<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Carechoice Macroom</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000209</td>
</tr>
<tr>
<td>Centre address:</td>
<td>Gurteenroe, Macroom, Cork.</td>
</tr>
<tr>
<td>Telephone number:</td>
<td>026 42 366</td>
</tr>
<tr>
<td>Email address:</td>
<td><a href="mailto:macroom@carechoice.ie">macroom@carechoice.ie</a></td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Carechoice (Macroom) Limited</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Paul Kingston</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Caroline Connelly</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>None</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>61</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
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**About monitoring of compliance**

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

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

Regulation has two aspects:

- **Registration:** under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- **Monitoring of compliance:** the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

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

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

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

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

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

The inspection took place over the following dates and times
From:  
19 September 2017 09:30  
20 September 2017 10:00  
To:  
19 September 2017 18:15  
20 September 2017 16:30

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

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Our Judgment</th>
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<tbody>
<tr>
<td>Outcome 01: Statement of Purpose</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 02: Governance and Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 03: Information for residents</td>
<td>Compliant</td>
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<tr>
<td>Outcome 04: Suitable Person in Charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 05: Documentation to be kept at a designated centre</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 06: Absence of the Person in charge</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 07: Safeguarding and Safety</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 08: Health and Safety and Risk Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 09: Medication Management</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 11: Health and Social Care Needs</td>
<td>Substantially Compliant</td>
</tr>
<tr>
<td>Outcome 12: Safe and Suitable Premises</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 13: Complaints procedures</td>
<td>Compliant</td>
</tr>
<tr>
<td>Outcome 16: Residents' Rights, Dignity and Consultation</td>
<td>Non Compliant - Moderate</td>
</tr>
<tr>
<td>Outcome 18: Suitable Staffing</td>
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Summary of findings from this inspection
This report sets out the findings of an announced registration renewal inspection. The provider had applied to renew their registration which is due to expire on the 11 March 2018. As part of the inspection the inspector met with the residents, the person in charge, the provider, the Assistant Director Of Nursing (ADON), the senior nurse, relatives, the clinical director, the facilities manager, the head of Human Resources (HR), the administrator and numerous other staff members. The inspector observed practices, the physical environment and reviewed all governance, clinical and operational documentation such as policies, procedures, risk assessments, reports, residents' files and training records to inform this application.

The person in charge was an experienced nurse manager and the inspector
interacted with her throughout the inspection process. The ADON and Senior Nurse were fully involved in all aspects of the management of the centre and interviews were conducted with them during the inspection. The ADON deputised in the absence of the person in charge. The inspector was satisfied that there was a clearly defined management structure in place. The provider, person in charge and the staff team displayed good knowledge of the regulatory requirements and they were found to be committed to providing person-centred evidence-based care for the residents. The management team were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements in the centre and plans for further development which are discussed throughout the report.

A number of quality questionnaires were received from residents and relatives and the inspector spoke to many residents and relatives throughout the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Comments from residents included "Staff are wonderful, food is excellent, very good entertainment and very good support staff." "I am very comfortable, the food is good and the staff are friendly" Relatives stated that the "resident is well looked after and has a lovely clean room"," it is homely and the staff are like family " they are being looked after well". One family would like more one to one family involvement and consultation in the residents care. Another relative would like to see the sitting room her relative sits in redecorated. These issues were looked into and discussed further in the body of the report. Family involvement was encouraged with relatives and residents stating they are welcomed at any time. The inspector saw numerous visitors in and out of the centre during the two day inspection. There was a residents committee which facilitated the residents’ voice to be heard and this was run by the activity staff.

The inspector found the premises; fittings and equipment were clean. The centre is going through a full refurbishment which includes painting and renovations of day rooms, dining rooms, en-suites, bedrooms and other areas of the centre. Bedroom doors were all individually painted in bright colours, each had a number, a letter box and a knocker which gave the appearance of individual front doors. Plans were in place to replace flooring and many wardrobes. New Signage was in place throughout the centre and was complimented by all.

