Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>CareChoice Clonakilty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0000230</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Cork</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>A Nursing Home as per Health (Nursing Homes) Act 1990</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>CareChoice Clonakilty Limited</td>
</tr>
<tr>
<td>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>Unannounced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>50</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
</tr>
</tbody>
</table>
About monitoring of compliance

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 Monitoring Compliance. This monitoring inspection was un-announced and took place over 2 day(s).

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

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
</tr>
</thead>
<tbody>
<tr>
<td>02 October 2018 10:15</td>
<td>02 October 2018 18:20</td>
</tr>
<tr>
<td>03 October 2018 08:40</td>
<td>03 October 2018 15:20</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Outcome 01: Health and Social Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 02: Safeguarding and Safety</td>
</tr>
<tr>
<td>Outcome 03: Residents’ Rights, Dignity and Consultation</td>
</tr>
<tr>
<td>Outcome 04: Complaints procedures</td>
</tr>
<tr>
<td>Outcome 05: Suitable Staffing</td>
</tr>
<tr>
<td>Outcome 06: Safe and Suitable Premises</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 Health Information and Quality Authority (HIQA). 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 2016 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

During this inspection the inspector 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 February 2017 and to monitor progress on the actions required arising from that inspection. The inspector met with residents, relatives, the person in charge, the Assistant Director of Nursing (ADON), the regional human resources manager, the care, quality and standards support officer, the Clinical Nurse Manager (CNM), the head chef, activity co-ordinator and numerous staff members during the inspection. The inspector 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 inspector 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 however, at the time of inspection there were 26 of the 50 residents residing in the centre with a diagnosis of dementia. The inspector observed that many of the residents required a good level of assistance and monitoring due to the complexity of their individual needs but also observed that many residents functioned at high levels of independence. Overall, the inspector found the person in charge and staff team were very committed to providing a high quality service for residents. The person in charge had completed a number of specialised courses in dementia care and in dementia training.

The inspector saw that residents’ overall healthcare needs were well met and they had access to appropriate medical and allied healthcare services. The quality of residents’ lives was 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 a staff member allocated to the function of activity co-ordinator and was assisted by a number of other staff such as the massage therapist and care staff who undertook the activity role in her absence. This team fulfilled a role in meeting the social needs of residents and the inspector observed that staff connected with residents as individuals. The inspector found that residents appeared to be very well cared for and residents and visitors gave positive feedback regarding all aspects of life and care in the centre. The inspector found that staff were knowledgeable about residents’ likes, dislikes and personal preferences. Staff interacted with residents in a respectful, kind and warm manner. The inspector spoke with residents, who confirmed that they felt safe and were happy living in the centre.

The person in charge had submitted a completed self assessment tool on dementia care to HIQA with relevant policies and procedures prior to the inspection. The person in charge and provider had assessed the compliance level of the centre through the self assessment tool and the findings and judgments of inspectors did not generally concur with the provider's judgments as further improvements had taken place in the centre since the completion of the assessment.

The overall atmosphere in the centre was homely, comfortable and in keeping with the overall assessed needs of the residents who lived there. Many bedrooms were seen to be very personalised. There were a number of changes and improvements to the premises since the previous inspection. New flooring was seen in the corridors and throughout the centre, new chairs, curtains, furniture and paintings were seen throughout the building. Rummage boxes and items of interest were seen at various locations throughout the centre and areas of comfortable seating along the corridors which were all in keeping with dementia specific design principals to enable residents with dementia to flourish in the centre. Improvements were seen in signage since the previous inspection with new signage on the toilets, bathrooms and communal rooms. However further improvements in directional signage was required in some parts of the centre to guide a resident around and particularly to support residents who had perceptual difficulties to be orientated to where they were. Improvements were also required in the maintenance of staff files and in the involvement of residents and relatives in planning and implementation of care. 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 Standards for Residential Care Settings for Older People in Ireland 2016.
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:
This outcome sets out the inspection findings relating to healthcare, assessments and care planning. The social care of residents with dementia is discussed in Outcome 3. There were a total of 50 residents in the centre on the days of this inspection, 21 residents had assessed maximum dependency needs, 10 had high dependency needs, 11 residents had medium dependency needs and 8 residents had low dependency needs. 26 residents had a formal diagnosis of dementia. The inspector observed that residents appeared to be well cared for, which was further reflected in residents’ comments that their daily personal care needs were well met. There was evidence that residents could keep the service of their own general practitioner (GP) and there were a number of different GP practices providing a service to the residents in the centre. The inspector saw that residents’ health status was reviewed regularly by the doctor including their medication. Medical records contained evidence of regular review and follow up. Residents’ additional healthcare needs were met. Physiotherapy services were available via fit for life exercise classes twice a week and an assessment was undertaken on all residents. If additional physiotherapy is required it is paid for privately. The chiropodist visited regularly and saw all residents as required. The inspector met both the physiotherapist and the chiropodist who were treating residents in the centre during the inspection. Dietician, speech and language and tissue viability services were provided by professionals from a nutritional company who were also contactable by telephone for advice as required. All residents have regular nutritional screening and regular weight monitoring.

