Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Mount Tabor Nursing Home and Care Centre
Name of provider:	Dublin Central Mission Designated Activity Company
Address of centre:	Mount Tabor, Sandymount Green, Sandymount, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	23 May 2024
Centre ID:	OSV-0000071
Fieldwork ID:	MON-0042720

About the designated centre

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

Mount Tabor Nursing Home and Care Centre is a purpose built nursing home, which was completed in 1998. It is situated in Sandymount Green on the grounds of the Methodist church. It is in a tranquil setting, with the amenities of Sandymount village close by. The registered provider is Dublin Central Mission Designated Activity Company (DCM DAC) and is both a limited company and a registered charity. Mount Tabor accepts residents regardless of their denominational background. The centre provides full-time nursing care and has access to the specialist services of the nearby hospitals and hospice services. Mount Tabor can accommodate 46 male and female residents, across two floors. The ground floor consists of the Gilford area, for 14 residents; and the Martello area, for 17 residents. The first floor is called Seafort, and can accommodate 15 residents. There is a pleasant central courtyard garden, and several lounges throughout the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	46

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
Thursday 23 May 2024	08:00hrs to 16:45hrs	Niamh Moore	Lead
Thursday 23 May 2024	08:00hrs to 16:45hrs	Aoife Byrne	Support

What residents told us and what inspectors observed

From what inspectors observed and from what the residents told them, residents were happy with the care and support they received. Inspectors observed that many residents chose to spend time in communal areas available for their use and staff were observed supervising these areas throughout the inspection. The overall feedback was that the food was very good, they were happy with their accommodation and that the staff were excellent, with comments such as "highly reliable staff". One resident told inspectors "I couldn't be in a better place".

The designated centre is located in Sandymount, Dublin 4. The centre is registered for 46 residents with no vacancies on the day of the inspection. The centre was set out over two levels, split into three units referred to as Martello, Gilford and Seafort. Each floor was accessible by stairs and a lift. There was 40 single and three multi-occupancy rooms, all with en-suite facilities. Bedrooms were observed to be personalised with personal items such as family photos, ornaments, and bedrooms were seen to be clean. Residents reported to be satisfied with the cleanliness, and one resident reported "my room is small but it's adequate for my needs".

Inspectors observed that the premises was clean and overall well-maintained. There were new blinds in some of the day rooms and the premises were tastefully decorated. Communal areas contained appropriate furniture and residents' art work was on display in the corridors. The centre also had a finch bird called Snowy, and inspectors were told that the residents' enjoyed spending time looking at the bird as they walked by the corridor.

There were communal spaces available for residents' use such as a large dining room, an activity room, an oratory and a shared dining and day room within Martello. In addition, there were some smaller day rooms, suitable for residents to enjoy a quieter space or to receive their visitors in private.

There was a number of safe enclosed gardens and courtyards with nice seating available for residents. Inspectors saw that residents had access to sun screen and sun hats to enjoy these spaces in the good weather. Inspectors were told that the registered provider was planning a sensory garden with funding they received through the local community.

Inspectors observed that residents were provided with a choice of good quality meals. Daily menus were displayed on the tables in the dining room. Overall, feedback received from residents on the day of the inspection was that they enjoyed the meals with comments reported such as "the food is very good" and "the food is brilliant". However, inspectors observed that some residents were waiting to receive their meals, and some meals were left in front of residents who required assistance. While it was observed that there were sufficient numbers of staff to provide

assistance, the organisation of food service was not optimal. The inspectors raised this with management who agreed to review the dining experience provided.

There was evidence of consultation with residents through a survey issued to residents and their families in December 2023. Feedback from residents was mainly positive, such as 100% of residents reported to be happy with visiting arrangements, that staff were caring and knew them well, and any complaints that had been made residents were satisfied in how they were dealt with. Some areas with lower satisfaction levels were activities, food and mealtimes. The findings of this survey had been recently discussed in a residents' meeting to outline the action taken by the registered provider to address the areas for improvement. This included the chef in attendance to discuss the dining experience and planning social outings for the summer months. Evidence was seen that these had been scheduled to include a trip to Howth in the days following the inspection.

