# Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>Carechoice Dungarvan</th>
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<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0000231</td>
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<tr>
<td><strong>Centre address:</strong></td>
<td>The Burgery, Dungarvan, Waterford.</td>
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<tr>
<td><strong>Telephone number:</strong></td>
<td>058 40 200</td>
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<tr>
<td><strong>Email address:</strong></td>
<td><a href="mailto:dungarvan@carechoice.ie">dungarvan@carechoice.ie</a></td>
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<tr>
<td><strong>Type of centre:</strong></td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
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<tr>
<td><strong>Registered provider:</strong></td>
<td>Carechoice Dungarvan Limited</td>
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<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Paul Kingston</td>
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<tr>
<td><strong>Lead inspector:</strong></td>
<td>Mairead Harrington</td>
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<tr>
<td><strong>Support inspector(s):</strong></td>
<td>Kieran Murphy;</td>
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<tr>
<td><strong>Type of inspection</strong></td>
<td>Unannounced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>63</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>1</td>
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About monitoring of compliance

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

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

Regulation has two aspects:

▪ Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.

▪ Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.
This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times
From: To:
02 September 2014 09:30 02 September 2014 17:30
03 September 2014 09:00 03 September 2014 16:00

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

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<td>Outcome 03: Information for residents</td>
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<td>Outcome 12: Safe and Suitable Premises</td>
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<td>Outcome 13: Complaints procedures</td>
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<td>Outcome 14: End of Life Care</td>
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<td>Outcome 15: Food and Nutrition</td>
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<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
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Summary of findings from this inspection
This was an unannounced inspection following an application by Carechoice Dungarvan, in accordance with statutory requirements, for re-registration of a designated centre. As part of the inspection the inspectors met with residents, the nominated provider, the person in charge, the facilities manager, nurses, relatives and numerous staff members. The inspectors observed practices and reviewed documentation such as care plans, medical records, accident logs, policies and procedures and staff files. The documentation submitted by the providers as part of the renewal process was submitted in a timely and ordered manner.

Previous inspection findings were positive and where regulatory non-compliance had
been identified the providers demonstrated their willingness, commitment and capacity to implement the required improvements. The last inspection was undertaken on 23 October 2013 and the report, including the provider's response to the action plan, can be found on www.hiqa.ie.

The findings of the inspection are set out under 18 outcome statements. These outcomes set out what is expected in designated centres and are based on the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland. The inspectors were satisfied that residents had access to the services of a general practitioner (GP) and other healthcare professionals on a regular basis. There was a variety of choice for residents in their day-to-day living with personal preferences accommodated as requested. A regular routine of daily supervised activities was in place and undertaken by a team of dedicated activity coordinators supported by a volunteer.

Overall the inspection findings were positive. With one exception the actions from the previous inspection were satisfactorily completed. The safety of residents and staff within the centre was seen to be actively promoted and a centre-specific risk management policy was in place. The inspectors were satisfied that, overall, the centre was well operated and compliant with the conditions of registration granted. Areas for improvement were identified in relation to medications management and the use of CCTV. These issues are covered in more detail in the body of the report.
Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 01: Statement of Purpose**
There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspector reviewed the statement of purpose and found that it complied with all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). A copy of the statement of purpose was readily available for reference.

It consisted of a statement of the aims, objectives and ethos of the centre and summarised the facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under review.

**Judgment:**
Compliant

**Outcome 02: Governance and Management**
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems and sufficient resources are in place to ensure the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
Carechoice Dungarvan is owned and operated by Carechoice Ltd, which has responsibility for four other nursing homes nationwide. The inspector was satisfied that there were sufficient resources to ensure the effective delivery of care in accordance
with the statement of purpose. On the days of inspection the management team on site included the nominated provider, the person in charge, the human resource manager and facilities manager as well as other key senior members of staff.

