Centre name: Carechoice Montenotte  
Centre ID: OSV-0000253  
Centre address: Middle Glanmire Road, Montenotte, Cork.  
Telephone number: 021 486 1777  
Email address: montenotte@carechoice.ie  
Type of centre: A Nursing Home as per Health (Nursing Homes) Act 1990  
Registered provider: Carechoice Montenotte Limited  
Lead inspector: Caroline Connelly  
Support inspector(s): John Greaney  
Type of inspection: Unannounced Dementia Care Thematic Inspections  
Number of residents on the date of inspection: 108  
Number of vacancies on the date of inspection: 3
About Dementia Care Thematic Inspections

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

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 monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From: 12 December 2017 09:00  
To: 12 December 2017 18:30

From: 13 December 2017 08:30  
To: 13 December 2017 12:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Provider’s self assessment</th>
<th>Our Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 01: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 03: Residents' Rights, Dignity and Consultation</td>
<td>Substantially Compliant</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
<td></td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</td>
<td>Substantially Compliant</td>
<td>Non Compliant - Moderate</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

This inspection report sets out the findings of a thematic inspection which focused on specific outcomes relevant to dementia care.

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process. Prior to the inspection, the person in charge completed the provider self-assessment and compared the service with the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Standards for Residential Care Settings for Older People in Ireland (2016).

During this inspection the inspectors focused on the care of residents with a
dementia in the centre. The inspection also considered progress on some findings following the last inspection carried out on in August 2016 and to monitor progress on the actions required arising from that inspection. The inspectors met with residents, relatives, and staff members during the inspection. The inspectors tracked the journey of a number of residents with dementia within the service, observed care practices and interactions between staff and residents who had dementia using a validated observation tool. The inspectors also reviewed documentation such as care plans, medical records, staff files, relevant policies and the self assessment questionnaire which were submitted prior to inspection.

The centre did not have a dementia specific unit but there was one unit where the majority of the residents living there had a dementia and there was a high incidence of residents exhibiting behavioural and psychological symptoms of dementia on this unit. At the time of inspection there were 38 of the 108 residents residing in the centre with a formal diagnosis of dementia. With 24 further residents suspected of having dementia. Inspectors observed that most of the residents required a good level of assistance and monitoring due to the complexity of their individual needs. Two staff members had trained as dementia champions to provide a level of dementia expertise and staff had received dementia training in combination with responsive behaviour training. Overall, the inspectors found the person in charge, staff team and the provider were committed to providing a quality service for residents with dementia.

The inspectors found that residents’ overall healthcare needs were met and they had access to appropriate medical and allied healthcare services. The quality of residents’ lives was generally enhanced by the provision of a choice of interesting things for them to do during the day and an ethos of respect and dignity for residents was evident. There was one full time activity co-ordinator and four care assistants who worked dedicated hours providing activities employed in the centre. These staff provided a wide range of social and recreational activities for residents and a number of residents told the inspectors that they were satisfied that their social needs was met and that the staff connected with residents as individuals. Inspectors found that residents appeared to be well cared for and residents and visitors gave positive feedback regarding aspects of life and care in the centre. However inspectors did see a good number of residents spending the day or large parts of the day in their bedroom sitting beside their beds.

The centre had gone through substantial building and renovation over the last couple of years. It had been redecorated throughout with new flooring and the completion of new communal areas. Since the last inspection a new secure outdoor space had been completed which was in addition to the outdoor seating area at the front of the centre? This new garden area will enable residents to walk around an enclosed garden and enjoy safe walkways with hand rails. This is particularly relevant for residents with dementia to ensure they have safe access to outdoor space. A number of bedrooms were seen to be personalised. The inspectors found the residents were enabled to move around as they wished, pictures and new signage was put in place to support residents to be orientated to where they were in the centre and where their bedroom was.
The person in charge had submitted a completed self assessment tool on dementia care to the Authority with relevant policies and procedures prior to the inspection. The person in charge had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of inspectors did not generally concurred with the provider's judgments. The provider had assessed the centre as substantially compliant in all outcomes and the inspectors found compliance in three outcomes and moderate non-compliance in the other three outcomes. Issues identified at the previous inspection in August 2016 had generally been completed. On this inspection the inspectors identified that supervision of residents and staffing levels required review, there were also a few issues identified with storage in the premises. These are all discussed throughout the report and the Action Plan at the end of this report identifies areas where improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centre's for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.
Outcome 01: Health and Social Care Needs

