<table>
<thead>
<tr>
<th>Centre name:</th>
<th>CareChoice Clonakilty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000230</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Clogheen, Clonakilty, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>023 883 6300</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:clonakilty@carechoice.ie">clonakilty@carechoice.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>CareChoice Clonakilty Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Paul Kingston</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection:</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>49</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</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.

Please note the definition of the following term used in reports: responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).
Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
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<tbody>
<tr>
<td>08 February 2017 10:00</td>
<td>08 February 2017 18:30</td>
</tr>
<tr>
<td>09 February 2017 09:00</td>
<td>09 February 2017 17:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
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<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
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<tr>
<td>Outcome 15: Food and Nutrition</td>
<td>Compliant</td>
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<tr>
<td>Outcome 16: Residents’ Rights, Dignity and Consultation</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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**Summary of findings from this inspection**

This report sets out the findings of an announced registration renewal inspection. The provider had applied to renew their registration which is due to expire on the 13 July 2017. As part of the inspection the inspector met with the residents, the person in charge, the provider, relatives, two Clinical Nurse Managers (CNM), the clinical director, the facilities manager, training and recruitment officer, the administrator, the head chef and numerous other staff members. The inspector observed practices, the physical environment and reviewed all governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records to inform this application. The provider, person in charge and the staff team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care.
The person in charge had been in post since 2009 and the inspector interacted with her throughout the inspection process. The two CNMs were present and interviews were conducted with them during the inspection. Both the person in charge and the CNM's displayed a good knowledge of the standards and regulatory requirements and were found to be committed to providing quality person-centred care to the residents. The CNM deputised in the absence of the person in charge. The inspector was satisfied that there was a clearly defined management structure in place. The management team were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements in the centre which are discussed throughout the report.

A number of quality questionnaires were received from residents and relatives and the inspector spoke to many residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Comments from residents included "it is a home from home and the care at the facility is fabulous" "we are very happy with the care, attention and respect given to our relative" "all staff are lovely and a pleasure to deal with". Residents comments included "there is security in the place I used to live alone and now all I need to do is ring the bell" "my dog can visit" "I am being looked after well". A couple of residents and relatives said they would like to see more staff, as the staff seem rushed and residents stated staff should have more time to talk to me or take me out for a walk. These issues were looked into and discussed further in the body of the report. Family involvement was encouraged with relatives and residents stating they are welcomed at any time. The inspector saw numerous visitors in and out of the centre during the two day inspection. There was a residents committee which facilitated the residents' voice to be heard and this was run by an external advocate.

The inspector found the premises; fittings and equipment were very clean and well maintained and that there was a good standard of décor throughout. Recent painting and renovations of day room and other areas of the centre were complimented by all.

There was evidence of individual residents’ needs being met and the staff supported residents to maintain their independence where possible. Resident's health and social care needs were met. Residents had comprehensive access to (GP) services, to a range of other health services, and the nursing care provided was found to be evidence-based. Residents could exercise choice in their daily life and were consulted on an ongoing basis. Residents could practice their religious beliefs. In summary, the inspector was satisfied that the centre was generally operating in compliance with the current conditions of registration granted to the centre.

The inspector identified aspects of the service requiring improvement to enhance the findings of good practice on this inspection. These included ensuring all staff had received fire training a review of signage in the centre. These are discussed under the outcome statements. The related actions are set out in the Action Plan under the relevant outcome. These improvements are required to comply with the Health Act 2007 (Care and
Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The provider was required to complete an action plan to address these areas.
Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National 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 statement of purpose and function was viewed by the inspector, and it clearly described the service and facilities provided in the centre. It identified the staffing structures and numbers of staff in whole time equivalents. It also described the aims, objectives and ethos of the centre. This ethos was reflected in day-to-day life, through the manner in which staff interacted, communicated and provided care.

The statement of purpose included the registration date, expiry date and the conditions attached by the Chief Inspector to the designated centre’s registration under Section 50 of the Health Act 2007. The arrangements for the management of the centre in the absence of the person in charge was not included. This was identified to the management team by the inspector during the inspection and was rectified. Following the amendment the updated statement of purpose was found to meet the requirements of legislation.

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

Findings:
The inspector found that there was a clearly defined management structure in the centre that outlined the lines of authority and accountability. The person in charge was supported in her role by two Clinical Nurse Managers (CNM). The person in charge reported to a clinical director who was also responsible for a number of other centres. The clinical director reported to the chief executive officer (CEO) who is the provider nominee.