A well defined management structure operated within the centre and heads of department reported directly to the person in charge, who reported in turn to the managing director. Staff spoken with were clear on lines of authority and accountability. As outlined in the statement of purpose, care was directed through the person in charge who also held responsibility, on an interim basis, for the role at another Carechoice facility in Ballynoe, Co Cork, approximately 70 kms away. This arrangement was in place for a fixed term only to the end of 2014 when a full-time person in charge will be appointed to the site at Ballynoe. The management system is supported by a team of four full-time senior staff at Ballynoe with decision making authority devolved to the assistant director of nursing at that site. A team of two full-time senior staff provided support at Dungarvan. Two senior managers with responsibility for facilities and human resources were available to both centres on a daily basis and formed part of the overall management team with regular monthly meetings. The person in charge was in regular attendance on both sites and implemented management and communication systems that included weekly meetings with 24/7 availability provided via phone and e-mail. The inspector was satisfied that the person in charge was fully supported by the nominated provider and that resources were adequate to facilitate the arrangement of managing both sites on a short term basis only. Staff and senior management spoken with by inspectors demonstrated a commitment to the principles of continuous improvement and the provision of person-centred care.

**Judgment:**
Compliant

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### Outcome 03: Information for residents

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

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
A comprehensive, illustrated guide outlining the services and facilities of the centre was available to residents. Each resident had a written contract, signed and dated, which had been updated since the last inspection to include details of the overall fees to be paid and services to be provided in relation to care and welfare.

**Judgment:**
Compliant
**Outcome 04: Suitable Person in Charge**
The designated centre is managed by a suitably qualified and experienced person with authority, accountability and responsibility for the provision of the service.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

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

**Judgment:**
Compliant

**Outcome 05: Documentation to be kept at a designated centre**
The records listed in Schedules 3 and 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Action from the previous inspection in relation to documentation on restraint had been implemented.
Up-to-date, site-specific policies were in place for all matters detailed in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Copies of the relevant standards and regulations were maintained on site. Staff spoken with demonstrated a satisfactory understanding of the policies discussed and their application in practice; for example managing challenging behaviour and responding to emergencies including fire and evacuation procedures.

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

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

Policies, procedures and guidelines in relation to risk management were up-to-date and available as required by the regulations, including fire procedures, emergency plans and records of fire training and drills. Maintenance records for equipment including hoists and fire-fighting equipment were also available. Records and documentation were securely controlled, maintained in good order and retrievable for monitoring purposes.

A current insurance policy was available verifying that the centre was adequately insured against accidents or injury to residents, staff and visitors.

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

**Judgment:**
Compliant

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**Outcome 06: Absence of the Person in charge**
The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.

**Theme:**
Governance, Leadership and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

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

The person in charge and the registered nominated providers were contactable in the event of any emergencies and staff had the necessary contact details in this eventuality.

**Judgment:**
Compliant

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**Outcome 07: Safeguarding and Safety**

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

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
There was a policy on, and procedures in place for, the prevention, detection and response to abuse which had been reviewed on 1 June 2014. In accordance with a recommendation from the previous inspection these had been updated to cover circumstances that included residents, visitors and other persons in a position of trust. Training had also been updated as recommended and all staff were trained in elder abuse; those spoken with understood what constituted abuse and, in the event of such an allegation or incident, were clear on the procedure for reporting the information.

Residents spoken with stated they felt safe in the centre and were clear on who was in charge and who they could go to should they have any concerns they wished to raise. There was no record of any allegations of abuse having been reported.

An up-to-date safety statement was in place, as was a policy on resident's accounts and personal property dated 1 October 2013. The centre operated as agent for several residents and in these instances transactions were recorded and signed and documentation was maintained in an appropriate manner.

A current policy and procedure was also in place in relation to managing challenging behaviour dated 12 August 2013. Staff spoken with demonstrated the appropriate skills and knowledge to respond to, and manage, behaviour that is challenging. Training in restraint is delivered by the director of nursing and a scheduled session was due for delivery later in the month. The restraint policy promoted a restraint free environment.
with the stated aim that restraint be used only as a last resort. Where restraints such as bed-rails or lap-belts were in use appropriate risk assessments had been undertaken. Care plans reviewed by the inspector contained documented assessments and consent forms. Restraint assessment forms were in use and nursing notes reflected regular monitoring and review of restraints in accordance with standard requirements.

Judgment:
Compliant

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

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
A previous issue identified around the use of smoking aprons had been addressed. An issue in relation to the timely implementation of a bed-rail assessment had also been rectified.