Theme:
Safe care and support

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

Findings:
Inspectors saw that residents' healthcare needs were met through timely access to the centre's general practitioner (GP) service and an out of hours service was also available. The inspectors met the GP who was in the centre reviewing his residents during the inspection and there was evidence of very regular medical reviews and referrals to other specialists as required. The GP demonstrated a particular interest in dementia and had recently undertaken further education and training in the area and provided a comprehensive service to the residents with dementia in the centre. There were processes in place to ensure the safe admission, transfer and discharge of residents to and from the centre. There was evidence that staff provided care in accordance with any specific recommendations made by medical and allied health professionals.

There was evidence of regular nursing assessments using validated tools for issues such as falls risk assessment, dependency level, moving and handling, nutritional assessment and risk of pressure ulcer formation. Other assessments such as pain assessments, oral cavity assessments dementia or depression screening are undertaken as required. These assessments were generally repeated on a three-monthly basis or sooner if the residents’ condition had required it. Care plans were developed based on the assessments. The CNM and staff on the units demonstrated an in-depth knowledge of the residents and their physical, social and psychological needs and this was reflected in the comprehensive person-centred care plans available for each resident. Since the previous inspection the care staff now had access to resident's assessments and care plans via hand held touch screens which they took from room to room. This enabled them to check on prescribed care to ensure consistency of care and to complete records of care given to residents after delivery. Nursing notes were completed on a daily basis. There was evidence of residents or their representative's involvement in the discussion, understanding and agreement to their care plan when reviewed or updated and care meetings had taken place.

Residents’ additional healthcare needs were met. A chiropody service is provided to the residents on a regular basis in the centre. Physiotherapy services were provided in-house through group exercises and one to one reviews and treatments. The inspectors met two physiotherapists in the centre providing a service to the residents. The...
inspectors saw evidence of referrals and reviews in residents’ notes. Inspectors also observed that residents had easy access to other community care based services such as dentists and opticians.

There were very good links with psychiatric services and community services for residents who required these services and assessments and treatment reviews were seen in residents notes. Psychiatry of old age specialist nurses visited residents who required review on a regular basis and behavioural and medication plans were assessed and monitored for residents who exhibited behavioural and psychological symptoms of dementia.

There were systems in place to ensure residents' nutritional needs were met and that the residents received adequate hydration. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Dietician and speech and language services were accessed via a nutritional company. Nursing staff told the inspector that if there was a change in a resident's weight, nursing staff would reassess the resident, inform the GP and referrals would be made to the dietician and speech and language therapy (SALT). Files reviewed by the inspectors confirmed this to be the case. Nutritional supplements were administered as prescribed. Staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. The head chef met with residents and attended residents meetings to discuss the menu and food provided. Mealtimes in the dining rooms was observed by inspectors to be a social occasion. The centre had purchased a number of specialist tables that facilitated a resident in a specialist chair easier access to the table and facilitated a staff member to sit beside then providing encouragement or assistance with their meal. This was seen by the inspectors. These specialist tables were in the lounges. The inspectors noted that a number of other residents were also dining in the lounges sat in the chair they spent the day with their meals served on a bed table in front of them. This did not provide the resident the opportunity to move from their chair and have a full dining experience.

There was a centre-specific, up-to-date medication management policy detailing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Nursing staff with whom the inspector spoke demonstrated good practice regarding administration of medicines. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Controlled drugs were maintained in line with best practice professional guidelines and they were checked and counted at the beginning of each shift. The inspectors saw evidence of this checking process and the count undertaken by one of the inspectors was found to tally with records in the centre. The medication trolleys were securely maintained and a nurses’ signature sheet was in place as described in professional guidelines.

The inspector found that in the sample of drug charts reviewed that all as required
medications had the maximum dose recorded on the prescription chart and residents who required their medications to be crushed were prescribed as so by their general practitioner (GP) with the exception of one chart where the medications for crushing were not individually prescribed as crushed which could lead to errors if staff administered in the wrong format as a reference list of medications that could not be crushed was not available to the nurse administering the medications. This was rectified before the end of the inspection.