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

The inspector identified aspects of the service requiring improvement to enhance the findings of good practice on this inspection. These included ensuring the privacy and dignity of residents was maintained at all times and issues with the premises and size and layout of some bedrooms. These are discussed under the outcome statements. The related actions are set out in the Action Plan under the relevant outcome.
These improvements are required to comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland 2016. The provider was required to complete an action plan to address these areas.
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:
A detailed Statement of Purpose was available to both staff and residents. It contained a statement of the designated centre’s aims, objectives and ethos of care. It accurately described the facilities and services available to residents, and the size and layout of the premises. The inspector observed that the statement of purpose was clearly reflected in practice and the manner in which care is provided reflects the diverse needs of the residents.

The statement of purpose was kept under review and was found to meet the requirements of legislation.

Judgment:
Compliant

Outcome 02: Governance and Management

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

Theme:
Governance, Leadership and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.
Findings:
The centre is one of a number of centres owned and operated by the CareChoice group. The inspector found that there was a clearly defined management structure in the centre that outlined the lines of authority and accountability. The person in charge was supported in her role by an ADON and a senior nurse. The person in charge reported to the groups clinical director and to the provider nominee. There were regular management meetings held in the centre that were attended by the person in charge, the provider nominee, the clinical director, chief financial officer, facilities manager and human resources manager. Minutes of these meetings were available for review and indicated that issues discussed included staffing levels, staff training and all managerial aspects of the running of the centre. The person in charge met formally with nursing staff, care staff, catering and household staff and informally on a daily basis with staff and minutes of staff meetings were seen. Staff reported that the person in charge and management team were very approachable and supportive.

The management team and staff demonstrated a commitment to continual improvement and quality assurance. There was evidence of on-going quality improvement strategies and monitoring of the services. The auditing programme was well established with key performance indicators (KPIs) collected weekly and reviewed monthly. There was a monthly programme of audits where different areas were audited on different months. The schedule of audits included audits of falls, medication management, responsive behaviours, psychotropic medications, end of life, restraint, privacy and dignity, nutrition and infection control. There was evidence of actions taken in response to issues identified such as reduction in restraint usage, more low profiling beds provided in response to fall's and reduction of restraint usage. There was evidence of resident and relative involvement and consultation through resident and relative satisfaction surveys. Results of these surveys which were very positive were correlated and featured in the annual review and actions were taken in response to any issues identified. Regular residents meetings were held and a number of residents told the inspector how useful they found these meetings to ensure their voices were heard and they were involved in the running of the centre. There was also evidence of good consultation with residents and relatives via resident/relative questionnaires that were provided as part of the registration inspection. The person in charge and staff were identified as being very supportive and approachable to residents and relatives who responded to the questionnaires and also by relatives and residents who spoke to the inspector.

The management team had completed a very comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2015. The annual review outlined service developments, building works, audits undertaken, staff training, complaints, results and feedback from resident and relatives’ surveys. It outlined the improvements made in 2016 and outlined the quality improvement plan for 2017. The actions required from the last HIQA report undertaken in October 2016 were outlined and detailed the actions taken by the centre to address non-compliances. There was evidence of a proactive approach to regulation and actions required at the last inspection were generally completed. There had been ongoing recruitment, induction and training of staff, improvements were seen in the décor of the centre and the centre was seen to be much more dementia friendly. Plans were seen to ensure all improvements identified for 2017 would be completed and the inspector saw
that these were in progress.

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

**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:**
Each resident had a written contract of care that provided details of services to be provided for that resident and the fees to be charged. The inspector reviewed a sample of residents' written contracts which had been agreed within a month of admission. Each resident’s contract addressed the care and welfare of the resident in the centre. The contracts set out the services and the fees to be charged for services provided in the centre. The contracts of care had been updated to detail the room that residents occupied and detailed the costs of additional charges such as the social programme, hairdressing, staff escorts to appointments and other services that incurred additional charges. The inspector did note that there were different charges for different residents and the rational for that was not outlined.

The provider had revised the residents' guide to the centre and produced it in a very user-friendly colourful booklet; this was made available to all residents and an enlarged copy was available for view in the reception area.

**Judgment:**
Compliant

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

**Theme:**
Governance, Leadership and Management
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The designated centre was managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the service provided.

