

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Carechoice Dungarvan
Centre ID:	OSV-0000231
Centre address:	The Burgery, Dungarvan, Waterford.
Telephone number:	058 40 200
Email address:	dungarvan@carechoice.ie
Type of centre:	A Nursing Home as per Health (Nursing Homes) Act 1990
Registered provider:	Carechoice Dungarvan Limited
Provider Nominee:	Paul Kingston
Lead inspector:	Vincent Kearns
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	62
Number of vacancies on the date of inspection:	2

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

From:	To:
15 June 2017 08:00	15 June 2017 17:00
16 June 2017 08:00	16 June 2017 16:00

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

Outcome	Our Judgment
Outcome 01: Statement of Purpose	Compliant
Outcome 02: Governance and Management	Compliant
Outcome 03: Information for residents	Substantially Compliant
Outcome 04: Suitable Person in Charge	Compliant
Outcome 05: Documentation to be kept at a designated centre	Compliant
Outcome 06: Absence of the Person in charge	Compliant
Outcome 07: Safeguarding and Safety	Substantially Compliant
Outcome 08: Health and Safety and Risk Management	Substantially Compliant
Outcome 09: Medication Management	Substantially Compliant
Outcome 10: Notification of Incidents	Compliant
Outcome 11: Health and Social Care Needs	Compliant
Outcome 12: Safe and Suitable Premises	Substantially Compliant
Outcome 13: Complaints procedures	Compliant
Outcome 14: End of Life Care	Compliant
Outcome 15: Food and Nutrition	Compliant
Outcome 16: Residents' Rights, Dignity and Consultation	Substantially Compliant
Outcome 18: Suitable Staffing	Compliant

Summary of findings from this inspection

This report sets out the findings of a two day announced inspection to inform a decision for the renewal of registration. Carechoice Dungarvan is located just outside the town of Dungarvan and is divided into two floors. The centre first opened in 2005 and accommodation provided consists of 64 single occupancy en-suite bedrooms on each floor. It is set in a large gated complex in which there were also bungalows and apartments (separate to the designated centre) that were designed for more

independent living.

On the days of inspection there were 62 residents living in the centre. Each bedroom contained suitable en-suites with wheelchair accessible showers. There were televisions, telephone and a sufficient space for the storage of personal belongings which included a secure locker in each bedroom. There was a lift servicing access between both floors. The centre also contained a number of other rooms including sitting rooms, dining rooms, GP treatment rooms, hairdressing room, assisted bathrooms with specialised baths, a laundry, a small library, an oratory, a small multisensory room (for ultimate rest and relaxation) and a small outside garden area.

As part of the inspection process, the inspector met with residents, staff members, the Clinical Nurse Manager (CNM), the Assistant Director of Nursing (ADON), the person in charge and the provider representative. The inspector observed practices and reviewed documentation such as policies and procedures, care plans, medication management, staff records and accident/incident logs. Residents told the inspectors that they were happy living in the centre and that they felt safe there. Overall staff were able to demonstrate good knowledge of the residents' care needs when speaking with the inspector.

There were 17 outcomes reviewed as part of this inspection, 11 of the 17 outcomes were compliant and six outcomes substantially compliant with the regulations. These non-compliances are discussed throughout the report and the action plan at the end of the report identifies where improvements are needed to meet the requirements of 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.

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:

There was a written statement of purpose that described the service that was provided in the centre. The services and facilities outlined in the statement of purpose and the manner in which care was provided, reflected the diverse needs of residents. The statement of purpose contained all of the information required by schedule 1 of the regulations and was reviewed annually.

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:

The inspector met with the provider representative who clearly described a comprehensive management structure that included who was in charge, who was accountable and what the reporting relationships were. Staff who spoke with the

inspector were able to demonstrate good knowledge of this system. There was also a system in place to improve the quality and safety of the service which included undertaking weekly reporting of key performance indicators (KPI's), regular local and national governance meetings and regular surveys and audits. These audits were available to the inspector and included, amongst others: falls, hygiene and infection control, health and safety, the use of restraint, the quality of life, nutrition and medication.