There were regular management meetings held in the centre that were attended by the person in charge, the provider nominee, the clinical director, chief financial officer, facilities manager and human resources manager. Minutes of these meetings were available for review and indicated that issues discussed included staffing levels, staff training and all managerial aspects of the running of the centre. The person in charge met formally with nursing staff and care staff on a regular basis and informally on a daily basis and minutes of staff meetings were seen.

The management team and staff demonstrated a commitment to continual improvement and quality assurance. There was evidence of ongoing quality improvement strategies and monitoring of the services. The auditing programme was well established with key performance indicators (KPIs) reviewed monthly. There was a monthly programme of audits that included audits of falls, medication management, accidents/incidents, psychotropic medications, end of life, restraint and the environment. There was evidence of actions taken in response to issues identified such as reduction in restraint usage, more low profiling beds provided in response to fall’s. There was evidence of resident and relative involvement and consultation through resident and relative satisfaction surveys, a food survey and recreational survey undertaken in 2016. Results of these surveys which were generally very positive were correlated and featured in the annual review and actions were take in response to any issues identified.

The management team had completed a very comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2015. The annual review outlined service developments, building works, audits undertaken, staff training, complaints, results and feedback from resident and relatives’ surveys. It outlined the improvements made in 2016 and outlined the quality improvement plan for 2017. There was evidence of a proactive approach to regulation and actions required at the last inspection were generally completed.

The inspector was satisfied that the quality of care is monitored and developed on an ongoing basis and that the action taken in response to findings or trends identified generally resulted in enhanced outcomes for residents in areas audited.

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 person in charge has been in post since 2009. She is a registered nurse, with the required experience of nursing dependant people (as detailed in the Regulations). She has years of managerial experience in running the centre and other centres. The post of the person in charge was full-time.

The person in charge demonstrated knowledge and understanding of the regulations and the national standards as well as the clinical knowledge to ensure suitable and safe care. Clear management and accountability structures were in place. The person in charge was engaged in the governance, operational management and administration associated with her role and responsibilities.

Staff, residents and relatives identified her as the one with the overall responsibility and accountability for resident care.

There was evidence that the PIC had a commitment to her own continued professional development and had completed many courses such as dementia mapping, person-centred care, and leadership and management. She had also undertaken a dementia care trainers programme which she planned to implement in the centre.

**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):**
No actions were required from the previous inspection.
Findings:
Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to inspectors.

The inspector reviewed the centre's operating policies and procedures and noted that the centre had policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and these were reviewed and updated at intervals not exceeding three years as required by Regulation 4. The centre-specific policies reflected the care given in the centre and informed staff with regard to up to date evidenced best practice or guidelines. The inspector viewed the insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

The training and recruitment officer informed the inspector that no staff commenced employment until satisfactory Gardaí vetting, references and all the requirements of schedule 2 of the regulations had been attained. The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

The inspector was satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

Judgment:
Compliant

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:
There had been no instances since the last inspection whereby the person in charge was absent for 28 days or more and the person in charge and provider were aware of the responsibility to notify HIQA of any absence or proposed absence.

Suitable deputising arrangements were in place to cover for the person in charge when
she was on leave. There are two CNM's who act up when the person in charge is absent. The inspector met and interviewed both CNM's during the inspection and they both demonstrated an awareness of the legislative requirements and their responsibilities and were found to be suitably qualified and experienced registered nurses.

Judgment:
Compliant

Outcome 07: Safeguarding and Safety
Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are provided with support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:
Safe care and support

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

Findings:
On the previous inspection the inspector found that mandatory training in safeguarding and responsive behaviours were not in place for all staff, on this inspection the inspector saw that this training had been provided and further training was scheduled for dates in 2017. There was an up-to-date policy document on safeguarding and responding to elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including whom to report incidents to. There was evidence that all allegations of abuse in the centre had been documented, investigated, appropriate action taken and notified in accordance with regulatory requirements.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard residents' finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked safe in the administration office, all lodgements and withdrawals were documented in a ledger and a running balance was maintained. All entries were signed and checked by two staff and there were regular audits of accounts and receipts by the person in charge and the external audit by the accounts department. The system was found to be sufficiently robust to protect residents and staff.