Policies and procedures relating to health and safety were site-specific and up-to-date. A risk management policy covering the required areas in relation to unauthorised absence, assault, accidental injury, aggression, violence and self-harm was in place. Emergency and evacuation plans were on display and personal emergency plans were in place for individual residents. A daily fire log listed each resident with mobility status highlighted.

Routine health and safety checks were undertaken and a record maintained. As part of the continuous monitoring of safety of services a health and safety committee met regularly and minutes of these meetings were seen from 15 May and 22 August 2014. Actions and those responsible for their completion were agreed in relation to issues identified.

A fire safety register was in place which demonstrated that daily, weekly and monthly checks were completed to ensure fire safety precautions. A fire drill check-list was in place and drill scenarios had been completed in June and July of this year. Regular fire training was provided and fire training for all staff was up-to-date. Suitable fire equipment was available throughout the centre which was regularly maintained and serviced and documentation was available to confirm this. Regular checks of fire prevention and response equipment were in place including emergency lighting and extinguishers

Adequate measures were in place to prevent accidents on the premises such as grab-rails in toilets and hand rails along corridors. Call bells were fitted in all rooms where required. Emergency exits were clearly marked and unobstructed.
The inspectors spoke with housekeeping staff and saw evidence of a regular cleaning routine and practices that protected against cross contamination including the use of a colour coded system. Infection control training had been provided during February and March of this year. Sluice rooms and bathrooms were appropriately equipped and secure with hazardous substances appropriately stored. Good infection control practices were observed with staff utilising personal protective equipment appropriately and regular use of sanitising hand-gel which was readily accessible.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 09: Medication Management</strong></th>
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<tr>
<td>Each resident is protected by the designated centre’s policies and procedures for medication management.</td>
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</tbody>
</table>

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Actions identified in the previous inspection related to the signing of transcribed drugs and issues in relation to recording the return of controlled medication, both of which had since been addressed.

A centre-specific policy was in place dated 1 June 2014 relating to the ordering, prescribing, storing and administration of medicines to residents. This included guidance on the handling and disposal of out of date medicine. Medication management training had been delivered by the pharmacist and a record of staff attendance was maintained which was up to date.

Medication prescription sheets were current and contained the necessary biographical information. Where prescription records were transcribed by nursing staff a second record was maintained which was signed and verified the maximum dose.

Medication administration sheets contained the signature of the nurse administering the medication and identified the medications on the prescription sheet. Medications were reviewed by the GP on a quarterly basis, the last being on 13 June 2014. The inspectors noted that medication management procedures were in keeping with policy and guidelines on best practice. Medication errors were captured as part of the medication management audits which were undertaken regularly with evidence of feedback to staff and actions taken for the purposes of learning. An audit on 14 July 2014 had been fully compliant. An external pharmacy audit on controlled medication carried out on 22 May 2014 had been compliant. Medications were appropriately stored and secured. The handling of controlled drugs was safe with appropriate monitoring and recording.
systems in place in keeping with current guidelines and legislation.

The inspector noted that fridge temperatures were being monitored and readings recorded. In some instances however, readings were recorded which were outside of the normal range and there was no record of any actions as a result.

**Judgment:**
Non Compliant - Minor

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### Outcome 10: Notification of Incidents

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

**Theme:**
Safe care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A record of all incidents occurring in the designated centre was maintained. All notifiable incidents were notified to the Chief Inspector within three days. A quarterly report was provided to the authority to notify the Chief Inspector of any incident which does not involve personal injury to a resident. Where there have been no such incidents a ‘nil’ return was made under Section 65 of the Health Act 2007.

**Judgment:**
Compliant

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### Outcome 11: Health and Social Care Needs

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

**Theme:**
Effective care and support

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
A previous issue in relation to the recording of information about wound management had been addressed. The care planning for wounds currently in place was effective and
well documented. It included appropriate monitoring and intervention in accordance with evidence based best practice.

