



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

Name of designated centre:	Carechoice Dungarvan
Name of provider:	Carechoice Dungarvan Limited
Address of centre:	The Burgery, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	01 May 2018
Centre ID:	OSV-0000231
Fieldwork ID:	MON-0023939

## About the designated centre

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

CareChoice Dungarvan is situated in a rural setting on the outskirts of the town of Dungarvan. The nursing home is purpose built and is part of the grounds with housing for supported independent living accommodation. It is a two-storey building with lift access between floors. Residents' accommodation comprises single bedrooms with en-suite shower, toilet and hand-wash facilities, sun rooms, lounges, a coffee dock, quiet prayer room, day rooms, dining rooms and comfortable seating areas throughout. There is a secure outdoor garden with paved walkways, seating areas and raised flowerbeds and residents have easy access to this. Other accommodation comprises staff facilities, laundry and secure clinical rooms. CareChoice Dungarvan caters for people requiring long-term residential care, respite and convalescence care with low to maximum dependency assessed needs. The nursing home provides full-time nursing care primarily for older people, male and female, and for people under 65yrs. In addition, care is provided for people with a diagnosis of dementia, frailty and general palliate needs.

**The following information outlines some additional data on this centre.**

Current registration end date:	31/01/2021
Number of residents on the date of inspection:	61

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
01 May 2018	09:20hrs to 17:50hrs	Breeda Desmond	Lead

## Views of people who use the service

The inspector was introduced to many residents throughout the day and spoke with eight residents and one relative during the inspection. People gave positive feedback regarding the nursing home. They spoke of the relaxed atmosphere and how good the staff were. People complimented their meals, help given to them, and the facilities and activities available to them.

## Capacity and capability

There was evidence of effective governance and management arrangements to enable positive outcomes for residents. Care was provided in accordance with the centre's statement of purpose and the service was adequately resourced. There was a clearly defined management structure with defined lines of accountability and responsibility for the service. There was a commitment to provide quality care that was person-centred which promoted independence, and a recognition of positive risk management which distinguished over-protective behaviours.

There was a programme of refurbishment in progress at the time of inspection. Flooring was replaced throughout the centre; most of the centre had been re-painted and this was done in line with the dementia-specific model; signage was available throughout to orientate residents to avoid unnecessary confusion.

Minutes of the monthly senior management team meetings were reviewed and these demonstrated oversight of clinical and non-clinical matters and issues highlighted were followed up in subsequent meetings. Minutes of the Quality and Safety committee meetings showed that this was a national meeting where senior management and persons in charge from the CareChoice group came together to discuss key performance indicators to facilitate learning and improve practice throughout the group.

There was a continuous quality improvement strategy whereby six-monthly audits were completed. Clinical nurse managers were involved in the audit programme with the person in charge. The audit schedule was based on the requirements set out in Regulation 23 (d), for example medication management, restrictive practice, nutrition and hydration, infection control and caring for residents with responsive and or distressed behaviours. While some of these audits influenced and improved practice, others required further consideration to reduce risk and enhance practice.

There was a comprehensive training and induction programme for staff and staff training was up to date. Nonetheless, staff supervision required evaluation to ensure

that training was implemented in practice.

Residents and the visitor spoken with said that they could bring issues to the person in charge if needed and this was observed in practice. The complaints log was examined and it required further review to ensure learning occurred from issues raised.

#### Regulation 14: Persons in charge

The person in charge was a qualified nurse with the necessary qualifications and experiences as detailed in the regulations. The person in charge demonstrated that she was engaged in governance, operational management and administration with accountability and responsibility for the service. She had developed a resident specific booklet 'A Little of Me' to be maintained in each resident's bedroom to inform and remind staff about the preferences of the resident. Another quality initiative to support quality care included the introduction of a mid-morning handover to update staff on the morning progress of residents.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill-mix of nurses and care staff was appropriate to the assessed needs of residents, both on day duty and night duty. Other staff that complemented the workforce included administration staff, two activity personnel, physiotherapist, maintenance, laundry staff and housekeeping staff.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to a comprehensive training programme and the training matrix demonstrated that staff training was up to date. Overall, the inspector observed that staff were not adequately supervised to ensure that training was implemented in practice to enable best outcomes for residents.