A policy on managing responsive behaviours was in place. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The support of the community psychiatry service was availed of as appropriate to residents needs as further outlined under Outcome 11. From discussion
with the person in charge and staff and observations of the inspector there was evidence that residents who presented with responsive behaviours were responded to by staff in a very dignified and person-centred way by the staff using effective de-escalation methods as highlighted in their records. Responsive care plans seen were very resident specific and detailed methods of prevention and de-escalation.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. The inspector saw that the person in charge and staff promoted a reduction in the use of bedrails, at the time of the inspection there were five bedrails in use two of these were being used as enablers at the request of the residents and the inspector saw that alternatives such as low low beds, crash mats, and bed alarms were in use for a number of residents. Assessments and regular checks of all residents were being completed and documented. At the previous inspection there was a form of restraint being used on one resident at the time of the inspection that required immediate review. This was reviewed following the inspection and subsequently removed.

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:
The centre had an up-to-date health and safety statement and comprehensive policies and procedures were in place relating to health and safety. The risk management policy contained comprehensive details on the identification and prevention of risks in conjunction with the recording, investigation and learning from serious or untoward incidents or adverse events. As part of the continuous monitoring of safety of services, the health and safety committee met once a month and members included heads of each department. A comprehensive health and safety checklist audit was undertaken each month for the protection of residents and staff. Responsibilities were assigned for each issue identified in the audits and these were followed up in the subsequent meeting.

There were arrangements in place for responding to emergencies and the inspector saw that there were suitable arrangements in place if there was a need to evacuate residents which were prominently displayed throughout the centre. Arrangements were also in place with a local hotel to accommodate residents in an emergency situation if they were unable to return to the centre following evacuation.

There were arrangements in place for maintaining a safe environment and a visitors'
book was in place for visitors to sign in and out. A reception desk was in the main foyer where staff working at reception had full view of visitors coming and going in the centre. There were grab-rails in place in toilet/bathroom areas. Floor coverings were found to be well maintained. Access to high risk areas such as the sluice room and treatment room was restricted. There were policies in place on infection prevention and control and staff that were interviewed demonstrated knowledge of the correct procedures to be followed. Hand hygiene training was on-going and staff demonstrated very good hand hygiene practice as observed by the inspector. Arrangements for the disposal of domestic and clinical waste management were appropriate. Staff training records confirmed that staff had up-to-date trained in safe moving and handling practices.

There was suitable fire equipment provided in the centre. Records were available to the inspector that showed the fire alarm was serviced on a quarterly basis last completed 02 February 2017 and also checked weekly to ensure it is in working order. Fire safety equipment had been serviced May 2016. The centre's training matrix indicated that although fire training had taken place in 2016 not all staff had received mandatory annual fire training from a suitably qualified trainer. One of these staff members that had worked in the centre for over a year and needed to have this training as soon as possible. Staff spoken to were found to be aware of what to do in the event of a fire. The fire register was maintained and showed daily checks of the fire escape routes and alarm panel. Fire drills were completed on a regular basis the last one conducted on 20 January 2017 and there was documentary evidence of more frequent fire drills, response time and learning from same.

Emergency lighting was serviced quarterly and there were records of the last service which was 30 January 2017. A designated smoking area outside was provided for residents and this was equipped with a fire fighting blanket, call bell, smoking aprons and metal ashtrays and fire extinguisher. The inspector saw that personal emergency evacuation plans for individual residents were completed and were easily accessible to all staff.

A record was maintained of incidents and accidents and these were reviewed by the inspector. They correlated with notifications submitted to HIQA and residents’ care plans were reflective of interventions documented in the incidents and accident forms completed. The maintenance man was employed full time and was very proactive in response to repairs and servicing of equipment. He was also responsible for health and safety checks which were all in place and up to date.

Judgment:
Non Compliant - Moderate

**Outcome 09: Medication Management**

*Each resident is protected by the designated centre’s policies and procedures for medication management.*

**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 centre-specific, up-to-date medication management policy detailing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Each resident had an individual file which contained a description of all prescribed medications along with their detailed prescription and administration record. Controlled drugs were maintained in line with best practice professional guidelines and the count undertaken by the inspector was found to tally with records in the centre. The medication trolley was securely maintained and a nurses’ signature sheet was in place as described in professional guidelines. The inspector observed three nurses administering the morning medications in the three different units in the centre and this was carried out in line with best practice. The nurses all adopted a person centred no rush practice and took time to administer the medications in the way that best suited the resident. Nurses were all familiar with the residents and were heard to ask residents if they would like them to come back if the time did not suit.