The person in charge worked full-time in the centre. She was a registered nurse with extensive experience in care of the older person. She has been the person in charge of the centre for a number of years and has managed the developed the centre throughout that time. The person in charge demonstrated knowledge and understanding of the regulations and the national standards as well as the clinical knowledge to ensure suitable and safe care. Clear management and accountability structures were in place. The person in charge was engaged in the governance, operational management and administration associated with her role and responsibilities.

There was evidence that the person in charge had a commitment to her own continued professional development and had completed many courses to keep her knowledge base current. She also provided training and education to staff.

Based on interactions with the person in charge over the two days of the inspection and the findings of this inspection, the inspector was satisfied that she demonstrated sufficient clinical knowledge, knowledge of the legislation and knowledge of her statutory responsibilities. Staff residents and relatives all identified her as the person with responsibility and accountability for the service and said she was very approachable and supportive to them.

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):
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 designated centre had implemented 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 and these are reviewed and updated at intervals not exceeding three years as required by Regulation 4. The inspector viewed the insurance policy and saw that the centre is adequately insured against accidents or injury to residents, staff and visitors.

The head of HR informed the inspector that they had really tightened up on their recruitment process and no staff commenced employment until satisfactory Gardaí vetting, references and all the requirements of schedule 2 of the regulations had been attained. The inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

The inspector was satisfied that the records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were maintained.

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 designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Governance, Leadership and Management

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

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

Suitable deputising arrangements were in place to cover for the person in charge when she was on leave. The ADON who works full time in the centre was in charge when the person in charge is on leave. The inspector met and interviewed the ADON during the inspection. The senior nurse was also interviewed during the inspection both nurses
demonstrated an awareness of the legislative requirements and their responsibilities and were both found to be suitably qualified and experienced registered nurses.

The ADON and senior nurse were in charge at weekends and the person in charge was available for advice as required.

**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. 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 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. There was evidence that all allegations of abuse in the centre had been documented, investigated, appropriate action taken and notified in accordance with regulatory requirements.

The centre maintained day to day expenses for a number of residents and the inspector saw evidence that complete financial records were maintained. The inspector reviewed the systems in place to safeguard residents’ finances which included a review of a sample of records of monies handed in for safekeeping. Money was kept in a locked safe in the administration office, all lodgements and withdrawals were documented in a ledger and a running balance was maintained. All entries were signed by the resident where possible and checked and signed by two staff. However the inspector saw that the same signing and checking process was not in place for a resident who the centre acted as pension agent for. This resident received money from their account lodged against petty cash but there was no checking and signature from two staff. This was immediately rectified during the inspection and adequate records were put in place.
There were regular audits of accounts and receipts by the accounts department. The provider was a pension agent for a number of residents and a sample of records viewed indicated good records of financial transactions. However these residents did not have personal bank accounts and the inspector saw that their pensions were being paid into the nursing home account and not into a separate resident account. Payment for residents care was deducted and the remaining money was returned to the resident but this was often on a very infrequent basis. The inspector saw clear records of the return of this money however it had built up to a substantial amount. The department of social protection requires that the full amount of the pension must be paid to the resident before any deductions can be made. It requires that the balance of payment is 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 provider assured the inspector that they would look to open separate accounts for the residents.

A policy on managing responsive behaviours was in place. The inspector saw training records and the ADON explained that they have introduced and combined specialist training in responsive behaviours and dementia training. A number of staff have also undertaken training in Management of Actual or Potential Aggression (MAPA) and will provide this training to all staff. This training equips staff with safe and effective physical interventions to manage the more challenging and aggressive behaviour experienced from time to time in the centre. 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. From discussion with the person in charge and staff and observations of inspector there was evidence that residents who presented with responsive behaviours were responded to by staff in a very dignified and person-centred way. Staff used effective de-escalation methods. Since the previous inspection a lot of work had been undertaken in this area and the inspector saw detailed assessments identifying triggers and responsive behaviour care plans which were used to direct care to ensure a consistent approach to responsive behaviours is undertaken by all staff.

