

**Health Information and Quality Authority
Social Services Inspectorate**

**Inspection report
Designated centres for older people**



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Centre name:	Carechoice Macroom
Centre ID:	0209
Centre address:	Gurteenroe
	Macroom
	Co. Cork
Telephone number:	026-42366
Fax number:	026-42558
Email address:	Macroom@carechoice.ie
Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Carechoice Macroom Ltd
Person in charge:	Margaret Ciarcia
Date of inspection:	14 October 2009 and 15 October 2009
Time inspection took place:	Day-1 Start: 08:45hrs Completion: 16:30hrs Day-2 Start: 10:00hrs Completion: 16:45hrs
Lead inspector:	Patricia Sheehan
Support inspector(s):	Ann O'Connor Allison Cummings
Type of inspection:	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

About inspection

The purpose of inspection is to gather evidence on which to make judgments about the fitness of the registered provider and to report on the quality of the service. This is to ensure that providers are complying with the requirements and conditions of their registration and meet the standards; that they have systems in place to both safeguard the welfare of service users and to provide information and evidence of good and poor practice.

In assessing the overall quality of the service provided, inspectors examine how well the provider has met the requirements of the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland* under the following topics:

1. Governance and leadership: how well the centre is organised.
2. The quality of the service.
3. How well the healthcare needs of residents are met.
4. Premises and equipment: appropriateness and adequacy.
5. Communication: information provided to residents, relatives and staff.
6. Staffing: the recruitment, supervision and competence of staff.

This report summarises the findings of the inspection under some or all of these topics, highlighting areas of good practice as well as areas where improvements were required as follows:

Evidence of good practice – this means that an acceptable standard was reached and the provider demonstrated a culture of review and improvement and aimed to drive forward best practice.

Some improvements required – this means that practice was generally satisfactory but there were areas that need attention.

Significant improvements required – this means that unacceptable practice was found.

The report also identifies minor issues, where applicable, to which the provider should give consideration to enhance the quality of the service.

The report is available to residents, relatives, providers of services and members of the public, and is published on our website www.hiqa.ie.

Acknowledgements

The inspectors wish to acknowledge the co-operation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

Carechoice Macroom has undergone extensive renovation and a major extension within the last year. The building is on four levels and provides residential care for 62 older people. The basement level is a services and staff area and the remaining three levels are for residents. The ground and first floor have the same basic layout with the addition of an activity room, smoking room, hairdressing salon and reception area on the ground floor and a kitchen on the first floor. The second floor consists solely of bedrooms.

There is a lift accessing all the floors and a main stairway between the ground and first floor. A smaller stairway with a chairlift links the first and second floor. A security system necessitates keypad access for the lift and all the major doors and an intercom system is in place at the main entrance. Externally there is a ramped walkway with handrails and steps with handrails going up to the main entrance. There is an outside courtyard area for residents but no garden.

Location

Carechoice Macroom is located on the immediate periphery of Macroom, Co. Cork within minutes of Macroom town.

Date centre was first established:	1988
Number of residents on the date of inspection	49

Dependency level of current residents	Max	High	Medium	Low
Number of residents	18	24	7	0

Management structure

The directors are Paul Kingston and Aisling Lane. The Person in Charge, Margaret Ciarcia, reports to them. Two clinical nurse managers, the nursing, the care and catering staff report to the person in charge. Household staff report to a household manager who reports to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff
Number of staff on duty on day of inspection	1	2	9	2	3	1

Summary of findings from this inspection

This was an announced inspection carried out over two days. The inspection was facilitated in a helpful and welcoming way by the person in charge and staff. The inspectors spoke with the residents and relatives, observed the operation of the centre and viewed records and questionnaires.

The directors and the person in charge were very clear on their respective roles and levels of responsibility. A commitment on the part of the person in charge to the residents and the service was demonstrated. Communication was effective between staff and residents and staff were appropriately skilled to meet the needs of the residents.

There was a variety of activities in which residents could participate and the continuation of connections with relatives was facilitated by an open visiting policy.

Healthcare practices were of a high quality and premises, fittings and equipment were clean and well maintained. There was a good standard of furnishings throughout.

Areas for improvement include:

- Reviewing staffing arrangements on one floor to ensure they are appropriate to the assessed needs of residents and the size and layout of the centre
- The display of fire evacuation procedures
- Comprehensive operational medication management policies and procedures

These issues and others are included in the Action Plan at the end of the report.