Medication management audits were completed four-monthly in conjunction with the pharmacist and these were evidenced during inspection. The person in charge and staff reported to the inspector that the pharmacist is easily accessible regarding advice relating to drug interactions, dosages, crushing of medicines and possible alternatives in prescriptions and regularly liaised with the relevant general practitioners (GPs) regarding prescriptions.

Medications were delivered in monitored dosage units and these were checked by nursing staff to verify that what was delivered corresponded with prescription records. The inspector reviewed prescription and administration records. Crushed medications were seen to be prescribed as crushed by the GP and a red sticker was placed to identify if medications could not be crushed. Maximum doses were in place for as required medications on the sample of drug charts seen by the inspector.

**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

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

Findings:
The inspector observed that residents appeared to be well cared for, which was further reflected in residents’ comments that their daily personal care needs were well met. There was evidence that residents could keep the service of their own general practitioner (GP) and there were a number of different GP practices providing a service to the residents in the centre. The inspector saw that residents’ health status was reviewed regularly by the doctor including their medication. Medical records contained evidence of regular review and follow up.

Residents’ additional healthcare needs were met. Physiotherapy services were available via fit for life exercise classes twice a week. If additional physiotherapy is required it is paid for privately. The chiropodist visited regularly and saw all residents as required. Dietician, speech and language and tissue viability services were provided by professionals from a nutritional company who were also contactable by telephone for advice as required. All residents have regular nutritional screening and regular weight monitoring.

Optical and dental services were accessed locally. Mental Health Services were provided by community psychiatric services and the psychiatrist visits the nursing home after receiving a referral from the residents G.P. Follow up visits are done as required and on further request. The inspectors were satisfied that facilities were in place so that each resident’s wellbeing and welfare were maintained by appropriate medical and allied healthcare services. Residents, where possible, were encouraged to keep as independent as possible and inspectors observed residents moving freely around the corridors.

The inspector saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of validated tools to assess each resident’s risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure-related skin injury among others. There was evidence that non-verbal residents experiencing pain had a pain assessment completed using a validated assessment tool. Pain charts in use reflected appropriate pain management procedures. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. The inspector found that the care plans were person-centred and individualised. On the previous inspection there were a number of care plans had not been updated to account for residents' changing needs and on a four-monthly basis as required by the regulations. On this inspection all the care plans viewed by the inspector were seen to be up-to-date and were seen to guide the care for the residents. There was evidence that residents and their family, where appropriate participated in care plan reviews. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents needs. Consent to treatment was documented. Nursing notes were completed on a daily basis.

Nursing staff told the inspector that a detailed hospital transfer letter was completed when a resident was transferred to hospital. There were no residents with pressure sores at the time of the inspection and nursing staff advised the inspector that Staff had access to support from the tissue viability nurse if required.
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 Clonakilty was established as a residential centre in 2002 and provides long stay and respite care to older people. It is registered for the care of 50 residents and there were 49 residents living there at the time of inspection. The premises is a purpose-built centre with three wings which are all on ground level. There are two dining rooms and two day rooms, an additional lounge for private use, an activities room, hair salon, kitchen, laundry and staff facilities.

Residents are accommodated in 42 single bedrooms and four twin-bedded rooms. All bedrooms have en suite toilet, wash hand-basin and shower facilities. In addition, there are six assisted toilets and one assisted spa relaxation bathroom. The design and layout of the centre was suitable, it was bright, well ventilated and there were a number of seating areas spread around the corridors that were enjoyed by residents and relatives. The inspector noted that since the last inspection, there was evidence of improvements in the overall decoration of the centre which was freshly painted, new flooring was in place in the day room and also in some bedrooms. Throughout 2016 there were other improvements including new dining tables and chairs and a new specialised table to aid communication, comfort and activities. A new sensory room was opened during 2016 and a ongoing redecorating programme was in place. Although there was some signage available and seen during the inspection further attention to signage was required to ensure it enabled residents with a level of cognitive impairment to find their way around the centre.

There is a patio and two courtyards that contain a number of raised beds with a variety of interesting and colourful plants, and there are well maintained walkways around the external grounds. The courtyard contained plenty of seating for residents and relatives use and was home to hens and a hen house which residents told the inspector they enjoyed watching.