Current and site-specific policies and procedures were in place in relation to the care and welfare of residents. The inspector reviewed a selection of care plans and saw evidence of a pre-admission assessment undertaken for all residents. On admission activities of daily living such as mobility, cognition, nutrition and communication were assessed. There was evidence that care plans were reviewed on a quarterly basis or as assessed needs required, or on request by the resident and family. Residents spoken with indicated that they were consulted with, and participated in, communication and decisions around healthy living choices including care plans, daily activities and personal preferences such as food and when or where they took their meals.

A medical practitioner attended the centre regularly and a GP spoken with by the inspector confirmed that a number of residents retained the services of their own GP. The services of allied healthcare professionals were also available including a speech and language therapist, a dietician and an occupational therapist. A physiotherapist attended the centre two days a week. Care plans that were reviewed contained recorded assessments using standardised tools and referrals based on these assessments were made in a timely manner. Documentation and correspondence around discharges and transfers, including records of medication, were complete and accessible.

Staff and management at the centre demonstrated an active commitment to person-centred care. There was an ongoing training programme around care plan issues such as wound management, including complex wounds and pressure sores. A system to monitor staff attendance and a review of this learning was also in place. Care plans were individualised and staff spoken with had a well developed knowledge and understanding of the needs and personal circumstances around individual residents.

Judgment:
Compliant

Outcome 12: Safe and Suitable Premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents’ individual and collective needs in a comfortable and homely way. The premises, having regard to the needs of the residents, conform to the matters set out in Schedule 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Theme:
Effective care and support

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Carechoice Dungarvan provides residential services for 64 older people. The centre was a two-storey building set in a large complex in which there were also bungalows and apartments designed for more independent living. The accommodation provided consists of 32 single occupancy, en-suite rooms on each floor with a lift servicing access between both floors.

The design and layout of the building was in keeping with the statement of purpose and comfortably met the individual and collective needs of the residents. A dedicated facilities manager was available on-site throughout the inspection.

The premises were well decorated and residents’ rooms had sufficient space for the storage of personal belongings and included a secure locker. Separate facilities were available for staff and included an area for changing and storage. Heating, lighting and ventilation was adequate to the layout of the premises with a separate kitchen area on the ground floor appropriately equipped for the size and occupancy of the centre. In addition to the individual en-suites there were four assisted toilets and two assisted bathrooms, all with appropriate access and call systems. The laundry area was well equipped with sufficient space and facilities to manage all laundering processes. Sluice areas were secure and appropriately equipped.

Residents had access to assistive equipment as required. Where it was necessary for staff to utilise specialised equipment they demonstrated a knowledge of the necessary lifting and handling techniques. Equipment such as wheelchairs and beds were maintained in good working order with documentation available to verify the necessary maintenance had been completed and certification dated 22 May 2014 to this effect. Lifting equipment including hoists and bath assist devices had been checked on 7 August 2014.

Judgment:
Compliant

**Outcome 13: Complaints procedures**

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

Theme:
Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A written operational policy, dated 1 August 2013, was in place for the management of both verbal and written complaints. The procedure for making a complaint, including the necessary details of a nominated complaints officer, was displayed prominently at the centre. The procedure outlined an internal appeals process that directed the complainant to a company director at head office in the first instance. A summary of
this information was also available in the guide for residents and statement of purpose.

A record of complaints was maintained which included details of investigations and outcomes. Complaints data was reviewed on a six monthly basis. An audit had been completed on 18 July 2014 which included a system for reviewing and learning from outcomes.

**Judgment:**
Compliant

<table>
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<th><strong>Outcome 14: End of Life Care</strong></th>
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<tr>
<td><em>Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.</em></td>
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**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The centre had participated in a national initiative by the Authority the purpose of which was to assess compliance with the specific theme on care at end of life. The centre had assessed itself at the time as having a minor non-compliance against this outcome in relation to the status of residents' care plans. On the day of inspection the inspectors deemed the centre compliant.

A policy dated 26 June 2013 was available which was comprehensive, centre-specific and covered emotional, psychological and physical aspects of resident care. Management and staff spoken with were clear in their understanding and commitment to the support of residents' wishes. The person in charge explained an approach of shared care which involved both residents and family in the regular review of care planning, including end of life, on at least a quarterly basis and also on request or when there was a change in the condition of a resident. Documentation of consultations with residents and families in this regard were recorded in the care plans reviewed. An audit in relation to this outcome had been completed in March 2014 with actions on updating care plans identified and implemented.