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

Overall this inspection identified the registered provider strived to provide a well-run centre with residents' care at the centre. Some improvements were required in the management systems to ensure that there was effective and consistent oversight and the necessary resources required within the designated centre.

Dublin Central Mission Designated Activity Company is the registered provider for Mount Tabor Nursing Home and Care Centre. There were clear roles and responsibilities outlined with oversight provided by the Board of Management and a Chief Executive Officer. The person in charge reported directly into the Chief Executive Officer. The person in charge was supported in their role by an assistant director of care, administrative staff, staff nurses, health care assistants, activity staff, domestic, catering, maintenance and pastoral care.

Inspectors were told that the registered provider had created a Clinical Nurse Manager (CNM) role to assist with management responsibilities such as auditing which was in the recruitment stage during the inspection. In addition, there was one nurse vacancy which was being covered through the registered provider's own staffing resources, however inspectors found that the nursing cover at night-time was not sufficient. Inspectors acknowledge that the provider was in the process of recruitment at the time of inspection.

Mandatory training provided to staff on fire safety, manual handling, safeguarding and infection control was up-to-date. Supplementary training was provided to staff on responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or

physical environment) to ensure that staff had the necessary skills and knowledge for their roles.

Staff records set out under Schedule 2 of the regulations were available for review and were seen to be kept in a manner that was safe and accessible.

There were some good management systems occurring such as management meetings, committees and auditing. In addition, there was evidence that key performance indicators were monitored on a monthly basis. Inspectors saw evidence that key data relating to the nursing home were discussed through these forums, however there was not always evidence that items for improvement were being actioned to a person responsible with a timeframe for completion. In addition, the oversight of risks within the centre required improvement.

Evidence was seen that action had been taken to respond to the compliance plan of the centre's last inspection in September 2023. This included improvements seen to the monitoring and recording of blood glucose levels, policies and procedures were in place and the statement of purpose was reviewed. The registered provider was in the process of reviewing their annual review of the quality and safety of care completed for 2023 with an expected completion date of June 2024.

There was a complaints procedure which was on display within the designated centre. Residents spoken with said they would feel comfortable to raise a complaint if they had one. The person in charge was the complaints officer for the designated centre. Inspectors found that since the last inspection, the nominated complaints officer and review officer had received suitable training to deal with complaints.

Regulation 16: Training and staff development

Records evidenced that staff were supported to attend appropriate training to enable them to care for residents safely.

Judgment: Compliant

Regulation 21: Records

Inspectors reviewed a sample of four staff records set out under Schedule 2 of the regulations. All staff were seen to have the required information available including two written references, including a reference from the person's most recent employer.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors were not assured that there were sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. For example, there was only one staff nurse rostered to work at night time due to a staff vacancy and annual leave arrangements at the time of the inspection. This arrangement could not ensure effective clinical oversight for the 46 residents and to adequate health care staff supervision.

While inspectors found that management systems were in place, they were not consistently effective at ensuring the service was safe, consistent and appropriately monitored. The oversight of risk within the centre was insufficient. For example:

- The risk management systems were not appropriate. For example, the risk register was not current or up-to-date. In addition, an ongoing situation identified within the register was not appropriately risk-rated to reflect the risk identified by inspectors on the day of inspection. Inspectors were not assured that there was an effective management plan to respond to this risk.
- The floor in the activity room was noted as being "slippery" and created a falls risk. This was not identified or recorded on the risk register, and therefore no controls had been considered and none were seen to be in place.
- While there was evidence seen of a fire drill evacuation of 11 residents with low staffing levels, such as at night time, this drill took 8 minutes and 30 seconds. There was no assurances that the registered provider had practiced the evacuation of residents with high dependency needs in their biggest compartment, such as of bariatric residents. This did not provide adequate assurances that the registered provider had taken all precautions to ensure all residents could be safely evacuated in the event of fire.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Inspectors reviewed the complaints log for the designated centre which recorded 14 complaints received so far this year. Inspectors reviewed a sample of three closed and two open complaints, and saw that the registered provider had followed their policy to investigate and manage these complaints.