Overall the centre was found to be very clean and well decorated with a good size laundry room and a fully equipped kitchen. Catering staff had designated changing and
toilet facilities.

Equipment seen by the inspector was found to be fit for purpose and up-to-date service records were available for all equipment on the days of the inspection.

**Judgment:**
Substantially Compliant

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

**Findings:**
There was a policy and procedure for making, investigating and handling complaints which had been updated since the previous inspection. The policy was displayed in the main reception area and was also outlined in the statement of purpose and function and in the Residents’ Guide. There was evidence that complaints were discussed at staff meetings and informed changes to practice.

Staff interviewed conveyed an understanding of the process involved in receiving and handling a complaint. The inspector viewed a comprehensive complaints log and saw that complaints, actions taken and outcomes were documented in accordance with best practice and that feedback is given to the complainant.

There was an independent appeals person nominated and the policy had been updated to include the facility to refer to the Ombudsman if required.

**Judgment:**
Compliant

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**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):**
No actions were required from the previous inspection.

**Findings:**
The centre had a comprehensive policy for the monitoring and documentation of nutritional intake which was seen to be implemented in practice. A record of staff training seen by the inspectors indicated that staff had attended a broad range of training and that internal education sessions were on going.

There were systems in place to ensure residents' nutritional needs were met, and that the residents received adequate nutrition and hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed.

Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. A nutritional review of the menu was undertaken by the dietetic services and recommendations were made to ensure all choices were nutritionally balanced. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The inspector met the head chef and saw that residents special dietary requirements along with their likes and dislikes were documented and well known to the catering staff. The inspector reviewed records of resident meetings and any issues residents raised in relation to food had been addressed and overall residents were very complementary of the food and choice on offer in the centre. Relatives with whom the inspector spoke said that the food was very good and that they were informed of any changes in the nutritional status of their relative.

Mealtimes in the four different dining rooms was observed by the inspector to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. Assistance was provided in a dignified and person centred manner. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspector confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

**Judgment:**
Compliant

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**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):
No actions were required from the previous inspection.

Findings:
Residents were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national referenda and elections as the centre was registered to enable polling. The inspector observed that residents' choice was generally respected and control over their daily life was facilitated in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room.
Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms.
Screening was provided in twin bedrooms to protect the residents privacy. Staff were observed communicating appropriated with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Residents stated that they were treated with respect by the staff. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited weekly and some residents told the inspector how important this was to them. A care assistant was allocated to work with the hairdresser when she was present in the centre. This was to ensure residents got the full therapeutic experience of attending the hairdresser and it was very much seen and treated as a social occasion.

Numerous visitors were observed throughout both days of inspection where staff members knew the names of visitors and vice versa. Relatives stated that staff took time to talk with family members both when they visited and when they rang to enquire about their relative. Visitors told the inspector that they were always made welcome and that there were plenty areas in the centre to visit in private if they wished to. They said that if they any concerns they could identify them to the person in charge, CNM or staff and were assured they would be resolved.

Residents had access to the daily newspaper and several residents were observed enjoying the paper both mornings of inspection. Residents had access to radio, television, and information on local events. There was an active residents’ committee which met regularly and this was chaired by the activity staff. Minutes from these meetings demonstrated that there was good attendances at the meetings and a variety of topics were discussed. There was evidence that all issues identified by residents were followed up and actioned and feedback on same given to the residents. There was also evidence of resident and relative involvement and consultation through resident and relative satisfaction surveys, a food survey and recreational survey were undertaken in 2016. Results of these surveys which were generally very positive were correlated and featured in the annual review and actions were taken in response to any issues identified.

It was evident to the inspector that many residents had opportunities to participate in activities that were meaningful and purposeful to them and that suited their needs,
interests, and capacities. The activities coordinator completed a social history of hobbies and interests social assessment for each resident. This formed part of the resident’s overall plan of care which facilitated all staff involvement to ensure a holistic approach to care. It included past hobbies, present interests and planned activities. Life story books had also been completed with a number of the residents. The inspector observed residents reading the daily newspaper, knitting, card playing, and enjoying hand, neck and shoulder massage. The massage therapist visited once a week and residents told the inspector how much they enjoyed massage and felt so relaxed after it. A computer was available for residents in a designated room and one resident regularly used it. Residents’ art, poetry and photographs were viewed throughout. One assisted bathroom was redecorated to a spa therapy bathroom with soft lighting, candles, music and aromatherapy. Staff reported that residents, especially those with restricted movement found this bath time very relaxing. The mobile library visited the centre on a regular basis and a number of residents were very complimentary about the availability of new books and books that met their preferences.