Deputising arrangements for the person in charge were satisfactory. The recently appointed person in charge and her deputy were known to residents and there was a good level of staff supervision and mentoring. There was a clinical nurse manager (CNM) who was also involved in the governance team. The inspector spoke with these three senior nursing staff. They explained their areas of responsibility and were found to be clinically knowledgeable and resident oriented, in their approach. They were aware of the regulations governing the sector and the updated national standards. Evidence of consultation with residents was available in a sample of survey results and minutes of residents' meetings. Relatives and residents spoken with by the inspector were complementary of their experience of care and facilities at the centre. The inspector was informed that resources were available to ensure on going premises upkeep and to continuous professional development of staff. Supervision and appraisal of staff was on-going. The annual review of the safety and quality of care had been completed for 2016. The person in charge had made this available to the inspector and to residents.

There was evidence of meetings with staff and regular meetings were held with residents and the person in charge was known to residents and relatives to whom the inspector spoke with. From a review of the minutes of residents meetings it was clear that issues identified were addressed in a timely manner and that the person in charge was proactive in addressing any concerns or issues raised. Where areas for improvement were identified in the course of the inspection both the person in charge and the provider representative demonstrated a conscientious approach to addressing these issues and a commitment to compliance with the regulations. For example, there had been improvements in relation to menu choices and the availability of activities which had previously been identified by residents as areas for improvement.

There was also evidence of good consultation with residents and relatives via resident/relative questionnaires that were provided as part of this registration inspection. It was of note that the person in charge and staff were identified as being very supportive and approachable by respondents to these questionnaires.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector reviewed a sample of residents' contracts of care. The inspector noted that contracts had been signed by the residents/relatives and found that the contract was clear, user-friendly and outlined the services and responsibilities of the provider to the resident and the fees to be paid. However, not all contracts of care reviewed contained details of the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, "after" the terms, as required by regulation.

A Residents' Guide was also available which included a summary of the services and facilities provided, terms and conditions relating to residence, procedure respecting complaints and the arrangements for visits. This guide was found to meet most of the requirements of legislation however, it required updating to include details of the recently appointed person in charge.

Judgment:

Substantially 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 had been appointed in April 2017 and worked full time in the centre and was a nurse with good experience in the area of nursing the older person. The person in charge possessed the clinical knowledge to ensure suitable and safe care. During the two days of the inspection, the person in charge demonstrated good knowledge of the legislation and of her statutory responsibilities. She was clear in her role and responsibilities as person in charge and displayed a commitment towards providing a person centre high quality service. She was fully engaged in the governance and administration of the centre on a consistent basis. She met regularly with residents and their representatives, the members of the management team, the activities team, the care staff and nursing staff. Minutes were maintained of these meetings. The person in charge had a specific interest in providing resident focused person centred care . She

explained to the inspector how she promoted continuous improvement in residents' care by for example continuously updating staff training and documenting staff appraisals yearly. Residents, spoken with, described the person in charge as very supportive and staff also described her as a very approachable' manger that had the residents' at the centre of everything that happens 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 the inspector.

The centre was one of a number of centres within the Carechoice group. The inspector reviewed the centre's operating policies and procedures and noted that the centre had site specific policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. These policies 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. There was evidence that there was on-going training to staff on policies and procedures and staff had signed off on these once they had received the training.

The inspector viewed the insurance policy and saw that the centre was adequately insured against accidents or injury to residents, staff and visitors.

The group human resource manager was available to the inspector over both days of inspection and 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:

Since the previous inspection there had been a new person in charge appointed. There had been no instances whereby the person in charge was absent for 28 days or more and the provider representative was aware of the responsibility to notify HIQA of any absence or proposed absence.

There were suitable deputising arrangements including the assistant director of nursing and the clinical nurse manager who were both available to cover for the person in charge, when she was on leave. At night time and some weekends, the staff nurse on duty was in charge in the absence of the person in charge along with the assistant director of nursing and the clinical nurse manager also available to provide on-going support in the running of the centre.

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):

No actions were required from the previous inspection.

Findings:

There was suitable policy's and procedures in place to guide staff in the care and protection of residents. For example there was a policy on personal and intimate care provision that had been reviewed in September 2016 and a policy on safeguarding and elder abuse that had most recently been reviewed in January 2017. The inspector found that there were measures in place to protect residents from suffering harm or abuse. Staff interviewed demonstrated a good understanding of safeguarding and elder abuse prevention and were clear about their responsibility to report any concerns or incidents in relation to the protection of a resident. Safeguarding training was provided on an on-going basis in-house. From a review of the staff training records all staff had received up-to-date training in a programme specific to protection of older persons. This training was supported by the aforementioned policy document on elder abuse which defined the various types of abuse and outlined the process to be adopted to investigate abuse issues should they arise.