Judgment: Compliant

Quality and safety

Inspectors found that the residents living in the designated centre experienced a good quality of life and received timely support from a dedicated staff team. Observations on the day of the inspection was that the staff treated residents with respect and kindness. Some improvements were required to ensure a safe and good quality service for residents, particularly in the areas of restrictive practice, the premises and infection control.

Inspectors reviewed resident documentation such as nursing records, assessments and care plans. Residents' needs were assessed prior to their admission to the centre to ensure the designated centre could meet their needs, in addition there was a comprehensive assessment completed within 48 hours of their admission. The assessment process incorporated validated tools to assess each resident's dependency level such as personal care, and their clinical risk areas, for example their risk of malnutrition and falls. Inspectors saw evidence where these assessments mostly informed the development of person-centred care plans. However, in some care plans detail relating to the assessment was not recorded, and a generalised statement referring the reader to the assessment tool was recorded.

The registered provider had policies available to guide staff on areas such as dementia and responsive behaviours. Inspectors saw that for residents who displayed responsive behaviours they had behavioural assessments and care plans completed. Inspectors saw evidence that the registered provider promoted a holistic approach to managing residents' responsive behaviours. For example, a sample of records reviewed showed that care plan strategies of non-pharmacological interventions had been trialled prior to occasions where a psychotropic medicine was given to a resident.

A restraints register was in place to record the restraints in place during the inspection. From a sample of records reviewed there were risk assessments, care plans and consent in place on the use of the relevant restraints. There was also evidence of safety checks being completed when bed rails were in use at night-time. However, the information within restraint assessments required improvement to ensure the least restrictive measure was in place as per National Policy and the registered provider's own policy. This is further discussed under Regulation 7: Managing behaviour that is challenging.

The layout of the premises promoted a good quality of life for residents. The registered provider had support with maintenance through a maintenance team. However, some action was required to ensure all areas of the premises conformed to the matters set out in Schedule 6. This is further discussed under Regulation 17: Premises.

Communal areas were homely, bright and clean. Wall-mounted hand sanitisers were located along corridors for staff, resident and visitor use. Evidence was seen that the registered provider was monitoring infections, antibiotic stewardship and multi-drug resistant organisms (MDRO). While mostly good

measures were seen further action was required and detailed further under Regulation 27: Infection Control.

Regulation 10: Communication difficulties

There was a policy available to guide staff on resident communication effective from September 2023.

Communication requirements were seen to be recorded in comprehensive assessments and in person-centred care plans. This ensured that staff were informed of any specialist needs to enable residents to communicate freely. Residents with communication difficulties had access to specialist services such as GP, ophthalmology and audiology as required.

Judgment: Compliant

Regulation 17: Premises

Action was required to address areas in the premises to ensure that it promoted a safe and comfortable living environment for all residents and that they aligned with Schedule 6 requirements. For example:

- Wires were seen hanging from a ceiling where a spotlight was being fixed
- The centre was not well-maintained internally in all areas. For example:
    - some flooring in communal areas was badly marked
    - a carpet in a equipment store room was badly stained
    - handlerails on corridors were worn and could pose a risk to residents using them

- the laundry room was in poor repair, with damage seen to walls and flooring
- There was in appropriate storage seen, such as:
  - medicines such as prescribed nutritional supplements, were stored in an unlocked and unsecure area
  - some store rooms were disorganised and cluttered; including the treatment room where access to the clinical hand hygiene sink was blocked due to items such as a stool and a spare dressing trolley.