Some residents were interested in gardening and horticulture. There were two enclosed gardens to enhance outdoor activities. There was a chicken coop with four chickens. Further enclosed courtyards were developed to include raised vegetable beds, extra seating, walkways and shrubbery. The garden spaces were picturesque and were seen to be used and enjoyed by residents and one included the smoking area for the centre.

**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):**
No actions were required from the previous inspection.

**Findings:**
Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. This was seen by the inspector throughout the inspection in the dignified and caring manner in which staff interacted and responded to the residents.

Systems of communication were in place to support staff with providing safe and
appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. The inspector saw that staff had available to them copies of the Regulations and Standards. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents’ needs and life histories. There was evidence that residents knew staff well and engaged easily with them in personal conversations.

The numbers and skill-mix of staff on the day of the inspection was adequate to meet the assessed needs of residents. On the previous inspection the inspector requested that they keep the staffing levels and skill mix under constant review to ensure they are meeting the needs of the residents as there had been a particular shortage of nursing staff prior to the inspection. On this inspection feedback from residents, relatives and from questionnaires received from residents and relatives staffing levels had improved but some said staff continued to be rushed and didn't have enough time to talk to residents or take them out for a walk. The person in charge and the training and recruitment officer said there had been a particular shortage of care staff over the last number of months and nursing staff were covering care staff's shifts. However they had recruited four new care staff who were all ready to commence employment which should prevent further short term staff shortages. Staff rosters were in place and staff appeared to be supervised appropriate to their role and responsibilities and this was enabled through the person in charge, CNMs, senior nurses and senior carers. Although the inspector was satisfied with the current staffing levels she requested that they be kept under constant review.

There was evidence that volunteers were recruited, vetted and supervised appropriate to their role and their roles and responsibilities were outlined.

Mandatory training was in place and staff had received up to date training in safeguarding, safe moving and handling and responsive behaviours. As discussed and actioned under Outcome 8, not all new staff had received training in fire safety. Other training provided included dementia specific training, infection control, end of life, continence promotion, food and nutrition hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including vene-puncture (blood-taking) and wound care.

There were policies in place for staff recruitment and training which were found to be comprehensive. The inspector met with the training and recruitment officer during the inspection and she informed the inspector that no staff commenced employment until satisfactory Gardaí vetting, references and all the requirements of schedule 2 of the regulations had been attained. The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations. Current registration with regulatory professional bodies was in place for all nurses. Staff files demonstrated that annual staff appraisals were undertaken.

Judgment:
Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Caroline Connelly
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

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<tr>
<th>Centre name:</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000230</td>
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<tr>
<td>Date of inspection:</td>
<td>08/02/2017</td>
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<tr>
<td>Date of response:</td>
<td>06/03/2017</td>
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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 08: Health and Safety and Risk Management

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Not all staff had up-to-date fire training including a member of staff who had worked at the centre for over a year.

1. Action Required:
Under Regulation 28(1)(d) you are required to: Make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency

1 The Authority reserves the right to edit responses received for reasons including; clarity; completeness; and, compliance with legal norms.
procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.

**Please state the actions you have taken or are planning to take:**
The staff member has completed mandatory fire Training on 2nd March 2017
All staff will have mandatory fire training up dated during 2017 as per training schedule.

**Proposed Timescale:** 02/03/2017

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<th>Outcome 12: Safe and Suitable Premises</th>
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<td><strong>Theme:</strong></td>
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<td>Effective care and support</td>
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**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
Signage in the centre required further review to ensure it guided residents with cognitive impairment to find their way around the centre.

**2. Action Required:**
Under Regulation 17(2) you are required to: Provide premises which conform to the matters set out in Schedule 6, having regard to the needs of the residents of the designated centre.

**Please state the actions you have taken or are planning to take:**
This is an ongoing project and The Senior Activity Person is the lead person.
We are engaged with a number of companies to view and plan the signage. The chosen signage will need to compliment the environment and the décor of the building. An interior designer is engaged to advice on the best colour and signage suitable for the building and to suit all residents’ needs.

**Proposed Timescale:** 31/08/2017