Good care practices and facilities were observed to be in place so that residents could receive end-of-life care in a way that met their individual needs and wishes. Staff had received relevant and ongoing training in the previous 12 months. Effective support was available from both GP services and a palliative care team. Family and friends were facilitated to be with their relative at the end of life stage with a designated room for overnight stays and hospitality provided. Arrangements were in place to facilitate spiritual needs and meet the diverse needs of residents.

**Judgment:**
### Outcome 15: Food and Nutrition

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

#### Theme:
Person-centred care and support

#### Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

#### Findings:
The centre had participated in a national initiative by the Authority the purpose of which was to assess compliance with the specific theme of nutrition. The centre had assessed itself as compliant with the regulations and standards in relation to this theme; the inspectors also deemed the centre compliant in this outcome.

The previous inspection found that residents on a modified diet were not offered a choice at mealtimes; this had been addressed with a choice of options now available.

There were robust, site-specific policies dated 1 October 2013 on meal planning, modified diet and nutrition and hydration management. The policy also provided guidance on procedures for the recording and communication of this information between staff.

In accordance with policy residents' food, nutrition and hydration needs were comprehensively assessed on admission. Fluid and food intake and output charts were maintained and, when necessary, referrals were made to allied healthcare professionals such as an occupational therapist or a speech and language therapist. Residents were reviewed on an ongoing basis through the monitoring of weight and the calculation of scores using a specified nutritional assessment tool.

Breakfast was available from 7.30am daily and residents had the option of having their breakfast served in their room or in the dining and communal areas of the centre. A lunch menu for the day was on display which offered a starter, choice of main courses and dessert. Tea and coffee was also available. There were two dining areas, one on each floor. The dining areas were bright and clean with tables set for individuals and small groups. Staffing levels were appropriate with care staff available to provide assistance with eating for residents as required. The inspectors observed lunch service on both days and noted that residents were provided with the meals of their choice which were freshly prepared, nutritious and appetising in presentation. Meals which were required to be pureed were presented with individual elements of the meal clearly identifiable. Residents spoken with were complimentary of the food and pleased with both the variety and quality. The centre also provided a facility for the families of residents to attend the centre and participate in the Sunday lunch.
The inspector spoke with kitchen staff and noted that effective communication systems were in operation between the kitchen and care staff around the needs of residents with records of dietary requirements documented and maintained in a folder for reference. Meeting minutes dated 26 April and 29 July 2014 were reviewed which detailed how communication protocols were explained to new kitchen staff. On the first day of inspection a dietician had completed a menu audit and the report was made available to inspectors.

The kitchen facilities were in keeping with the requirements of the size and occupancy of the centre and an environmental health report from an inspection on 23 July 2014 was available.

Judgment:
Compliant

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

Theme:
Person-centred care and support

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

Findings:
Action in relation to guidance from the data protection commissioner on the use of CCTV in communal areas had not been completed since the previous inspection. Inspectors noted the use of CCTV in the communal sitting area of the centre on both floors continued and was not in keeping with data protection guidance in relation to respect for privacy.

Arrangements were in place to facilitate residents’ consultation and participation in the organisation of the centre including a residents’ action committee. Recorded minutes were seen from the previous committee meetings on 25 May 2014 and 26 March 2014. Thirteen and ten residents had attended respectively and the meetings had been facilitated by members of the activities team. Minutes of these meetings indicated that issues raised were considered by management and inspectors noted that, in the course of the inspection, actions had been taken to address some of the issues raised, for example a chicken coop in the external garden area was removed as a result of input by residents.

There was a policy on the advocacy services available dated 12 August 2013 which
identified all staff has having a duty of advocacy for residents in the first instance. A policy dated 12 August 2013 was also in place on the development and implementation of an activities programme including reminiscence therapy, bingo, arts and crafts. Residents had the opportunity to participate in meaningful activities, those spoken with indicated they could enjoy pursuing personal interests such as crochet or spiritual devotions such as prayer meetings. Recreation plans were in place for individual residents which were reviewed on a quarterly basis. Residents said they felt well cared for and supported in their choices. Residents were seen to enjoy a level of independence appropriate to their assessed abilities.