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

The inspector focused on the experience of residents with dementia in the centre on this inspection. The inspector tracked the journey of four residents with dementia and also...
reviewed specific aspects of care such as nutrition, wound care and end of life care in relation to other residents.

The inspector saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. Each resident was assessed prior to admission to the centre by the person in charge or ADON using a structured assessment. 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 contained the required information to guide the care and were regularly reviewed and updated to reflect residents’ changing needs and at a minimum of every four months. Since the previous inspection the centre had changed to a computerised system of assessment and care planning documentation which staff had become familiar with. There was a keyworker allocation in relation to care plans which ensured that a named nurse had responsibility for a specific group of residents’ care plans. The inspector found that the care plans were person centred and individualised, however there were some overlap in care plans seen which could lead to errors. Nursing staff and health care assistants spoken with were familiar with and knowledgeable regarding residents up to date needs. Residents and relatives confirmed that they were well informed of changes to residents conditions or changes to care. However there was not documentary evidence of appropriate participated in care plan reviews by residents or where applicable their families.

End of life care plans which reflected the wishes of residents with dementia were seen in residents files. The vast majority of the residents who recently died had received full end of life care in the centre supported by the staff, GP's and if appropriate, the community palliative care team. There was evidence that the person in charge, the nursing team supported by residents’ GPs and in consultation with residents' families; had established practices to include care procedures that would prevent unnecessary or unsuitable hospital admissions. The was evidence of on-going discussions and planning for the end stage of life. The person in charge outlined how all concerned were working towards ensuring the prevention of unnecessary transfers of residents to the acute hospital and allow them to die with dignity in the centre.

The inspector noted that a detailed hospital transfer letter was completed when a resident was transferred to hospital. 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 at the time of inspection. Staff had access to support from the tissue viability nurse if required.

There were systems in place to ensure residents' nutritional needs were met, and that 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. There was close monitoring of any resident at risk unintentional weight loss and the inspector noted that suitable clinical reviews and/or intervention was provided as required. 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/records reviewed by the inspector confirmed this to be the case. Residents were provided with a choice of nutritious meals at mealtimes and all residents spoken to were very complimentary about the food provided. Meal choices were promoted and there was a good menu cycle in place and the dietician had been consulted regarding the development of the menu. The inspector spoke to the chef and catering staff and noted that there was an effective system of communication between nursing and catering staff to support residents with special dietary requirements. Appropriate provision and alternatives were provided for residents who required celiac and diabetic diets. Mealtimes in the dining rooms were observed by the inspector to be a social occasion. Staff sat with residents while providing encouragement or assistance with their meal. 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. Residents who required specialised diets, fortified meals and altered consistency meals were facilitated and staff members were aware of individual resident’s requirements. Altered consistency meals, such as pureed, were attractively plated and these residents had the same choice as other residents.

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.

There were centre specific up-to-date written operational policies advising on the ordering, prescribing, storing and administration of medicines to residents. Medicines were supplied to the centre by a retail pharmacy business. Medicines were stored securely in the centre in three separate locked medication trolleys or within locked storage cupboards within a secured clinic room. A secure fridge was available to store all medicines and prescribed nutritional supplements that required refrigeration, and temperatures were checked and recorded on a daily basis. Controlled drugs were stored securely and balances of all controlled drugs were recorded in the controlled drugs register. Nursing staff checked and documented the balances of all controlled drugs twice daily at the change of shift. Nursing staff were familiar with the procedure for disposing of unused or out of date medicines. Nursing staff were observed administering medicines to residents and the administration practice was in line with current professional guidance. Medication audits were conducted in the centre. The pharmacist supplying the centre attended regularly and there was evidence on the medication prescription sheets of regular review of medications by the GP’s.

**Judgment:**
Substantially Compliant
Outcome 02: Safeguarding and Safety

Theme:
Safe care and support

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

Findings:
Residents spoken to stated that they felt safe in the centre and were very complementary of the kindness and respect shown to them by all staff. The inspector saw that there was an easy rapport between staff and residents. The inspector observed that there were warm, positive and respectful interactions and residents were comfortable in asserting themselves and bringing any issues of concern to staff or the person in charge. Residents and relatives spoken to articulated clearly that they had full confidence in the staff and expressed their satisfaction in the care being provided.