The centre maintained day to day expenses for a small number of residents and the inspector saw evidence that adequate financial records were maintained. The inspector reviewed the system in place to safeguard residents' finances and valuables which included a review of a sample of records of monies and valuables handed in for safekeeping. A small amount of money and valuables were kept in a locked area in the centre. All lodgements and withdrawals were documented and were signed for by staff members. In relation to the storage of valuables the inspector noted that suitable records were maintained including photographs of residents' jewellery.

There was a policy on responsive behaviour (a term used to describe how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). This policy had most recently been reviewed in March 2017. Staff were provided with training in the centre on responsive behaviour along with dementia specific training which was on-going. Training records showed that all staff had received up-to-date training in this area at the time of the inspection. There was evidence that for the few residents who presented with responsive behaviour they were reviewed by their General Practitioner (GP) or other professionals for full review and follow up as required. Care plans reviewed by the inspector for residents exhibiting responsive behaviour were seen to include positive behavioural strategies. These were clearly outlined in residents' care plans and therefore ensured continuity of approach by all staff using person-centred de-escalation methods.

There was a policy on restraint which was updated since the last inspection. There was evidence that the use of restraint was generally in line with national policy. The restraint register recorded ten residents using bedrails on the days of the inspection. Three residents had lap belts applied and four residents had wandering bracelets. For all residents with any form of restraint; there was evidence that there was regular checking/monitoring of residents, discussion with the resident's family and the GP. The inspector saw that there was an assessment in place for the use of restraint, which

clearly identified what alternatives had been tried to ensure that the particular form of restraint was the least restrictive method to use. However, records were not available for all residents in relation to the trailing of alternatives. The inspector was assured by the practices in place and saw that whenever possible alternative measures were used. For example there were low-low beds and alarm mats used for a number of residents to reduce the use of bed rails in the centre. The inspector noted there had been a continued reduction in bed rail usage since the last inspection. However, the risk assessment used prior to the application of restraint was not adequate as it did not quantify the actual level of risk that such restraint may present.

Judgment:

Substantially 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):

No actions were required from the previous inspection.

Findings:

Governance and supervision systems were in place to monitor residents at risk of falls, wandering or negative interactions. These were reviewed on an ongoing basis. The inspector observed that staff implemented the principles of current moving and handling guidance when assisting residents to transfer.

There was a health and safety committee that met regularly with the most recent meeting recorded as occurring in May 2017. The person in charge along with the facilities manager and other staff attended this meeting and reviewed all incidents and accidents. This meeting also reviewed procedures and practices including risk management and fire safety in the centre. Clinical risk assessments were undertaken, including falls risk assessment, assessments for dependency, assessments for malnutrition and assessments for pressure ulcer formation. All accidents and incidents were recorded on incident forms, were submitted to the person in charge and there was evidence of action in response to individual incidents. The provider representative received weekly written key performance indicators that included any adverse incident or accidents. There were examples seen by the inspector of suitable responsive actions taken following such incidents/accidents. Such action included for example, reviews of practice, care planning, updated risk assessments and staff training.

The provider representative had contracts in place for the regular servicing of equipment and the inspector viewed records of equipment serviced which were up-to-date. Overall the premises were safe and there were reasonable measures in place to prevent accidents such grab-rails in toilets and handrails on corridors and safe walkways were

seen in the outside areas.

The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be adequate. There were fire safety notices for residents, visitors and staff appropriately placed throughout the building. Staff demonstrated an appropriate knowledge and understanding of what to do in the event of fire. The inspector saw that fire training was provided to staff on dates in 2017 and staff had up to date fire training as required by legislation. The person in charge told the inspector and records confirmed that fire drills were undertaken regularly both day and night time. The inspector noted that the actions taken and outcome of the fire drill were documented and there was a record of any learning from the drill and any improvements required. The fire alarm system and the emergency lighting were both inspected quarterly each year and the fire alarm was most recently inspected in April and the emergency lighting in June of this year. The inspector examined the fire safety register which detailed services and fire safety tests carried out. All fire door exits were unobstructed and fire fighting and safety equipment had been tested in March 2017. In addition, there were records of weekly fire alarm and emergency lighting and daily monitoring of fire exits.

