room to assist staff in adhering to best practice regarding movement between the sides. There was just one laundry trolley which allowed for segregation of clothes, however, this was kept in the laundry and staff brought dirty linen to the laundry from around the centre. Dirty linen was seen gathered in their arms without a protective apron to prevent contamination of their uniform. Some staff demonstrated appropriate use of personal protective equipment, however, not all staff were knowledgeable regarding changing disposable gloves, with the associated hand hygiene practice.

Tea-time food preparation observed was not in line with food handling safety standards as the staff preparing food did not perform hand hygiene between different tasks when handling food.

There were no hand wash sinks in sluice rooms; while there were two sinks in the laundry, neither was designated as a hand-wash sink.

Judgment: Not compliant

Regulation 28: Fire precautions

Staff fire training was up to date, however, an urgent compliance plan was issued regarding evacuations of compartments to be assured that they could be completed by all staff in a timely manner. While fire drills were completed, records did not contain details of the fire drill scenarios to demonstrate staffs' level of knowledge and competence; one record did acknowledge that more frequent drills were necessary, however, this had not been actioned.

Emergency floor plans and evacuation routes were displayed, however, one plan required a point of reference to indicate one's position on the floor plan; others required re-orientation to reflect their relative position to the building.

Daily fire safety checks log was examined and over several weeks there were two days each week when the safety checks were not recorded.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plan documentation reviewed showed mixed findings. Some care plans were person-centred with resident-specific information to guide and inform individualised care, however, others were generic and did not provide adequate information to inform individualised care. For example, there was risk associated with infection for one resident, but there was no information recorded to explain the risk to the individual resident, so the specific risk could not be determined. Another resident with a specific dietary requirement identified in their medical history, however, this was not included in their nutrition assessment to inform individualised care and ensure best outcomes for the resident. 'Activities of daily living' (ADLs) care plans were used. While one resident had care plans for medication management and COVID related care, he did not have care documented relating to his other daily needs so individualised care could not be directed.

A sample of end-of-life care plans were reviewed and these were not always updated with care decisions agreed including their resuscitation decisions. Care plans seen were generic and did not provide personalised information to direct holistic individualised care in line with residents' preferences and wishes.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GP services and specialist services such as psychiatry of old age and palliative care along with community services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Observation on inspection showed that staff had good insight and knew residents well and re-directed in a kind and respectful manner and provided re-assurances which allayed upset and frustration.

Judgment: Compliant

Regulation 8: Protection

The inspectors observed that residents were relaxed, well dressed and had freedom of movement.

Judgment: Compliant

Regulation 9: Residents' rights

There was a varied activities programme with two staff on six days per week to provide meaningful activation for residents. Residents gave positive feedback about the range of activities and the activities staff, their encouragement and helpfulness. Activities and staff interaction observed on inspection showed that staff were respectful and treated residents with dignity.

Minutes of these meetings showed very detailed records written in a very respectful and pleasant manner detailing residents' thoughts and wishes. Issues raised at meetings were followed up as part of subsequent meetings. Everything was discussed with residents to ensure they were happy with the actions taken and how things were addressed.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mount Cara OSV-0000747

Inspection ID: MON-0033838

Date of inspection: 09/11/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All the staff are now up to date with their Mandatory training. PIC will review this regularly and will supervise staff to achieve staff development.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Staff nurses are informed about correct documentation of controlled drugs and each dose are now documented separately. PIC will monitor for Near miss errors</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Arrangements are now in place where the Senior Nurse will act as PIC in the event of PIC been absent.</p> <p>ViClarity auditing system is in place, PIC will continue to Audit this and ensure any Action Plans are acted on accordingly.</p>	

Contingency plan is updated based on team approach to care. Also, cohorting and isolation pathways are added.

Rooms that require locking and securing are now locked and secured.

Regulation 3: Statement of purpose

Substantially Compliant

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

Arrangements are now in place where the Senior Nurse will act as PIC in the event of PIC been absent.

SOP has arrangements highlighted regarding contact between Residents, Relatives and Friends.

Floor plans now reflect the Purpose and Function of all rooms.

Compartments are now Highlighted on the Floor Plan to make it easier for staff to identify each compartment.

Regulation 34: Complaints procedure

Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:

All the complaints are now recorded and will continue same to promote best practice.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

The full menu choice is updated and displayed so residents can choose their preferred options.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <p>The administrator of EpicCare was contacted following inspection, the issue is fixed and now the National transfer letter can save to view and print.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>New Cleaning Trolley is ordered and will be in place on 15/01/22</p> <p>Terminal cleaning checks are now done by PIC</p> <p>The Laundry is now marked into separate areas.</p> <p>Laundry trolley is now kept in the assigned area so staff can reach easily especially at the time of morning care. Additional Laundry trolley is also in place.</p> <p>All staff trained for appropriate use of PPE. Also, they are supervised to monitor improvements.</p> <p>We have a designated hand wash sink in Laundry now.</p> <p>Plumber has been booked to install Hand Wash sink in the Sluice room, same will be in place 31/01/22</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Going forward, fire drills will contain details of the fire drill scenarios to demonstrate staff level of knowledge and competence. We will ensure all staff attend fire drills in a timely manner.</p> <p>Orientation of emergency floor plan and evacuation routes are changed to reflect relative Position to the building.</p> <p>Staff nurses are advised to check and record fire safety log every day and PIC will oversee to ensure same.</p>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All Care plans are now updated to reflect Person Centered Care.</p> <p>Nurses are attending care plan training and ongoing care plan reviews are in place to reflect individualised care.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	16/12/2021
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	15/11/2021
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	15/11/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and	Substantially Compliant	Yellow	30/01/2022

	effectively monitored.			
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.	Substantially Compliant	Yellow	01/12/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	31/01/2022
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is	Not Compliant	Red	16/11/2021

	reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	16/11/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	16/12/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	01/12/2021
Regulation 34(2)	The registered provider shall ensure that all complaints and the	Substantially Compliant	Yellow	01/12/2021

	results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.			
Regulation 34(3)(b)	The registered provider shall nominate a person, other than the person nominated in paragraph (1)(c), to be available in a designated centre to ensure that the person nominated under paragraph (1)(c) maintains the records specified under in paragraph (1)(f).	Substantially Compliant	Yellow	01/12/2021
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	10/12/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4	Substantially Compliant	Yellow	15/12/2021

	months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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