Training records viewed and staff spoken with confirmed staff had received up to date training in dementia and responsive behaviours. Some residents with dementia in the centre had responsive behaviours. Behaviours described by staff included verbal and physical aggression. Staff spoken to by the inspector outlined person centred interventions including utilising the use of music, walks in the garden and distraction techniques. Files examined showed that assessments and care plans for these residents were person centred. That they contained sufficient detail and appropriate interventions to provide a consistent approach to care for residents who had behavioural issues. Records reviewed demonstrated that staff cared for residents who presented with responsive behaviours in a very dignified and person centred way using effective de-escalation methods.

Staff interacted socially with residents and implemented suitable interventions. Choices in relation to activities were offered where possible and residents’ individual preferences were respected. Environmental triggers such as noise levels were generally controlled. Staff were vigilant to monitor for delirium or underlying infections if there was any change in a resident’s mood or behaviour. The inspector concluded that the person in charge and staff worked to create an environment for residents with dementia to minimise the risk of responsive behaviours. Staff had the competence to assess and plan care in order to provide a consistent therapeutic care for residents with responsive behaviours.

Staff were working towards promoting a restraint free environment. The inspector saw that the person in charge and staff promoted a reduction in the use of bed-rails, at the time of the inspection there was only one bed-rails in use and two residents had wandering bracelets. The inspector saw that alternatives such as low-low beds, crash mats and bed alarms were in use for a number of residents. Regular safety checks of all residents were being completed and documented. The level of restraint used was monitored and audited closely. All forms of restraint were recorded in the restraint
register and appropriately notified to HIQA. Risk assessments had been undertaken and care plans were put in place for residents who used restraint. From the sample of care plans reviewed the inspector noted that all risk assessments were completed and updated frequently.

The inspector was satisfied that there were suitable measures in place to safeguard residents and protect them from abuse. There was an adequate policy in place for the prevention, detection and management of any protection issues. All staff spoken with confirmed their attendance at elder abuse training and were clear on their reporting responsibilities. Staff outlined for example their ongoing “vigilance” and their confidence in the person in charge to take appropriate action if and when required. The inspector reviewed staff training records and saw evidence that all staff had received up to date mandatory training on detection and prevention of elder abuse and further training was scheduled for later in 2018. Staff interviewed were adequately familiar with the safeguarding policy and sufficiently knowledgeable in the management of an allegation, suspicion or disclosure of abuse.

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

**Judgment:**
Compliant

**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 were facilitated to exercise their civil, political and religious rights. The inspector was told that residents were enabled to vote in national referenda and elections as the centre was registered to enable polling. The inspector observed that residents' choice was generally respected and control over their daily life was facilitated
in terms of times of rising /returning to bed and whether they wished to stay in their room or spend time with others in the communal room.

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

Respect for privacy and dignity was evidenced throughout both days of inspection. Staff were observed to knock on doors and get permission before entering bedrooms. Screening was provided in twin bedrooms to protect the residents privacy. Staff were observed communicating appropriately with residents who were cognitively impaired as well as those who did not have a cognitive impairment. Residents stated that they were treated with respect by the staff. The inspector heard staff addressing residents by their preferred names and speaking in a clear, respectful and courteous manner. Staff paid particular attention to residents’ appearance, dress and personal hygiene and were observed to be caring towards the residents. Residents choose what they liked to wear. The hairdresser visited weekly and some residents told the inspector how important this was to them. A care assistant was allocated to work with the hairdresser when she was present in the centre. This was to ensure residents got the full therapeutic experience of attending the hairdresser and it was very much seen and treated as a social occasion.

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

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

Some residents were interested in gardening and horticulture. There were two enclosed gardens to enhance outdoor activities. There was a chicken coop and there was a new chick born during the inspection which created great excitement among a number of residents. Further enclosed courtyards were developed to include raised vegetable beds, extra seating, walkways and shrubbery. The garden spaces were picturesque and were seen to be used and enjoyed by residents and one included the smoking area for the centre.

Residents had easy access to an independent advocacy service. Having spoken to residents, visitors and staff the inspector found the management style of the centre maximised residents’ capacity to exercise personal autonomy and choice. The inspector observed that residents were free to join in any activity or to spend quiet time in their room and being encouraged and supported to follow their own routines.