The inspectors found the atmosphere at the centre was friendly; both residents and relatives spoken with commented positively on the attitude and standard of care provided by staff and staff routinely observed courtesies in their exchanges with residents. Staff spoken with also understood and demonstrated appropriate techniques in managing communication where residents had a cognitive impairment or other difficulties communicating. A communications book was in place which contained relevant information around the life and circumstances of residents; the person in charge and staff had a good knowledge and understanding of residents' backgrounds and interests.

Inspectors observed a regular attendance of visitors and there was an open visiting policy in place with no restricted visiting times. A number of visiting rooms were available, both communal and private, and residents could also receive visitors in their rooms.

The statement of purpose described the ethos of the centre as one “of respect for the individual” and an environment that “promotes the health and well-being of residents”. The inspectors found that this ethos and person-centred approach was actively promoted by both management and staff.

**Judgment:**
Non Compliant - Moderate

<table>
<thead>
<tr>
<th><strong>Outcome 17: Residents' clothing and personal property and possessions</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate space is provided for residents’ personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.</td>
</tr>
</tbody>
</table>

**Theme:**
Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A policy dated 1 October 2013 was in place for residents' personal property and possessions. Where the provider operated as an agent for residents the documentation
was appropriately maintained with valuables photographed and double signatures on transaction records. Residents' individual rooms provided adequate space to store belongings in an easily accessible and secure manner.

Arrangements for the laundering of linen and clothing were in place and appropriate facilities were available for these purposes. Laundry staff spoken with understood appropriate infection control procedures in relation to the segregation of contaminated garments or linen. Separate machines were in use for the contents of alginate (water soluble) bags. A formalised system of clothing identification was in place with individual garments labelled to ensure the safe return of items to residents.

Judgment:
Compliant

**Outcome 18: Suitable Staffing**

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

**Theme:**
Workforce

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The previous inspection had identified issues in relation to the supervision of residents; during the current inspection it was noted that there was a staff presence at all times when residents were in communal areas.

Inspectors reviewed the staff rota and were satisfied that the staff numbers and skill mix were appropriate to meet the needs of the residents having consideration for the size and layout of the centre. All staff were appropriately trained in mandatory areas such as elder abuse and fire procedures and prevention. The system of supervision was directed through the person in charge. The qualifications of senior nursing staff and their levels of staffing also ensured appropriate supervision at all times.

Inspectors reviewed recruitment and training records and procedures and spoke with staff and management in relation to both these systems. Recruitment and vetting procedures were robust and verified the qualifications, training and security backgrounds of all staff. Documentation in relation to staffing records were in order. Staff spoken with were competent to deliver care and support to residents and were aware of their statutory duties in relation to the general welfare and protection of residents.
residents.

Garda vetting was in place for volunteer staff. Volunteers were seen to be appropriately supervised in their role by the activities coordinator.

**Judgment:**
Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Mairead Harrington
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Health Information and Quality Authority
Regulation Directorate

Action Plan

Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Carechoice Dungarvan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000231</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>02/09/2014</td>
</tr>
<tr>
<td>Date of response:</td>
<td>29 October 2014</td>
</tr>
</tbody>
</table>

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 09: Medication Management

Theme:
Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The refrigerated storage of medicines was not always in keeping with the licensing conditions.

Action Required:
Under Regulation 29(4) you are required to: Store all medicinal products dispensed or supplied to a resident securely at the centre.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
The internal audit sheet for monitoring fridge temperature, has been reformatted to include actions taken to maintain the correct temperature.

Proposed Timescale: completed

Proposed Timescale: 29/10/2014

Outcome 16: Residents' Rights, Dignity and Consultation

Theme:
Person-centred care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
CCTV use is not compliant with guidance from the data protection commissioner and is in operation in areas where residents dine and should have a reasonable expectation of privacy.

Action Required:
Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.

Please state the actions you have taken or are planning to take:
Both cameras have been refocused to the exit doors from a security perspective only. They have no impact on the residents living within the home and their activities of daily living in these areas.

Proposed Timescale: 30/11/2014