Since the previous inspection there was more comprehensive recording and auditing of medication errors resulting in appropriate actions taken following a medication error.

Care practices and facilities in the centre were designed to ensure that residents received end-of-life care in a way that met their individual needs and respected their dignity and preferences. There were written operational policies and protocols in place and staff with whom the inspectors spoke were familiar with these. These policies were the subject of ongoing review and had been updated as required on the previous inspection.

Staff had initiated discussions with residents and relatives to ensure that their wishes were documented and end-of-life care plans were seen by the inspector in the files of residents. Residents had signed their care plans where this was possible and relatives were consulted to ascertain the wishes of residents who were cognitively impaired. The general practitioner (GP) was involved in advising and supporting residents and relatives if required. The person in charge said that the GP was very knowledgeable in palliative care and in symptom control for residents who required this.

Religious and cultural practices were respected and services were held in the centre weekly. Family and friends were facilitated to be with the resident when they were at the end of life stage

**Judgment:**
Compliant

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

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

**Findings:**
There was an up-to-date policy for adult protection. Inspectors reviewed staff training records and saw evidence that most staff had received up to date mandatory training on detection and prevention of elder abuse with the exception of three new staff who were scheduled for training in the next number of weeks. Staff interviewed were familiar with the policy and knew what to do in the event of an allegation, suspicion or disclosure of abuse, including whom to report incidents to. There was evidence that all allegations of abuse in the centre had been documented, investigated, appropriate action taken and
notified in accordance with regulatory requirements. Since the previous inspection the inspectors saw great improvements in the recording, management and follow through on all episodes of peer and peer abuse which were all comprehensively managed.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. Inspectors reviewed the systems in place to safeguard residents’ finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked safe in the administration office, all lodgements and withdrawals were documented in a ledger and a running balance was maintained. All entries were signed and checked by two staff and there were regular audits of accounts and receipts by the accounts department. The inspectors noted that receipts for external services such as hairdressing, chiropody and private physiotherapy were not countersigned by the unit staff to ensure residents had received the service they were being invoiced for. The inspectors also saw that the centre was a pension agent for a number of residents and a sample of records viewed showed that pensions were paid directly into the nursing home account. The department of social protection requires that the full amount must be paid to the resident before any deductions can be made. However a number of these residents did not have personal bank accounts and inspectors saw that sums of money were being paid into and held within the nursing home account and not in a separate resident account. The provider deducted the money required for their care and generally returned the money to resident in block payments. This goes against the requirements of the social welfare which requires the balance of payment to be lodged to an interest bearing account for the resident. It also requires that there should be clear separation between the residents account and that of the service. The administrator advised the inspectors that they were in the process of setting up individual accounts wherever they could and paying balances into residents own accounts. However the inspector did see some residents continued to have substantial balances in the nursing home account.

A policy on managing responsive behaviours was in place. The inspector saw training records which showed that staff had undertaken dementia training in conjunction with responsive behaviours and specialist dementia training. There was evidence that efforts were made to identify and alleviate the underlying causes of behaviour that posed a challenge. The support of the community psychiatry service was availed of as appropriate to residents needs as outlined under Outcome 1. From discussion with the person in charge and staff and observations of inspectors there was evidence that residents who presented with responsive behaviours were responded to by staff in a very dignified and person-centred way. Records of residents who presented with responsive behaviours were reviewed by the inspector who found that these were managed well by the staff using effective de-escalation methods as outlined in residents’ care plans. As described in Outcome 1 all staff now had easy access to these care plans ensuring consistency of care.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. Inspectors saw and the person in charge and staff said they promoted a reduction in the use of bedrails, at the time of the inspection there was had been a reduction in bedrail usage. Inspectors saw that alternatives such as low low beds, crash mats, and bed alarms were in use for a number of residents with further introduction of bed wedges to reduce the
number of bed-rails in use. However this needed to be kept under review to further reduce bedrail usage in the centre. Assessments and regular checks of all residents were being completed and documented. However the inspectors saw that an assessment for bedrails for a new resident had not been completed fully and was advisory against the use of bedrails. This was rectified during the inspection. There had also been a reduction in the use of chemical restraint and regular monitoring of same was taking place.