There was a centre-specific restraint policy which aimed for a restraint free environment and included a direction for staff to consider all other options prior to its use. The inspector saw that the person in charge and staff promoted a reduction in the use of bedrails, at the time of the inspection there was a significant reduction in number of bedrails in use since the previous inspection. The inspector saw that alternatives such as low low beds, crash mats, and bed alarms were in use for a larger number of residents. Assessments and regular checks of all residents were being completed and documented. There had also been substantial work on-going on the reduction in the use of chemical restraint over the last year and regular monitoring of same was taking place.

**Judgment:**
Substantially Compliant

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**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:
There were arrangements in place to review accidents and incidents within the centre, and residents were regularly assessed for risk of falls. Care plans were in place and following a fall, the risk assessments were revised and care plans were updated to include interventions to mitigate risk of further falls.

The fire policies and procedures were centre-specific. The fire safety plan was viewed by the inspector and found to be comprehensive. There were notices for residents and staff on “what to do in the case of a fire” 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 various dates during 2016 and 2017. There was suitable fire equipment provided in the centre. Records were available to the inspector that showed the fire alarm was serviced on a quarterly basis and also checked weekly to ensure it is in working order. Fire safety equipment had been serviced as per the Regulations and certification was available for the review completed on the 17 January 2017. All staff spoken to were found to be aware of what to do in the event of a fire. The fire register was maintained and showed daily checks of the fire escape routes and alarm panel. Fire drills were completed on a very regular basis and there was documentary evidence of frequent fire drills undertaken during the day and at night time, response time and learning from same was also documented.

Emergency lighting was serviced quarterly and there were records of the last service which was 31 August 2017. A designated smoking area outside was provided for residents and this was equipped with a fire fighting blanket, call bell, smoking aprons and metal ashtrays. The person in charge said the number of residents that smoke had recently reduced substantially and there was now only one current resident who smokes.

The centre had an up-to-date health and safety statement and comprehensive policies and procedures were in place relating to health and safety. 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 covered 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 handing risks. As part of the continuous monitoring of safety of services, the health and safety committee met regularly and members included heads of each department. A comprehensive health and safety checklist audit was undertaken each month for the protection of residents and staff. Responsibilities were assigned for each issue identified in the audits and these were followed up in the subsequent meeting.
There were arrangements in place for responding to emergencies and the inspector saw that there were suitable arrangements in place if there was a need to evacuate residents which were prominently displayed throughout the centre. Arrangements were also in place with the local sports centre and a local hotel to accommodate residents in an emergency situation if they were unable to return to the centre following evacuation.

There were arrangements in place for maintaining a safe environment and a visitors’ book was in place for visitors to sign in and out. A reception desk was in the main entrance to the building where staff working at reception had full view of visitors coming and going in the centre. There were grab-rails in place in toilet/bathroom areas and handrails on corridors and safe walkways were seen in the outside areas. Access to high risk areas such as the sluice room and treatment room was restricted.

There was a current policy in place for infection prevention and control. There were hand-sanitising units throughout the centre and wash hand basins were readily accessible. Advisory signage for best practice hand washing was displayed over hand-washing basins. Gloves and aprons were available as required and hand hygiene and infection control training was provided to staff. Regular audits of infection control and hand hygiene were undertaken and evidence of corrective actions taken as required.

Staff training records confirmed that staff had up-to-date trained in safe moving and handling practices.

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

**Findings:**
There were written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. The inspector observed two nurses administering the lunch time medications, and this was carried out in line with best practice. Medications were prescribed 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 one of the nursing staff which accorded with the documented records. Photographic identification was in place for all residents as part of their prescription/drug administration record chart.
Medication trolleys were securely maintained within the secure treatment rooms. Medications that required crushing were seen to be individually prescribed as such and signed by the GP. As required medications stated frequency of dose therefore ensuring there was a maximum dose in 24 hours that could not be exceeded.

Medications were supplied and administered from a monitored dosage system and there were references available for the nurse to confirm prescribed medication in the compliance aid in the event of needing to withhold or replace a medication that was dropped. There was a system in place for reviewing medications on a three monthly basis by the GP this was documented in residents’ notes.