The inspector spoke to staff that worked in the laundry and the handling and segregation of laundry was in line with evidence based practice. Latex gloves and plastic aprons were located throughout the centre and staff confirmed that they used personal protective equipment such as latex gloves and plastic aprons as appropriate. All laundry was done in the centre unless the resident wished to send their laundry home.

Overall there were systems to support staff knowledge and implementation of best practice to ensure good infection prevention and control were in place. The communal areas and bedrooms were found to be clean and there was good standard of general hygiene at the centre. All hand-washing facilities had liquid soap and paper towels available. There were policies in place on infection prevention and control which had most recently been reviewed in September 2016. Staff that were interviewed demonstrated knowledge of the correct procedures to be followed. All staff interviewed were adequately knowledgeable in infection prevention and control or demonstrated suitable hand hygiene practices. In addition, the staff training matrix indicated that all staff had completed training in hand hygiene and infection prevention and control.

The health and safety statement seen by the inspector was centre-specific and dated as most recently reviewed in April 2017. The health and safety policy was recorded as being most recently reviewed in July 2017. There was a risk management policy as set out in schedule 5 of the regulations and included all of the requirements of regulation 26(1). The policy did cover, the identification and assessment of risks and the precautions in place to control the risks identified. In addition, the risk management policy included the measures and actions in place to control specified risks as required by regulation. There was a risk register available in the centre which covered for example risks such as residents' falls, fire safety risks and manual handling risks. However, the hazard identification process required improvement as a number of potential hazards were identified by the inspector that had not been risk assessed including:

- the locking of doors (for certain time periods) out of the ground floor dining room had not been risk assessed
- the running man sign located at the garden fire exit area was not illuminated
- there was a loose electrical socket in the cleaners room
- the access to the kitchenette on the first floor dining area had not been risk assessed
- the access to the hot water dispenser located on the first floor for tea/coffee had not been risk assessed.

Judgment:

Substantially Compliant

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:

Medicines for residents were supplied by a community pharmacy. Nursing staff with whom the inspector met outlined a robust procedure for the ordering and receipt of medicines in a timely fashion. The inspector noted that there were written operational policies relating to the ordering, prescribing, storing and administration of medicines to residents which were up-to-date. Staff were observed adhering to appropriate medication management practices. The medication trolleys were suitably secured and the medication keys were held by the staff nurse on duty. The inspector observed a nurse administering the lunch time medications, and this was carried out in line with best practice. Medications were administered and disposed of appropriately in line with An Bord Altranais and Cnáimhseachais na hÉireann Guidance to Nurses and Midwives on Medication Management (2007). Controlled drugs were stored in accordance to best practice guidelines and nurses were checking the quantity of medications at the start of each shift. The inspector did a count of controlled medications with the nurse which accorded with the documented records. Nursing staff with whom the inspector spoke demonstrated knowledge of the general principles and responsibilities of medication management. Staff reported and the inspector saw that no residents were self-administering medication at the time of inspection.

There were appropriate procedures for the handling and disposal of unused and out of date medicines and the documenting of same. The fridge containing medications was located in secure nurses office. There was evidence that the temperature of the fridge was monitored daily and that the fridges contained medication only.

The inspector reviewed a number of medication prescription charts and noted that all included the resident's photograph, date of birth, General Practitioner (GP) and details

of any allergy. There was a system of ongoing audit and analysis in place for reviewing and monitoring safe medication management practices. For example there were ongoing medication audits which involved support by the supplying pharmacist. Medication errors were recorded and there was evidence that appropriate action was taken as a result of same. Nursing staff undertook regular updates in medication management training as evidenced by training records. The practice of transcription was in line with the centre-specific policy and guidance issued by An Bord Altranais agus Cnáimhseachais for all prescriptions seen. Transcribed prescriptions were always signed by a second nurse who independently checked the prescriptions and co-signed by the prescriber within 72 hours. It was noted that medicines were only administered from a transcribed record that had been co-signed by the prescriber. However, the inspector noted that the times of administration did not always match the times on the prescription sheet in some of the medication records viewed.

Judgment:

Substantially Compliant

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:

The inspector followed up on a number of notifications received from the provider representative and saw that suitable action had been taken including a comprehensive log of all accidents and incidents that took place in the centre. Incidents as described in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had been reported in accordance with the requirements of the legislation. There were timely quarterly returns and written notifications were received within three days of accidents and incidents as required.