Judgment: Not compliant

### Regulation 23: Governance and management

The audit schedule was based on the requirements set out in Regulation 23 (d), for example medication management, restrictive practice, nutrition and hydration, infection control and caring for residents with responsive and or distressed behaviours. While some of these audits influenced and improved practice, others required further consideration to reduce risk and enhance practice. In addition, a review of what was included in the audit was necessary as some practice subjects were not included; furthermore, some practice issues were not identified in the auditing process.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose was updated as per the requirements of the regulations and it contained all the items described in Schedule 1 of the regulations. The service was delivered in accordance with the statement of purpose.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge knew her responsibilities regarding notifications to be submitted to HIQA. Notifications were submitted in compliance with the regulations and notifications correlated with incidents logged.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was displayed in the main reception and comprised part of the welcome pack residents received upon admission to the nursing home. While complaints records comprehensively described the nature of the complaint, measures for improvement in response to complaints to mitigate the chance of recurrence was not evident.

Judgment: Not compliant

## Regulation 4: Written policies and procedures

While there were written policies and procedures prepared in writing as detailed in Schedule 5, the policy for ordering, receipt, prescribing, storing and administration of medicines to residents was not comprehensively implemented. Several issues were identified regarding transcription which could not assure the health and safety of residents regarding medication management.

Judgment: Not compliant

## Quality and safety

The inspector observed that the person in charge was known to residents. Care and support given to residents was relaxed, unhurried and appropriate to the needs of residents. Residents reported that they had access to a wide range of activities. There were two full-time activities staff to facilitate group stimulation as well as one-to-one therapy in residents' bedrooms and this was observed on inspection. Appropriate assistance was given to residents when needed; staff demonstrated good communication strategies with each resident including people with complex communication needs.

Some medication management practices were in compliance with the regulations and best practice professional guidelines, but others, such as practices associated with transcription did not assure that residents were not at risk. Such practices were not in accord with the centre's policy on transcription.

There were assessments and care plans for individual residents. While the assessments were comprehensive and person centred to enable positive outcomes for residents, care plans did not have the same degree of holistic information to ensure appropriate care.

There were many facilities throughout the centre to enable and ensure effective infection prevention and control practices; however, access to hand wash facilities required attention in line with best practice guidelines and National Standards.

## Regulation 10: Communication difficulties

The inspector observed good communication strategies with each resident including people with complex communication needs. Staff demonstrated regard for the safety

and wellbeing of residents to enable positive outcomes for residents.

Judgment: Compliant

### Regulation 11: Visits

The inspector observed unrestricted visiting. Visitors were welcomed and staff actively engaged with them. There was sufficient communal and private space for residents to receive their visitors.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had access to and retained control over their personal property. Adequate space was provided in each bedroom to store and maintain their clothes and possessions. There was a laundry on site and the recently appointed housekeeping supervisor discussed the practical systems put in place to minimise the risk of clothes being mislaid.

Judgment: Compliant

### Regulation 18: Food and nutrition

The inspector observed meal and snack times during the inspection. Choice was offered and meals were presented in an appetising and pleasing manner. Specialist consistency meals were presented in an attractive and appealing manner. There were adequate staff to support residents during mealtimes. Daily menus were displayed in pictorial format as well as narrative and residents were assisted to make choices regarding menu choice. There was a three-week menu rotation with input from a nutritionist to ensure food was wholesome and nutritious.