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

Medication training was provided to staff and the ADON completed medication competency assessments with the nursing staff. Medication errors were recorded and there was evidence of appropriate investigations and actions taken following identification of any error to ensure the safety of the resident.

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

**Findings:**
Residents had a choice of General Practitioner (GP) and some residents continued to have their medical care needs met by their GP prior to their admission to the centre. Residents also had access to allied healthcare professionals including physiotherapy, occupational therapy, dietetic, speech and language therapy, dental, podiatry and ophthalmology services. Physiotherapy was provided in house generally via group exercise sessions and individual assessments and mobility plans put in place.
Occupational therapy services were available through the local community. Residents in the centre also had access to the specialist mental health of later life services who provided services to review and follow up residents with mental health needs and residents who displayed behavioural symptoms of dementia.

The centre had recently moved to a computer system of assessment and care planning. The inspector saw that residents had a comprehensive nursing assessment completed on admission. The assessment process involved the use of a variety of validated tools to assess each resident’s risk of deterioration. For example, risk of malnutrition, falls, level of cognitive impairment and pressure related skin injury among others. There was evidence that non-verbal residents experiencing pain had a pain assessment completed using a validated assessment tool. Pain charts in use reflected appropriate pain management procedures. Each resident had a care plan developed within 48 hours of their admission based on their assessed needs. There were care plans in place that detailed the interventions necessary by staff to meet residents’ assessed healthcare needs. They generally contained the required information to guide the care and were regularly reviewed and updated to reflect residents’ changing needs and were person centred and individualised. However there was currently no way that the care staff could access the care plans on the computer system. This was particularly important when it came to responsive behaviour care plans as all staff need to be fully aware of how to respond to ensure a consistent approach is adopted.

Nursing staff and health care assistants spoken with were familiar with and very knowledgeable regarding residents up to date needs. Residents and their families, where appropriate were involved in the care planning process, including end of life care plans which reflected the wishes of residents, relatives told the inspector they found this involvement very beneficial.

Residents at risk of developing pressure ulcers had care plans and pressure relieving mattresses and cushions to prevent ulcers developing. Nursing staff advised the inspector that there were no residents with pressure sores or major wounds in the centre at the time of inspection but they had a number of residents who were very prone to pressure sore formation and appropriate measures were seen to be in place for those residents. Staff had access to support from the tissue viability nurse as required.

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. Residents' weights were checked on a monthly basis and more frequently if evidence of unintentional weight loss was observed. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were complimentary about the food provided. There was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Inspectors spoke to the chef who confirmed nursing staff gave him a up-to-date detailed list of all residents dietary requirements, including special diets, textures likes, dislikes and grades of fluids. Mealtimes in the three dining rooms was observed by inspectors to be a social occasion. Tables were attractively set and staff sat with residents while providing encouragement or assistance with their meal. 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
inspectors confirmed this to be the case. Nutritional supplements were administered as prescribed. All staff were aware of residents who required specialised diets or modified diets and were knowledgeable regarding the recommendations of the dietician and SALT.

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

Findings:
The design and layout of the centre generally fitted with the aims and objectives set out in the statement of purpose. The centre comprised of four floors with residents’ accommodation located on three. The premises could accommodate a maximum of 62 residents and each floor was named after a local amenity. residents’ accommodation comprised 39 single and 10 twin bedrooms, all with toilet, shower and hand-wash basin en suite facilities; three single rooms with wash-hand basins. The fourth floor was located in the basement and this comprised the laundry, staff dining and changing facilities, separate storage areas each for clinical, general and dry food items. There was lift access to each floor, but residents and visitors could not access the basement as this was password protected. There was stairs access to each floor with sunrooms located on the ground and first floors with comfortable seating and views of the countryside, golf course and playing pitches. There was occasional seating throughout the centre for residents to relax. Residents’ accommodation that was located on three floors was as follows:

Ground floor – Bealick – 12 single bed rooms, dining room, day room, activities’ room, hair salon, assisted bathroom, two additional assisted toilets; kitchenette, treatment room and nurses’ station.
First floor – Gearagh North and South – 24 single and five twin bedrooms, dining rooms x two, dayrooms x two, smoking room, five assisted toilets, one assisted shower; main kitchen, person in charge’s office, nurses’ station x two and treatment room
Second floor – Mountmassey – six single and five twin bedrooms, a day room and nurses’ station. Some of the twin bedrooms were noted to be small in size and didn't
have the room to ensure residents could have room for a locker and a comfortable chair by their beds and in a couple of rooms there was a lack of wardrobe space in that wardrobes were small in size and could not accommodate much clothing. It would also not be possible for the staff to use any assistive equipment in these rooms if required. The size of one of the twin rooms is discussed in more detail in outcome 16 residents rights dignity and consultation.

Since the previous inspection a fully funded renovation plan had been put in place. The centre was being painted and decorated and new lighting had been installed. Bedroom doors were all individually painted in bright colours, each had a number, a letter box and a knocker which gave the appearance of individual front doors. Many en-suite bathrooms had been upgraded and plans were in place for all to be upgraded including new tiling and flooring. Plans were also in place to replace flooring and many wardrobes. The inspector saw these renovation plans and samples for new curtains and bedding. The plan was to make the centre more homely and comfortable and in keeping with the overall assessed needs of the residents who lived there. A number of bedrooms were seen to be very personalised. Since the last inspection high quality signage which included pictorial prompts was put in place throughout the centre and new comfortable chairs were seen in areas of interest dotted around the centre. The dining rooms were also upgraded and further work was on-going in day rooms.

There were safe secure outdoor spaces for residents which were accessed via the day rooms on the ground and first floors, with garden furniture, potted plants and raised flower beds with decorations created by residents as part of their arts and crafts activities. These areas were well maintained and free of hazards.

There were appropriate sluicing facilities on the first and second floor. They were securely maintained to prevent unauthorised access. Clinical and domestic waste was maintained here. The laundry was visited during the inspection and since the previous inspection this had been totally renovated with new flooring and a separate door put in to ensure the full separation of clean and dirty linen from an infection control point of view. The second entrance into the laundry provided separate entrance and egress for laundry. There was a comprehensive system of marking of laundry and residents and relatives were complimentary about how their clothing was laundered and returned to them.

**Judgment:**
Non Compliant - Moderate

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**Outcome 13: Complaints procedures**

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

**Theme:**
Person-centred care and support
Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector 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.

The inspector reviewed the complaints log and found that complaints were recorded and responded to. Details of investigations into any complaints were documented and the outcome and the satisfaction or otherwise of each complainant was recorded.

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

Findings:
Feedback from questionnaires distributed prior to the inspection, and interviews with residents and relatives during the inspection, confirmed that residents and relatives were generally happy with facilities and staff in the centre. Residents and relatives described CareChoice Macroom as “having excellent kind and considerate staff”, “my relative has received excellent care and is very settled and well looked after there”. Another relative said they “appreciated the motivation of all staff and their family member is happier there than she had been at home”. A resident stated that “there is no end to what the staff do for us here they are always on hand to listen to us”.

Management sought feedback from residents and relatives through annual surveys and a suggestion box was also placed at reception. Overall, there were high levels of satisfaction with how services were provided. Residents were consulted on how the
centre was planned and run through two monthly resident meetings. One of the residents told the inspector that he appreciated being able to have his opinion listened to at the residents meeting and felt he could bring issues forward for discussion and action was taken as a result of suggestions made. Minutes of meetings were seen by the inspector and there was evidence of actions taken as a result of issues raised and feedback given to residents at the next meeting. Staff informed the inspector 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 and since the previous inspection this feedback is now documented.