As part of the inspection, the inspector spent periods of time observing staff interactions with residents. The inspector used a validated observational tool (the quality of interactions schedule, or QUIS) to rate and record at five minute intervals. The inspector spent time observing interactions during the morning, prior to, and after lunch and in the afternoon. These observations took place in the communal room areas. Overall, observations of the quality of interactions between residents and staff in these areas for a selected period of time indicated that the majority of interactions were of a positive nature with good interactions seen between staff and residents. The inspector noted that the staff tried to create an atmosphere of relaxation by sitting and suitably interacting with residents and at times playing background music appropriate to the age and era of residents.

Judgment:
Compliant

<table>
<thead>
<tr>
<th>Outcome 04: Complaints procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme:</strong></td>
</tr>
<tr>
<td><strong>Outstanding requirement(s) from previous inspection(s):</strong></td>
</tr>
<tr>
<td><strong>Findings:</strong></td>
</tr>
</tbody>
</table>
The policy was displayed in the main reception area and was also outlined in the statement of purpose and function and in the Residents’ Guide. There was evidence that complaints were discussed at staff meetings and informed changes to practice.

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

There was an independent appeals person nominated and the policy included the facility to refer to the Ombudsman if required.

**Judgment:**
Compliant

---

### Outcome 05: Suitable Staffing

**Theme:**
Workforce

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

**Findings:**
Residents to whom the inspector spoke described staff as being very attentive and kind in their dealings with residents and indicated that staff were caring, responsive to their needs and at all times treated them with respect and dignity. A number of staff spoken to had worked in the centre for many years and clearly demonstrated an excellent understanding of their role and responsibilities in relation to ensuring appropriate delivery of person-centred care to residents. There were also a number of staff who were new to their roles. The inspector observed very positive interactions between staff and residents over the course of the inspection and found staff to have a good knowledge of residents' needs as well as their likes and dislikes.

The numbers and skill-mix of staff on the day of the inspection was adequate to meet the assessed needs of residents. However staffing levels in the evening required review as numbers dropped after 18.00 hours which then dropped again for night staff. There were two nurses and three care staff until 21.00hrs which dropped to two nurses and two care staff after 21.00hrs. Taking into account the size and the layout of the building over three units and the nurses undertaking the night time medication this did not leave enough staff to provide care and supervise the residents. The inspector saw that there was an increase in falls at this time and residents said they had to wait for their call bells to be answered. The inspector was informed that there had been a high turnover of care staff and the centre had experienced difficulties in recruiting and retaining care staff and nursing staff were covering care staff shifts. This put pressure on all staff and
particularly on senior care staff who spent time training and inducting new staff. The regional HR manager said they were currently looking at further retention strategies to retain staff. Staff rosters were in place. There was evidence that volunteers were recruited, vetted and supervised appropriate to their role and their roles and responsibilities were outlined.

Systems of communication were in place to support staff with providing safe and appropriate care. There were handover meetings each day to ensure good communication and continuity of care from one shift to the next. The inspector saw records of regular staff meetings at which operational and staffing issues were discussed. In discussions with staff, they confirmed that they were supported to carry out their work by the person in charge. The inspector found staff to be well informed and knowledgeable regarding their roles, responsibilities and the residents’ needs and life histories. Mandatory training was in place and staff had received up to date training in safeguarding, safe moving and handling, fire training, dementia and responsive behaviours. Other training provided included infection control, end of life, continence promotion, food and nutrition hydration and the management of dysphagia. Nursing staff confirmed they had also attended clinical training including venepuncture (blood-taking), medication management and wound care. The person in charge had attended a number of dementia specific courses including a programme to train staff in dementia specific care.

There were policies in place for staff recruitment and training which were found to be comprehensive. The inspector met with the regional HR manager during the inspection and she informed the inspector that no staff commenced employment until satisfactory Gardaí vetting, references and all the requirements of schedule 2 of the regulations had been attained. All staff files were maintained on an online system and she allowed the inspector access to the system. The inspector reviewed a sample of four staff files and found that two of them did not contain Garda vetting and there were a number of gaps in CV’s noted. The HR manager located the vetting reports and the inspector viewed same before the end of the inspection. The inspector required that there was a more robust process in the maintenance of staff files that included clinical oversight and sign off by the person in charge to ensure they contained all of the information required under Schedule 2 of the Regulations. Current registration with regulatory professional bodies was in place for all nurses. There was evidence staff received comprehensive inductions and that annual staff appraisals were undertaken.

Judgment:
Substantially Compliant

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 Clonakilty was established as a residential centre in 2002 and provides long stay and respite care to older people. It is registered for the care of 50 residents and there were 50 residents living there at the time of inspection. The premises is a purpose-built centre with three wings which are all on ground level. There are two dining rooms and two day rooms, an additional lounge for private use, an activities room, hair salon, kitchen, laundry and staff facilities.