Residents' and relatives' comments

The inspection team received completed questionnaires from 16 residents and 18 relatives. The views of residents and one relative were also sought during the inspection.

Residents reported, either through their questionnaires or in person, a high level of satisfaction with life in the centre. They said they felt well cared for, safe and enjoyed the different activities. A number of residents described how they liked reading the daily newspapers. One woman was pleased that she could visit and chat with her friends at the centre. Residents commented in particular about opportunities to exercise and participate in live music sessions, prayer groups, weekly mass and card games. One resident said "they cater for body and soul here".

The majority of residents reported that the food tasted good and choices were offered at the main meal. They spoke of their privacy being protected when seeing their general practitioner (GP) and choice about when they might get up in the morning and retire at night. There was general approval expressed with laundry services. Clothing was marked, laundered and ironed to residents' satisfaction.

Residents said that they knew how to complain and one commented that "a lot of improvements have happened already but there is always room for more". One resident informed the inspectors that she planned to put on the agenda at the residents' committee the need for microphones to be used as "we are all stone deaf here". Other changes desired were outings to town, advance notice of hairdresser visits, more opportunities to go and sit outside, more frequent chiropody visits and more meal variety for residents with diabetes.

Relatives

The relatives interviewed were pleased with quality of information provided prior to admission, the care their relatives received and the availability of medical, associated healthcare and other services. All said they felt enough drinks and snacks were served throughout the day and evenings. Without exception they all expressed a great deal of satisfaction with the attitude of staff and the dignity with which residents were treated and the respect they were shown.

Comments made on the questionnaires were: "my uncle's care needs have changed over the years and we are always kept informed"; "my aunt is cared for very well, "it is like a home from home"; "my mother has more regular and appropriate activity now than in her latter years at home".

Relatives expressed approval of how belongings were looked after and the level of suitable activities. They felt able to talk to nurses anytime and were consulted regarding care plans. Relatives considered that residents were assisted to be as independent as possible and had many choices in daily life.

Relatives felt welcome to visit at all times and one comment was "I always feel deeply grateful to be able to spend time with my wife".

Relatives identified the person in charge as the one they would make a complaint to or the person they would approach if they wanted to discuss a particular aspect of care.

Concerns were raised about the lack of access to a garden or outside area. One relative stated that "the only complaint I would have is the lack of a garden but I know they are limited space wise". Another relative commented that the lack of suitable outside area was a concern to him as the ramped area accessed from the ground floor was too sloped for a wheelchair.

Overall findings

1. Governance: how well the centre is organised

Outcome: The centre is well organised and managed and complies with the requirements of the Health Act 2007, the regulations and standards.

Good governance involves the effective and efficient deployment of resources in accordance with the stated purpose and function of the centre. Governance includes setting clear direction for the service, a commitment to continual improvement and having a system in place to effectively assess and manage risk.

Evidence of good practice

The organisational structure was clear and the systems in place resulted in adequate support for the person in charge and a well managed centre. Staff spoke of their understanding of their roles and the management structure.

There was evidence of regular management meetings on a corporate level and at a centre level. One of the directors was present at the inspection and he and the person in charge had a good understanding of their individual responsibilities and demonstrated to the inspectors their knowledge of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

The person in charge had considerable nursing experience and knowledge of older people and provided leadership at a time of considerable change. Due to the renovation the number of residents accommodated had almost doubled in a year. Staff had been recently reorganised as a result.

Residents, relatives and staff were clear about whom they would approach with any concern. Inspectors viewed the guidance written to assist residents with their questionnaires for the inspection and found it to be clear and objective.

The provider had an effective system in place for safeguarding the finances belonging to each resident. A safety policy identified risks specific to the centre with precautions to control these risks.

Some improvements required

There was no statement of purpose as outlined in the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009. The person in charge stated that it would be finished by the end of November.

The risk management systems were not sufficiently comprehensive. There was no overall risk management policy or emergency plan. There were arrangements for the recording and investigation of incidents; however, there was no structured system for consistent analysis of such occurrences in order to promote learning and bring about improvements.

There were no quality assurance systems maintained for the regular review and improvement of residents' quality of care and quality of life.

There were no operational policies and procedures for dealing with complaints.

Significant improvements required

Fire evacuation procedures were not displayed in prominent places in the centre.

Minor issues to be addressed

The level of staff involvement in actual development of policies was not clear to inspectors and staff interviewed expressed a desire to have more involvement in this area.