Judgment:

Compliant

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):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents' healthcare requirements were met to an adequate standard. Residents had good access to GP services. There was evidence of regular reviews of residents overall health on admission, and on readmission following return from acute hospital care, and as required when clinical deterioration was noted. The person in charge outlined how the centre had primary nursing system in place and had recently moved from a paper based to an electronic based care recording system. Each resident was assessed prior to admission by the person in charge using a structured assessment. The inspector saw that residents had a comprehensive nursing assessment completed following 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 of access to specialist and allied healthcare services to meet the care needs of residents such as opticians, dentists and chiropody services. Access to palliative care specialists, dietician, physiotherapy and speech and language were also available. Systems were in place for the assessment, planning, implementation and review of healthcare needs. This included nursing assessments, care plans and clinical risk assessments. From a review of care plans there were details to support staff in effectively managing residents' health problems. There was a keyworker allocation system in relation to care plans which ensured that a named nurse had responsibility for a specific group of residents' care plans. The inspector found that the care plans were person centred and individualised. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs.

Assessments and care plans were reviewed four-monthly or more frequently as required. A daily nursing record of each resident's health, condition and treatment given was maintained and these records seen were adequate and informative. Each resident's vital signs were recorded regularly with action taken in response to any variations. Systems were in place for the assessment, planning, implementation and review of healthcare needs. This included nursing assessments, care plans and clinical risk assessments. Based on a random sample of care plans reviewed; overall the inspector were satisfied that the care plans generally reflected the resident's assessed needs, assessment was supported by a number of evidenced-based assessment tools and plans of care to meet most identified needs.

There were measures identified in falls prevention care plans and evidence of falls being monitored in the centre. There were reassessments of falls risks and the updating of the falls prevention care plans by staff after each fall. Falls were reviewed individually to identify any possible antecedents or changes as appropriate. The inspector was satisfied that all staff spoken with were familiar with each resident's needs. Overall care plans

contained few identified deficits between planned and delivered care. Residents and their representatives to whom inspectors spoke were very complementary of the care, compassion and consideration afforded to them by staff in the centre.

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):

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

Findings:

Carechoice Dungarvan was located just outside the town of Dungarvan and provided residential services for 64 older people. The centre first opened in 2005 and was a two-storey building that accommodated 64 single occupancy en-suite bedrooms on each floor. It was set in a large gated complex in which there were also bungalows and apartments (separate to the designated centre) that were designed for more independent living. Each bedroom contained suitable en-suites with wheelchair accessible showers. There were televisions, telephone and a sufficient space for the storage of personal belongings which included a secure locker, in each bedroom. There was a lift servicing access between both floors. The centre also contained a number of other rooms including a number of sitting rooms, dining rooms, GP treatment rooms, hairdressing room, assisted bathrooms with specialised baths, a laundry, a small library, an oratory, a small multisensory room (for ultimate rest and relaxation) and a small outside garden area.

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. The laundry area was adequately equipped with sufficient space and facilities to manage all laundering processes. Sluice areas were secure and appropriately equipped. Working call bells were accessible from each resident's bed and in each room used by residents. The inspector observed that call bells were answered in a timely manner. A number of circulation areas, toilet facilities and shower/bathrooms had non slip flooring and were adequately equipped with hand-rails and grab rails. All walkways and bathrooms were equipped with handrails and grab-rails. 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 November 2016 to this effect. Lifting equipment including hoists and bath assist devices had been checked on December 2016. The group facilities manager was available on-site throughout the inspection.

The inspector noted that many of the resident's bedrooms were personalised with soft furnishings, ornaments and family photographs. All residents' bedrooms could be locked and bedroom doors had a number and some had identifying signs/names. A separate kitchen was located off the main dining room on the ground floor. The inspector observed the kitchen to be visibly clean and well-organised and reviewed the most recent environmental health officers' report. The inspector spoke to the chef who described menu options for residents and was clear on residents dietary preferences. Residents were complementary about the choice and quality of food provided in the centre.

Residents had access to secure outdoor space on the ground floor comprising of an enclosed garden. The area contained some seating, raised beds and flowers cared for by residents. This area had recently been renovated to a high standard with for example improvements in the provision of level pathways and suitable garden seating which were safe and suitable for residents use. Ample car parking was provided to the front of the centre and access to the centre was clearly signposted. However, in the context of the number of residents living in the centre the size of the accessible outdoor area was not adequate. The provider representative accepted that further accessible outdoor space was required and had plans for a further outside area to be developed. The person in charge showed the inspector the area that was being considered as an additional outdoor area for residents.