Judgment: Substantially compliant

Regulation 27: Infection control

Further action was required to meet the criteria of Regulation 27: Infection Control and *the National Standards for infection prevention and control in community services (2018),* for example:

- Some identified areas of wear and tear to the premises impacted the infection control procedures in the centre. For example, chipped and worn handlerails on corridor could not ensure effective cleaning.
- Storage practices required full review. For example some store rooms had storage boxes and items such as mattresses placed on the floor which prevented effective cleaning. Continence wear was seen inappropriately stored in storage areas which could result in cross-contamination of these supplies. In addition, spare slings were seen stored on corridors. As these slings were not labelled with a resident's name, there was a lack of assurance that these were single use and therefore could be used to provide assistance to more than one resident, which could pose a cross-contamination risk. There was also no information to record if these slings were cleaned after use.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Validated assessment tools and care plans were seen to guide care for the medical and nursing needs of residents. Overall, evidence was seen that these records were regularly updated in line with regulatory timeframes and in line with residents' changing needs, for example following a fall or change in nutritional status.

A sample of records showed that care plans were discussed with the resident's family.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence-based healthcare provided to the residents, with a weekly visit from a general practitioner (GP). In addition, there was support from a local hospital with their Emergency Department in the Home (EDITH) team and mobile x-rays. Referrals were seen to be made to specialist health and social care professionals, such as geriatricians, psychiatry of older age, occupational therapy, tissue viability nursing and dietitians as required, with timely access for residents.Inspectors were told that eligible residents were facilitated to access the services of the national screening programme as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The registered provider's policy on the use of restrictive practice effective from September 2023 had not been fully implemented. This policy stated that the restrictive practice assessment should include the detail on the alternatives trialled including the length of time and the outcome of the trial prior to the restraint issued. Inspectors saw that for two out of four records reviewed there was no evidence that there was an alternative trialled to detail the least restrictive measure was in place.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. Residents reported to feel safe within the centre. Staff had completed safeguarding training and were aware of what to do if they suspected any form of abuse. A review of staff records confirmed that staff had a vetting disclosure in accordance with the National Vetting Bureau Act 2012, in place prior to commencing work in the designated centre.

There was a safeguarding of vulnerable adults policy in place which detailed the roles and responsibilities, and the appropriate steps for staff to take should a concern arise. Safeguarding plans were developed and there was evidence that the registered provider had consulted with other agencies such as the Health Service

Executive to review individual safeguarding plans to address safeguarding concerns for residents.
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 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Mount Tabor Nursing Home and Care Centre OSV-0000071

Inspection ID: MON-0042720

Date of inspection: 23/05/2024

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The nursing staff vacancy recruitment has been ongoing since March 2024. A nurse has now been recruited and will commence in July. 2. Risk management is reviewed in conjunction with the monthly KPI report and audit analysis at our monthly Clinical Governance Meeting. The risk register will also be reviewed at this meeting to ensure accurate and up-to-date risk ratings are in place. Any new risks identified will be added to the risk register as they arise. This work is overseen by the Quality Safety and Risk Committee of the Board who meet every three months. The ongoing risk situation reviewed on the day of inspection is reviewed on a regular basis. The risk rating continues to be high to reflect the risk being posed within the home. 3. The flooring in the activity room has been re-opened on the risk register following the inspection. A further treatment of the floor has taken place to reduce the risk of slipping. New flooring quotations and the floor will be replaced in due course. 4. A nighttime scenario fire drill has been completed in July taking account of bariatric residents to ensure the safe evacuation for all residents.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: 1. A full review of the home will be completed to make a plan for further upgrade of facilities over the coming year, this will include the areas outlined in the report and any other areas we feel need to be addressed. It will also include a review of storage areas.	

Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: 1. A full review of the home will be completed to make a plan for further upgrade of facilities over the coming year, this will include the areas outlined in the report and any other areas we feel need to be addressed. It will also include a review of storage areas.	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: 1. Restrictive practice assessments will all include the detail on alternatives trialled including the length of time and the outcome of the trial prior to the restraint issued. The restrictive practice audit will ensure that records are regularly checked to ensure compliance with this process.	

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	31/08/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	31/12/2024

	consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/12/2024
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	31/08/2024