Residents were facilitated to exercise their civil, political and religious rights. A secure ballot box, brought to the centre under Garda supervision, enabled residents to participate in the election process. Residents were kept informed of local and national events through the availability of newspapers, radio and television. There were visits by local schools and providing entertainment for the residents. An advocate attended the centre regularly and chaired residents’ meetings. A rosary was said each day, communion was administered twice a week and mass was held every Tuesday and the inspector saw this taking place on the first day of the inspection. Other religions were facilitated with visits from their ministers as requested,

There were opportunities for residents to participate in activities that suited their assessed needs and interests. The centre employed two activities coordinators and a massage therapist who attended the centre weekly. The inspector saw that residents’ wishes were prioritised when planning activities and excursions. The activities coordinator and other staff confirmed that residents enjoyed frequent excursions to a gramophone circle in the local library every second week where residents can listen to classical music. Residents had also enjoyed outings to local areas of interest, shopping trips, afternoon tea out in the local hotel and trips to the pub. Local primary school students had also visited the centre a number of times in the last year and put on sketches and presentations for the residents and staff informed inspectors that residents thoroughly enjoyed these visits. There was a variety of other activities available to residents in the centre which were organised and facilitated by the activities coordinators. The weekly activity schedule included music, bingo, arts and crafts, fit for life exercises, newspaper reading, Sonas sessions and massage. Residents were also seen to enjoy the company of Cocoa, the activities coordinator's dog who visits the centre every day and two birds who are resident in one of the day rooms on the ground floor in the centre. The activities coordinator informed the inspector that residents with advanced dementia or cognitive impairment had access to one to one interaction and to special sensory groups. A sensory room was available in the centre which was also used for visitors. The inspector saw a wide variety of entertainment going on during the two days of the inspection.

An open visiting policy was in place at the centre. Visitors were seen to come and go at all times throughout the two day inspection. Visitors told the inspector and feedback from questionnaires stated that visitors were made welcome and there was no restriction on visiting. One relative commented on the lack of private space for visiting on the floor their relative was on. Communication and cognition care plans were available in resident’s records, which highlighted any hearing or visual impairment and
offered guidance to staff.

Positive interactions between staff and residents were observed during the inspection and staff availed of opportunities to socially engage with residents. Staff related to residents in a calm and engaging manner. Staff engaged in social conversation and the inspector noted that appropriate support was offered where required. Life stories were available for resident's and these life stories informed the activity plan and the daily choice of each resident. Residents with dementia received care in a dignified way that respected their privacy. Staff were seen to treat residents in a kind and respectful manner at all times and knocked before entering a resident's bedroom. Privacy and dignity was generally well respected, however there were a number of areas in the centre where residents privacy was compromised. 1) In one twin bedroom the beds were too close together, there was only space for a locker between the beds and the resident in the first bed would not have room to have an arm chair beside their bed. 2) Screening curtains in some of the shared rooms did not fully protect the residents privacy as they did not fully encircle the beds. 3) There were a small number of rooms that had a shared en-suite between two bedrooms, further consideration was required to ensure that residents knew when the bathroom was being used by the resident in the other bedroom.

**Judgment:**
Non Compliant - Moderate

### 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. Inspectors reviewed staff rosters which showed that the person in charge was on duty Monday to Friday. There were also two nurses on duty at all times and a third nurse on during the day. The inspector observed practices and conducted interviews with a number of staff. On the previous inspection there has been a shortage of nursing and healthcare staff in the centre. Since the last inspection a number of new nursing staff had commenced employment and the inspector saw that they were inducted and supervised in accordance with best practice in accordance with their previous experience. However the person in charge and HR manager confirmed that there continued to be a shortage of health care assistants despite intensive recruitment campaigns. The shortfall of care assistants was made up by agency care staff and nursing staff. The HR manager acknowledged the difficulties with the recruitment and retention of staff. She outlined to the inspector as she had at the previous inspection a number of recruitment and retention strategies they had adopted recently and felt this would go a long way to address some of the issues outlined but they were constantly looking for innovative ways to recruit and retain staff. The dependency levels of residents had increased and the inspector required that staffing levels be kept under constant review taking into account the size and layout of the building over three floors.

Staff appeared to be supervised appropriate to their role and responsibilities and this was enabled through the person in charge, ADON and senior nurse. However, the senior staff told the inspector that a lot of their time was taken up on the induction, training and supervision of new staff. Annual appraisals took place in the centre and staff said they were encouraged to undertake relevant training courses. A number of staff had undertaken train the trainer courses and were providing in house training in Dementia, responsive behaviours and elder abuse. Moving and handling, fire training and safeguarding will be provided in house in the near future. Staff confirmed that there was a good level of on-going training in the centre. Senior staff had undertaken a management development programme and nursing staff had attended clinical trainings on areas such as wound care, medication management and assessment and care planning. Records viewed by the inspector confirmed that staff had completed mandatory training in areas such as protection of vulnerable adults and knowledge of responsive behaviour, training in manual handling and fire safety was found to be up to date. Staff also attended training in areas such as the prevention of falls, infection control and end of life.