The design and layout of the building was substantially in keeping with the centres' statement of purpose. Overall the premises were well decorated and residents reported to the inspector that they were comfortable living in the centre. However, the inspector requested the provider representative to review the design and layout of the main sitting room on the ground floor. This was a large room and the inspector noted that the design and layout of this room was not homely or promote privacy. For example, all the chairs in this large room were arranged with their backs against the sitting room wall leaving a large open central space. There was one large television on one wall and this arrangement was not homely or promote privacy for residents. In addition, there were a number of other premises issues that required improvements including:

- parts of the centre required redecorating for example, the paint on the walls of some areas such as sitting rooms and bedroom corridors required repainting and some doors were marked
- there was inadequate storage in the sitting room on the first floor; as the inspector noted that six assisted chairs were stored in this room
- there were ceiling tiles that were cracked or missing in a number of rooms
- there were stains on a number of floors such as the activities room
- there were cracked wall tiles in the cleaners room
- some of the garden furniture required upgrading/replacement and/or re-varnishing

Judgment:

Substantially 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:

Policies and procedures which complied with legislative requirements were in place for the management of complaints with the complaints policy reviewed in April 2016. There was an independent appeals process and complaints could be made to any member of staff. The person in charge was the designated complaints officer. The provider representative was the second person as required by regulation in relation to the monitoring and management of complaints. Residents were aware of the complaints' process which was on public display. On review of the complaints log there was evidence that all complaints were documented, investigated and outcomes recorded. Complainants were notified of the outcome of their complaint and records evidenced whether or not they were satisfied. All complaints were reported as part of the weekly KPI's to the provider representative. Complaints were reviewed regularly by the quality improvement management group to identify any learning or changes that were required. There were no open complaints on the days of inspection.

Judgment:

Compliant

Outcome 14: End of Life Care*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.***Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

Findings:

The policy on the management of end of life care was dated as reviewed in May 2017.

At the time of inspection there were no residents receiving end of life care. Overall there was evidence of a good standard of medical and clinical care provided. The person in charge outline that if required appropriate access to specialist palliative care services would be provided. The person in charge also outlined her plans for the "Let me decide" programme (an advance care planning programme to support end of life care) which she had planned to roll out in the centre over the next number of months. The inspector found that staff were aware of the policies and processes guiding end of life care. Staff to whom the inspector spoke outlined suitable arrangements for meeting residents' needs, including ensuring their comfort and care Staff spoken to were able to describe suitable and respectful care practices in relation to end of life care provision. The inspector noted that families were notified in a timely manner of deterioration in residents' condition and were supported and updated regularly as required. There were facilities to support relatives remain with their loved ones during end-of-life including the use of one of the apartments adjacent to the centre to enable families remain overnight, if required.

Judgment:

Compliant

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:

Residents were provided with food and drink at times and in quantities adequate for their needs. Assistance was observed and was offered to residents in a discreet, patient and sensitive manner by staff. The dining experience was a social occasion and a number of residents were seen chatting with each other throughout their meal. Staff also used meal times as an opportunity to engage in a meaningful way with residents, particularly with residents to whom they gave assistance. Those residents on modified diets were offered the same choices as people receiving normal diets. A three week rolling menu over was in place to offer a variety of meals to residents. Following a recent menu review the inspector was informed that this menu was soon to be extended to a four week cycle. The inspector noted that there were two sittings on the first floor and most residents took their meals in the dining rooms. Tables in both dining rooms were appropriately set with cutlery condiments and napkins. Residents spoken with agreed that the food provided was always very good and appetising. Overall residents were happy with the food provided in the centre and some residents stated that that "the food was really excellent". On the ground floor the food was served from the

nearby kitchen by a team of staff and was well presented. While on the first floor there was a kitchenette and food was transported via a hot food trolley.

Modified consistency diets were served appropriately with each element of the meal presented in separate portions on the plate. The inspector spoke with the chef who outlined how he was knowledgeable about residents dietary need and preferences. A list of all special diets required by residents was compiled on foot of the individual residents' reviews and copies were available in the kitchen.

Drinks such as water, milk, tea and coffee were available. Access to fresh drinking water was available at all times and jugs of water were observed in residents' rooms. Evidence of referral to relevant allied health professional including dietician or speech and language therapists was found and there was a system in place to monitor the intake of residents identified as at risk of malnutrition. The inspector looked at this system in place to monitor food intake. The system of recording was found to be consistent/detailed enough to enable meaningful analysis as to the adequacy of intake for at risk residents.