Residents are accommodated in 42 single bedrooms and four twin-bedded rooms. All bedrooms have en suite toilet, wash hand-basin and shower facilities. In addition, there are six assisted toilets and one assisted spa relaxation bathroom. The design and layout of the centre was suitable for its stated purpose, it was bright, well ventilated and there were a number of seating areas spread around the corridors that were enjoyed by residents and relatives. The inspector noted that since the last inspection, there was evidence of numerous improvements in the overall decoration of the centre which was freshly painted, new flooring was in place throughout. New chairs, curtains, cushions and soft furnishings provided a homely and comfortable feel. The sensory room which was opened during 2016 had new sensory equipment and was comfortably decorated.

The corridors were wide and generally bright and allowed for freedom of movement. There was a selection of old time photographs of notable local historical events/areas located along the corridors. There were many items of interest and rummage boxes located on a number of the corridors that was in place for residents with dementia to assist in triggering memories and also to encourage conversation and discussions. These were all in keeping with dementia specific design principals to enable residents with dementia to flourish in the centre.

Residents’ bedrooms were personalized with memorabilia and residents had good access to televisions, radios, papers, magazines and a well stocked in-house library. There were clocks and calendars available in residents bedrooms and in many other locations throughout the centre to assist residents particular residents with dementia, to remain orientated in time. Access to and from the centre was secure. Since the last inspection improvements in relation to signage and cues was evident. For example many residents' bedroom doors contained memorable photographs at eye level and there were signs erected at various locations to assist and orient residents with perceptual difficulties. For example, toilets, bedroom doors, lounges and dining rooms had pictures and signage used to assist residents to locate facilities independently. Signage in parts of the centre had text and pictures to help residents to identify communal rooms and to support residents finding their way. However this was not present in all parts of the centre and the person in charge agreed to review the premise in relation to ensuring adequate visual cues and signage to support residents in navigating the various areas within the centre.

Circulation areas, toilets and bathrooms were adequately equipped with handrails and
grab-rails. Staff confirmed the suitable use of personal protective equipment such as latex gloves and plastic aprons. The inspector noted the arrangements for segregating clean and soiled laundry. The communal areas and bedrooms were found to be very clean and there was a good standard of general hygiene throughout the centre. There was a homely atmosphere and the décor was warm and comfortable.

There is a patio and two courtyards that contain a number of raised beds with a variety of interesting and colourful plants, and there are well maintained walkways around the external grounds. The courtyard contained plenty of seating for residents and relatives use and was home to hens and a hen house which residents told the inspector they enjoyed watching. Equipment seen by the inspector was found to be fit for purpose and up-to-date service records were available for all equipment on the days of the inspection.

**Judgment:**
Substantially Compliant

---

**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
Center name: A designated centre for people with disabilities operated by CareChoice Clonakilty Limited

Centre ID: OSV-0000230

Date of Inspection: 02 October 2018

Date of response: 12 November 2018

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, 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.

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 01: Health and Social Care Needs

Theme: Safe care and support

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was not documentary evidence of appropriate participated in care plan reviews by residents or where applicable their families.

1. Action Required:

Under Regulation 05(4) you are required to: Formally review, at intervals not exceeding 4 months, the care plan prepared under Regulation 5 (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident’s

---

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:
Resident and/or Resident Representative involvement in careplanning has been reviewed and same will be documented in full as per CareChoice Policy.

Proposed Timescale: 30/11/2018

Outcome 05: Suitable Staffing
Theme: Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
Staffing levels in the evening required review as numbers dropped after 18.00 hours which then dropped again for night staff. Taking into account the size and the layout of the building over three units and the nurses undertaking the night time medication this did not leave enough staff to provide care and supervise the residents. The inspector saw that there was an increase in falls at this time and residents said they had to wait for their call bells to be answered.

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 roster has been completed, to include an increase in HCA hours, this increases the number of HCA on the floor to 5 until 20.00hrs, 4 until 21.00hrs and 3 until 22.00hrs.

Proposed Timescale: 01/11/2018

Theme: Workforce

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:
There were a number of items missing from staff files including gaps in CV’s and in one file although there were two references one was not from the last employer as required by the regulations.

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:
Staff files were reviewed, gaps in CVs had been followed up prior to staff commencing work, however the revised document was not scanned to the HR software system this has now been completed. The Reference in question has now been obtained and is in the staff members file.

**Proposed Timescale:** 23/10/2018

---

### 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:

Directional signage and cues require review in parts of the centre to assist residents with dementia to find their way around the centre.

**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:**

Directional signage was in place, however following a review a further 13 signs have been ordered.

**Proposed Timescale:** 09/11/2018