**Judgment:**
Non Compliant - Moderate

---

**Outcome 03: Residents' Rights, Dignity and Consultation**

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

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

**Findings:**
Residents and their relatives were provided with opportunities to provide feedback via satisfaction questionnaires and advocacy services were available for residents. Inspectors noted that a survey had been completed in relation to residents’ satisfaction with services and the dining experience provided in the centre. Inspectors noted that the respondents to this survey generally reported good levels of satisfaction with the services provided but issues were also identified where residents were not satisfied which the centre is working to rectify.

Staff were observed communicating appropriated with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Effective communication techniques were documented and evidenced in some residents care plans. New communication boards had been purchased. Staff were observed treating residents and speaking about residents in a courteous and respectful manner. Inspectors observed residents’ privacy and dignity being respected by staff as well as staff promoting residents’ independence. Inspectors noted that a number of bedrooms had a shared en-suite that opened into each bedroom. Since the last inspection signage has been put on the door advising that that the bathroom could be accessed from either room and to ensure the door was locked to prevent the resident in the next room entering the bathroom when in use.

The centre was suitably resourced with adequate daily entertainment and leisure facilities such TV, radio and newspapers. Activities were available in the centre such as bingo, sensory sessions, physical activities sessions, pub afternoons, spa sessions and arts and crafts. Inspectors saw residents participating in and enjoying the various activities and residents told the inspectors how much they enjoyed them. As part of the inspection, the inspectors spent periods of time observing staff interactions with residents. The inspectors used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspectors spent time observing interactions during the afternoon on the first day and morning of the second
day. These observations took place in the communal rooms. Overall, observations of the quality of interactions between residents and staff in the communal area for a selected period of time indicated that the majority of interactions were of a positive or neutral nature with some good interactions seen between staff and residents. However the inspectors found that there were long periods of time where there were no interactions between residents and staff and overall the inspectors identified a lack of staff supervision in sitting and communal rooms. This is further discussed and the action required is under Outcome 5 staffing.

There was evidence available that indicated residents were consulted with and participated in the organisation of the centre as residents had been provided with opportunities to join the residents’ committee meetings. A residents' meeting takes place in the centre approximately on a quarterly basis. This is chaired by one of the activities coordinators. Items discussed included laundry, housekeeping, meals, activities, staff, recent events that took place and issues that have arisen for residents. Staff informed inspectors that for the other residents, the activities coordinators would visit the residents in their bedrooms and these residents would be able to raise any issues with the activities coordinators who would then look to resolve the issue. There was evidence that the issues raised by individual residents were documented and evidence available that these were followed up and resolved. A number of residents on one unit complained about the food and a special meeting with the chef was organised to resolve the issues.

There was a good level of visitor activity throughout the days of inspection with visitors saying they felt welcome to visit. The inspectors met and spoke with a number of visitors who indicated that they had open access to visit their relatives. There were a number of areas throughout the centre where residents could receive visitors in private and further areas had been made available since the previous inspection.

Residents were facilitated to exercise their civil, political and religious rights. Staff confirmed that residents can vote in the centre if they wish while some residents prefer to go to their own constituency to vote. Residents' religious preferences were ascertained and facilitated.

**Judgment:**
Compliant

---

### Outcome 04: Complaints procedures

<table>
<thead>
<tr>
<th>Theme:</th>
<th>Person-centred care and support</th>
</tr>
</thead>
</table>

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

**Findings:**
Inspectors viewed the policy and procedure for dealing with complaints in the centre. The complaints process was displayed in a prominent position in the centre near the
reception area and on all floors of the building. The person nominated to deal with complaints was detailed on the complaints process and details for the internal appeals person as well as the ombudsman were made available. The policy also outlined a nominated person to ensure that all complaints are appropriately responded to and to ensure the complaints officer maintains the required records as outlined in the regulations.

Improvements were seen in the overall recording and management of complaints since the previous inspection. The inspector reviewed the complaints log and found that complaints were all comprehensively recorded. Details of investigations into any complaints were documented and the outcome and the satisfaction or otherwise of each complainant was recorded. If complaints involved staff these were also dealt with through disciplinary processes if necessary.

**Judgment:**
Compliant

### Outcome 05: Suitable Staffing

**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. Each unit had a CNM in charge supported either by a senior nurse or second CNM. There was evidence of good communication amongst staff with staff attending handover and regular staff meetings. Inspectors viewed minutes of staff meetings and noted that relevant issues were discussed.