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):

No actions were required from the previous inspection.

Findings:

There was evidence that residents were consulted with and participated in the organisation of the centre. Overall, residents' rights, privacy and dignity were respected, during personal care, when delivered in their own bedroom or in bathrooms. Residents spoken with confirmed that they were afforded choice in relation their daily lives and for example receive visitors in private. There were no restrictions to visiting in the centre and the inspector observed several visitors at different times throughout the two day inspection. Residents right to choice, and control over their daily life, was also 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 rooms.

Evidence that residents and relatives were involved and included in decisions about the

life of the centre was viewed. Regular meetings were held where residents were consulted through the residents' committee meetings. The most recent meeting recorded as occurring in March 2017. The person in charge outlined that the role of this meeting was to ensure that residents' actively participated in decision making. To provide and receive feedback and influence policy and procedures of the centre. The person in charge described improved and enhanced community involvement as one of her immediate goals. For example, she outline how she was developing links with local secondary schools in relation to transition year students attending the centre. Also how she was improving the links with the local parish through providing weekly parish news letter and providing local newspapers.

The provider representative, the person in charge and the activities coordinator met every month to review any issues raised at the residents' committee meetings. There was evidence of changes having been made as a result of these meetings. For example, there had been an issue about the noise levels in one dining room at meal times and alternative arrangements were put in place to reduce this noise. Inspectors noted that the residents' committee was facilitated by the activities coordinator and the committee met regularly to also discuss issues such as future activities or outings. Feedback and suggestions were recorded with an action plan and timeframes. A programme of varied internal activities and external trips was in place for residents. Information on the day's events and activities was prominently displayed in the centre. A team of activities coordinators delivered the programme which included both group and one to one activities. The inspector was told that residents spiritual needs were met through regular prayers and Mass celebrated in the centre's Oratory. The inspector was informed that any other religious denominations were catered for as necessary. Outside of religious ceremonies, the Oratory was available as a quiet space for residents to pray and reflect.

There was Closed Circuit Television (CCTV) cameras in place in a number of locations in the centre and the policy was dated as being most recently reviewed in November 2015. However, the inspector requested the provider representative to review all CCTV cameras in the centre to ensure that none compromised the privacy and dignity of residents. For example, the inspector noted that there were CCTV cameras located in some of the communal areas such as the small sitting room on the first floor, the large sitting room on the ground floor and near the main entrance, where some residents spent time during the day.

Judgment:

Substantially 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:

Residents and relatives spoke positively about staff and indicated that staff were caring, responsive to their needs, and treated them with respect and dignity. Staff demonstrated an understanding of their role and responsibilities to ensure appropriate delegation, competence and supervision in the delivery of person-centred care to the residents. The inspector observed positive interactions between staff and residents over the course of the inspection and found staff to have excellent knowledge of residents' needs, as well as their likes and dislikes.

An actual and planned roster was maintained in the centre. The inspector reviewed staff rosters which showed that the person in charge was on duty Monday to Friday and she was supported in her role by an Assistant Director of Nursing (ADON) and a Clinical Nurse Manager (CNM). Nurses were on duty and allocated on both floors day and night. The inspector observed practices and conducted interviews with a number of staff including the person in charge, ADON and the CNM. There had been a recent restructuring of the nurse management team which was designed to ensure greater supervision of care particularly in the evenings and weekends. Staff appeared to be supervised appropriate to their role and responsibilities. This was evidenced by speaking to staff management including the provider representative and a review of documentation including staff rosters, reporting arrangements and staff files. The inspector was informed by the person in charge that overall allocation of staff for the two floors were managed separately. Residents from both floors were free to move between the ground and first floor. While residents were known to staff working on both floors however, the person in charge agreed to review the current staffing allocation arrangements to ensure all staff are aware of all residents needs.

Records viewed by the inspector confirmed that there was a good level of training provided with numerous training dates scheduled for 2017. Staff told the inspector they were encouraged to undertake training by the person in charge. Mandatory training was on-going and staff had attended a number of trainings with all staff had completed mandatory training in areas such as fire training. Mandatory training in manual handling and safeguarding was found to be up to date. Staff also attended training in areas such as the prevention of falls, infection control and medication management.