The inspector reviewed a sample of staff files which included the information required under Schedule 2 of the Regulations. Registration details with An Bord Altranais for 2016 for nursing staff were seen by inspector and all staff were vetted appropriate to their role.

**Judgment:**
Compliant
Closing the Visit

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

Acknowledgements

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

Report Compiled by:

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

<table>
<thead>
<tr>
<th>Centre name</th>
<th>Carechoice Macroom</th>
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<tbody>
<tr>
<td>Centre ID</td>
<td>OSV-0000209</td>
</tr>
<tr>
<td>Date of inspection</td>
<td>19/09/2017 and 20/09/2017</td>
</tr>
<tr>
<td>Date of response</td>
<td>10/11/2017</td>
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</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 07: Safeguarding and Safety

Theme:
Safe care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The system in place for the management of the finances of residents who the provider acted as a pension agent for was not sufficiently robust.

1. Action Required:
Under Regulation 08(1) you are required to: Take all reasonable measures to protect residents from abuse.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
Please state the actions you have taken or are planning to take:
A system has been put in place to ensure the management of residents finances is in accordance with best practise.

Proposed Timescale: 31/12/2017

Outcome 11: Health and Social Care Needs

Theme:
Effective care and support

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Care staff did not have access to care plans on the new computerised documentation system.

2. Action Required:
Under Regulation 05(1) you are required to: Arrange to meet the needs of each resident when these have been assessed in accordance with Regulation 5(2).

Please state the actions you have taken or are planning to take:
A copy of the residents care plan has been printed for HCAs. Touch care is commencing and HCA’s will have access to care plans at that time on an IT tablet.

Proposed Timescale: 31/12/2017

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:
Although a full plan of renovation was on-going in the centre there were a number of shared rooms that were small in size and it would not be possible for residents to have their bedside locker and a chair beside their beds. It would also not be possible for the staff to use any assistive equipment in these rooms if required.

3. 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:
Planning Permission has be en applied for to facilitate an alteration to the layout of bedrooms. Attached is a time bound costed plan of same.
**Proposed Timescale:** 31/07/2018

<table>
<thead>
<tr>
<th>Outcome 16: Residents' Rights, Dignity and Consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong> Person-centred care and support</td>
</tr>
<tr>
<td><strong>The Registered Provider is failing to comply with a regulatory requirement in the following respect:</strong></td>
</tr>
<tr>
<td>Privacy and dignity was generally respected, however there were a number of areas in the centre where residents privacy was compromised. 1) In one twin bedroom the beds were too close together, there was only space for a locker between the beds and the resident in the first bed would not have room to have an arm chair beside their bed. 2) Screening curtains in some of the shared rooms did not fully protect the residents privacy as they did not fully encircle the beds. 3) There were a small number of rooms that had a shared en-suite between two bedrooms; further consideration was required to ensure that residents knew when the bathroom was being used by the resident in the other bedroom.</td>
</tr>
<tr>
<td><strong>4. Action Required:</strong></td>
</tr>
<tr>
<td>Under Regulation 09(3)(b) you are required to: Ensure that each resident may undertake personal activities in private.</td>
</tr>
<tr>
<td><strong>Please state the actions you have taken or are planning to take:</strong></td>
</tr>
<tr>
<td>1. Planning Permission has been applied for to facilitate an alteration to the layout of bedrooms. Attached is a time bound costed plan of same.</td>
</tr>
<tr>
<td>2. New Screening curtains are on order and will be installed within next 6 weeks.</td>
</tr>
<tr>
<td>3. Signage is now in place to ensure residents know when the relevant bathroom is in use</td>
</tr>
</tbody>
</table>

**Proposed Timescale:** 31/07/2018