Inspectors reviewed a sample of staff rosters, observed practices and conducted interviews with a number of staff. There was a nurse on duty at all times. Staff were generally supervised appropriate to their role. Since the last inspection there were a number of new nursing staff and the nursing compliment was stable. As required from the last inspection the staffing levels in the early evening had increased to three staff on the two units where there were only two staff. This extra member of staff was on duty until 21.00hrs to ensure safe care to residents and to ensure individualised practices in relation to choice of bedtimes and care practices were facilitated. It was also there to facilitate the nurse on duty to administer the night time medications without being disturbed. Staffing levels on the unit where there were high numbers of residents with dementia had also been increased since the previous inspection. However the inspectors found that staffing levels continued to require review as discussed in Outcome 3, due to the size and layout of the building there appeared to be a lack of staff available in the
day rooms on the units to provide assistance and supervision of the residents at all times during the day and evening. A number of resident and relatives identified concern about staffing levels to the inspectors and in the resident's survey.

Records indicated that education and training was available to staff to support them in the provision of evidence-based care. Records indicated that New staff’s mandatory training was booked in the coming weeks. Staff spoken with were aware of the policies and procedures about the general welfare and protection of residents. Staff were also aware of the Health Act 2007, regulations and standards and could access these if required.

There was a human resources manager and team of human resources personnel employed as part of the overall Carechoice management team who oversaw all aspects of recruitment and human resources. An up-to-date and centre-specific recruitment policy and procedures was in place and there was evidence that it was generally adhered to. Inspectors reviewed a sample of the records that are to be maintained for staff, as per Schedule 2 of the Regulations, and although records were well organised there were no references on file for a staff nurse who was relatively newly recruited to the service. Staff files were being moved to electronic records and the person in charge had not had clinical oversight of staff files for recently recruited staff. This process was to change and the person in charge assured the inspectors that she will view all references going forward.

Judgment:
Non Compliant - Moderate

Outcome 06: Safe and Suitable Premises

Theme:
Effective care and support

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

Findings:
Carechoice Montenotte has been in operation as a designated centre since 2003 and has capacity to accommodate 111 residents. There are four floors each of which is a self contained unit provided with day rooms, kitchenette, dining room, staff areas, sluice rooms, assisted bathrooms, storage rooms, a treatment room and a nurse’s office. The centre is serviced by a fully functioning lift between all floors. The centre has a lower ground floor for laundry areas; the ground floor has staff areas, and areas for catering and waste, visitor’s canteen, reception and administrative offices as well as bedrooms on dedicated corridors. All floors can be accessed by stairs or a lift and records showed the lift was serviced on a regular basis.

There had been substantial building and renovation works taking place in the centre for
a number of years which included extensive fire works, new flooring on the corridor areas and in some bedrooms. Smaller twin rooms were reconverted to single rooms, the entrance to the dining room on three floors had been changed to facilitate easier access for residents and there had been a comprehensive programme of painting and redecoration throughout. The outdoor seating area had been developed at the entrance to the building which was seen to be enjoyed by residents and relatives alike on the previous inspection. On this inspection a further enclosed secure garden area had been developed at the front garden of the centre. This included handrails for mobile residents and a safe ramp and walkway for residents in wheelchairs. Outdoor seating and raised flower beds will feature in the garden area which has three secured means of entrance and exit. Further staff rooms and changing facilities have also been put in place since the previous inspection and the smoking room for residents had been relocated to a smaller room freeing up a larger room for a further sitting and visitors room. A sensory room was put in place on the unit where there was a high number of residents with dementia as well as a reminiscent room decorated with old fashioned furniture, fire place and a radio.

The inspectors did note that the layout of the building with long corridors on each unit posed difficulties for residents with dementia to orientate themselves. The providers had put in place new signage which included pictures and visual cues to assist residents with perceptual difficulties to locate facilities independently. Murals and textured pictures were in place on walls to break up long corridors and to provide stimulation for residents. The inspectors noted that there were also pictures and signs on some residents bedrooms to assist them to locate their room. The use of soft furnishings and wallpaper in some units provided a more comfortable and homely environment. The person in charge said this was to be rolled out to all units in the coming months. The inspectors noted that on some units walls in parts of the corridor were scuffed and in need of redecoration.