The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the regulations. The provider confirmed that all staff had suitable Garda vetting in place. Registration details with Bord Altranais agus Cnáimhseachais na hÉireann, or Nursing and Midwifery Board of Ireland for 2017 for nursing staff were seen by the inspector.

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:

Vincent Kearns
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 report¹

Centre name:	Carechoice Dungarvan
Centre ID:	OSV-0000231
Date of inspection:	15 & 16/06/2017
Date of response:	11/07/2017

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 03: Information for residents

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To prepare and make available to residents a guide in respect of the designated centre including the details of the person in charge.

1. Action Required:

Under Regulation 20(1) you are required to: Prepare and make available to residents a guide in respect of the designated centre.

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:

A Resident Guide is available in the home at all times, a photographer had been booked prior to the Inspection, for the 18th of July, so as to update the Guide with the new Director of Nursing's photo and details.

Proposed Timescale: 30/09/2017

Theme:

Governance, Leadership and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure the agreement referred to in regulation 24 (1) relates to the care and welfare of the resident in the designated centre and includes details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the resident concerned including details of the terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom.

2. Action Required:

Under Regulation 24(1) you are required to: Agree in writing with each resident, on the admission of that resident to the designated centre, the terms on which that resident shall reside in the centre.

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

All Residents' have a contract of care in place, the contract had been amended prior to the Inspection with regard to single/double occupancy, for all new admissions. Current residents will have an appendix attached stating all rooms are single occupancy only

Proposed Timescale: 31/07/2017

Outcome 07: Safeguarding and Safety

Theme:

Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time including suitable risk assessment used prior to the application of restraint and the recording of any alternatives trailed.

3. Action Required:

Under Regulation 07(3) you are required to: Ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.

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

All our residents' had a restraint assessment in place where required, subsequent to the Inspection, we have reviewed our Restraint assessment and have added a Risk Matrix Tool, our Software Provider has been contacted with uploading this onto our assessment list. Once this has been completed all Residents' requiring this assessment shall have it in place.

Proposed Timescale: 30/09/2017

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:

To ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified including:

- the locking of doors (for certain time periods) out of the ground floor dining room
- the running man sign located at the garden fire exit area was not illuminated
- there was a loose electrical socket in the cleaners room
- the access to the kitchenette on the first floor dining area
- the access to the hot water dispenser located on the ground floor small sitting room for tea/coffee

4. Action Required:

Under Regulation 26(1)(b) you are required to: Ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.

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

The locking of the ground floor dining room- completed 16/06/17

The running man sign -complete 15/06/17

Loose electrical socket in cleaner's room- complete 16/06/17

Access to kitchenette on the first floor- will be complete by 31/07/17.

Access to the hot water on the first floor has now been risk assessed- complete 16/06/17

Proposed Timescale: 31/07/2017

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:

To ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product including ensuring that the times of administration match the times on the prescription sheet in all medication records.

5. Action Required:

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

All medication Kardex's and administration forms had just been reviewed and updated, two typing errors were noted these are now rectified.

Proposed Timescale: 16/06/2017

Outcome 12: Safe and Suitable Premises**Theme:**

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

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 including:

- parts of the centre required redecorating for example, the paint on the walls of some areas such as sitting rooms and bedroom corridors required repainting and some doors were marked
- there was inadequate storage in the first floor sitting room as the inspector noted that six assisted chairs were stored in this room
- there were ceiling tiles that were cracked or missing in a number of rooms
- there were stains on a number of floors such as the activities room
- there were cracked wall tiles in the cleaners room
- some of the garden furniture required upgrading/replacement and/or re-varnishing

6. 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:

There is a refurbishment plan in place at present, the garden was in the process of being upgraded and new furniture purchased at time of inspection.

All other works are in planning at present.

Proposed Timescale: 31/12/2017

Theme:

Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

To ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3 including ensuring that all communal space is homely and suitable residents social and cultural activities.

7. Action Required:

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Included in the refurbishment plan is access to another outdoor area for all residents.

Proposed Timescale: 31/12/2017

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:

To ensure that each resident may undertake personal activities in private including review of all CCTV cameras in the centre to ensure that none compromised the privacy and dignity of residents.

8. 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:

The CCTV cameras that are no longer in use have now been taken down, the CCTV in the reception areas are now turned to face the door of the treatment room behind the nurse's station. - complete 07/07/17

The Head of Hr is reviewing our current CCTV Policy.

Proposed Timescale: 07/08/2017