Judgment: Compliant

### Regulation 27: Infection control

There were many facilities throughout the centre to enable and ensure effective infection prevention and control practices, however, access to and identification

of hand wash facilities required attention in line with best practice guidelines and National Standards.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

Following inspection of medication management documentation, the inspector could not be assured that all prescribed medicines were administered in accordance with the directions of the prescriber.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Pre-admission assessments were completed to ensure the service could meet the assessed needs of people. Comprehensive assessments were completed in line with the requirements of the regulations. Some care plans reviewed had valuable information to inform a holistic approach to the care of residents but some did not.

Judgment: Not compliant

### Regulation 7: Managing behaviour that is challenging

Staff training was up to date and the inspector observed that staff had the appropriate skills to respond to and manage responsive behaviours to enable positive outcomes for residents.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Not compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant

# Compliance Plan for Carechoice Dungarvan OSV-0000231

Inspection ID: MON-0023939

Date of inspection: 01/05/2018

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Supervision: A meeting had been held prior to inspection, with the DON, ADON and CNM regarding staff supervision, there will be continual daily discussions and meetings with the nurses to increase their awareness of the need to supervise staff on the floor at all times. The DON, ADON and CNM will increase their supervision throughout the day with intentional rounding to ensure that work practices are safe and that supervision is in place. A new rostering system for the ADON and CNM is being implemented in the coming weeks to provide staff nurse support and increase staff supervision.</p> <p style="text-align: right;">Date: 30<sup>th</sup> June 2018</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>CareChoice has a comprehensive audit schedule, the audit tool in question was one that was linked with an external provider. The external provider has been informed of the gap and CareChoice internal audit has been updated to reflect the required change.</p> <p style="text-align: right;">Date: 30<sup>th</sup> May 2018</p>	
Regulation 34: Complaints procedure	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>CareChoice Complaints procedure is comprehensive, the Nurse Management team will monitor to ensure compliance with completing the complaints document in full.</p>	

All complaints are logged as part of CareChoices' KPIs and are reviewed at the Home Clinical Governance meeting quarterly and the Quality & Safety Board Subcommittee monthly, to ensure that if there is a learning outcome that it is disseminated to all staff.

A Biannual Audit is completed on the Complaints procedure, to include trends in order to alert the Auditor to areas that require an action.

[Date: 30<sup>th</sup> June 2018 ]

Regulation 4: Written policies and procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

CareChoice Medication Policy is comprehensive, all nurses will be required to read the Policy again and the Pharmacist will complete education regarding transcription.

CareChoice medication competency document has recently been reviewed, nurses on induction and those involved in medication errors or those who do not adhere to CareChoice Policy shall be required to complete same under the supervision of the DON/ADON.

CareChoice Medication audit tool includes a section on transcribing, this is completed biannually.

Date:30<sup>th</sup> June 2018 ]

Regulation 27: Infection control

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Infection Control

Handwashing sinks shall be positioned in the Laundry, and dining rooms.

Date:30<sup>th</sup> July 2018 ]

Regulation 29: Medicines and pharmaceutical services

Not Compliant

Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

CareChoice plans to move to Electronic Medication administration in 2018, where the risk of error is reduced. In the meantime, a revised MARS will commence with medication names and doses stated on same, to reduce the risk of error.

Date: 30<sup>th</sup> June 2018

Regulation 5: Individual assessment  
and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

At the time of the Inspection a full review of care plans was underway, with 90% completed, this has now been completed.

All staff nurses will be mentored by the DON/ADON/CNM on care planning documentation.

Date: 30<sup>th</sup> July 2018

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Yellow	30 <sup>th</sup> June 2018
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Yellow	30 <sup>th</sup> May 2018
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by	Not Compliant	Yellow	30 <sup>th</sup> July 2018

	staff.			
Regulation 29(5)	The person in charge shall 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.	Not Compliant	Yellow	30 <sup>th</sup> June 2018
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Not Compliant	Yellow	30 <sup>th</sup> June 2018
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Not Compliant	Orange	30 <sup>th</sup> June 2018
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared	Not Compliant	Yellow	30 <sup>th</sup> July 2018

	<p>under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.</p>			
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