The necessary assistive equipment was available such as commodes, hoists, wheelchairs and specialised seating and records indicated that equipment was well maintained and serviced frequently. There were appropriate beds and mattresses to meet residents’ needs and in shared bedrooms there was adequate screening curtaining. Some of the residents had personalised their bedrooms with family photographs, pot plants and favourite ornaments. A high level of cleanliness and hygiene was maintained in the centre. Cleaning staff were working in an unobtrusive manner which did not disturb residents. Calls bells were provided in all bedrooms but not in all communal areas.

Most of the actions from the previous inspection in relation to premises had been completed. However inspectors identified a number of areas with the premises that continued to require improvement. Storage for equipment was limited and wheelchairs, hoists and specialist chairs were seen stored inappropriately under stairways, in day rooms and outside the lift. Items of furniture were seen to be inappropriately stored in escape routes. The inspectors noted that on some units walls in parts of the corridor were scuffed and in need of redecoration. Calls bells were provided in all bedrooms but not in all communal areas.

Judgment:
**Closing the Visit**

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

**Acknowledgements**

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

**Report Compiled by:**

Caroline Connelly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority
Provider’s response to inspection report

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Carechoice Montenotte</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000253</td>
</tr>
<tr>
<td>Date of inspection:</td>
<td>12/12/2017</td>
</tr>
<tr>
<td>Date of response:</td>
<td>16/01/2018</td>
</tr>
</tbody>
</table>

**Requirements**

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

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

**Outcome 02: Safeguarding and Safety**

**Theme:**
Safe care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
The inspectors noted that receipts for external services such as hairdressing, chiropody and private physiotherapy were not countersigned by the unit staff to ensure residents had received the service they were being invoiced for.

The system in place to manage some residents accounts where the provider is a pension agent is not sufficiently robust to safeguard the resident's monies.

---

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

**Please state the actions you have taken or are planning to take:**
A system has been put in place to ensure that Unit Staff countersign for services that have been provided.
A system has been put in place and is in progress to ensure that the management of Residents finances are in order according to best practice. Bank accounts are being opened for a number of residents in their own names to facilitate this.

**Proposed Timescale:** 31/03/2018

## Outcome 05: Suitable Staffing

**Theme:**
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
The provider was required to keep the staffing levels under review to ensure adequate supervision of all areas of the service.

2. **Action Required:**
Under Regulation 15(1) you are required to: Ensure that the number and skill mix of staff is appropriate to the needs of the residents, assessed in accordance with Regulation 5 and the size and layout of the designated centre.

**Please state the actions you have taken or are planning to take:**
A full review of the care needs of our residents is undertaken on a regular basis. As part of this review it has been decided to provide an additional 6 care hours on the Dementia friendly unit.

**Proposed Timescale:** 15/01/2018

**Theme:**
Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Inspectors reviewed a sample of the records that are to be maintained for staff, as per Schedule 2 of the Regulations, and although records were well organised there were no references on file for a staff nurse who was relatively newly recruited to the service.

3. **Action Required:**
Under Regulation 21(1) you are required to: Ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by
the Chief Inspector.

**Please state the actions you have taken or are planning to take:**
The staff member in question had 2 completed records of service supplied from her previous employers. They have now supplied satisfactory reference for her. A system has been put in place for the Director of Nursing to have clinical overview of the references all newly employed staff prior to their commencement date.

**Proposed Timescale:** 15/01/2018

---

**Outcome 06: Safe and Suitable Premises**

**Theme:**
Effective care and support

**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**
Inspectors identified a number of areas with the premises that continued to require improvement.

Storage for equipment was limited and wheelchairs, hoists and specialist chairs were seen stored inappropriately under stairways, in day rooms and outside the lift. Items of furniture were seen to be inappropriately stored in escape routes.

The inspectors noted that on some units walls in parts of the corridor were scuffed and in need of redecoration.

Calls bells were provided in all bedrooms but not in all communal areas.

**4. 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:**
Non essential equipment has been removed to an external storage area.

A plan had been put in place for repainting areas of corridors where needed.

A full review of the Call bell system has been undertaken and the additional call points have been ordered.

**Proposed Timescale:** 31/03/2018