2. Quality of the service

Outcome: Residents receive a good standard of service, appropriate treatment and are treated with courtesy and respect.

A quality service is one where residents are protected from harm or abuse, where practice is person-centred, where rights are protected, where residents are enabled to play an active part in the centre and where management, staff and residents work together towards continuous improvement.

Evidence of good practice

A high level of engagement and interaction between staff and residents was observed. Respect was shown for individual preferences as demonstrated by staff using their knowledge of residents to plan the purchase of suitable gifts for Christmas.

The inspectors observed that staff encouraged residents to maintain their independence and autonomy as much as possible. Inspectors joined residents for lunch and observed that independent dining was encouraged with any staff assistance given in a sensitive and personalised manner. A resident's daughter sat with her at the dining table. At mealtimes, and throughout the day, residents were provided with a choice of food and drinks. A charter of rights for residents was displayed on the walls.

Inspectors observed that staff were considerate of the privacy and dignity of residents. Lunchtime was not rushed and staff addressed each resident respectfully. They knocked and waited for a response before entering rooms. Doors were closed during personal care and when residents sought time alone. All the residents were wearing clean clothes and appeared comfortable.

Residents were supported to continue the daily routines they had prior to admission. One lady said that she liked to have her breakfast first, followed by a shower and then read the papers. Residents were facilitated to pay for their own hair appointments when the hairdresser visited. One resident went to the local shop on the day of inspection with a staff member and other residents asked him to purchase items for themselves.

Training in elder abuse prevention and response had been provided and those who were interviewed understood their role in adult protection. Information about an advocacy service for those who needed assistance with expressing their views was observed on information boards.

A notice on the information board indicated that the first meeting of the residents' committee was scheduled for November. A resident on the committee was interviewed and she expressed her anticipation of the meeting in order to get more involved in the running of the centre.

Staff, residents and relatives described the availability of a number of different activities and commented on the value of activities that had a purpose. Residents interviewed spoke of joining in these activities according to their choice and inspectors observed this in practice and viewed written activity programmes. Attention was paid to individual interests to the extent that when one woman, who did not like to leave her room, expressed curiosity about a manicure it was duly arranged in her room. Another resident who had knitted all her life continued this activity from the comfort of her room. Residents commented favourably on the butter making carried out on the day of inspection, the rosary that was led by a resident and women from the community visiting for prayers. The regular live music sessions were very popular and there was access to books, crosswords and puzzles. Examples of activity opportunities for more dependent residents were pet therapy and hand massage.

Residents maintained social relationships and enjoyed the visits and the singing of local schoolchildren on work experience. Social interaction with families was encouraged and relatives and residents expressed satisfaction that they were always welcomed by staff and the atmosphere was hospitable.

Minor issues to be addressed

Care plan information was displayed in some bedrooms, which was not respectful of residents' privacy.

Opened toiletries were kept on a linen trolley and in an assisted bathroom which implied communal use and was not respectful of residents' privacy and dignity.

3. Healthcare needs

Outcome: Residents' healthcare needs are met.

Healthcare is integral to meeting individual's needs. It requires that residents' health, personal and social care needs are assessed and reviewed on an on-going basis, within a care planning process, that is person centred. Emphasis is firmly placed on health promotion, independence and meaningful activity.

Evidence of good practice

A number of opportunities for physical activity were available. Residents spoke of their enjoyment of the 'fit for life' programme. Simple exercise guidelines were displayed along some of the corridors.

The inspectors observed that residents looked well cared for and residents said that they considered their daily personal care needs were met.

Home baking was a part of the kitchen routine and snacks and drinks were readily available. Lunch served on the day of inspection was sufficient and nutritious. The inspectors saw that records of residents' weight for purposes of monitoring weight gain or loss were maintained.

Residents were admitted following an assessment of their needs. This practice was confirmed by residents and relatives in their questionnaires. Resident records reviewed by inspectors contained care plans that were reviewed quarterly and documented access to assistive devices, healthcare services and support services as required. Seven local GPs and an out-of-hours service provided medical services. The person in charge was introducing a change so that the morning medication round became the responsibility of the day rather than night staff so that residents could rest longer.

An inspector accompanied the nurse on a medication round and observed that staff adhered to procedures for prescribing, recording, storage, handling and disposal of medicines in accordance with professional regulatory requirements. Records were kept to account for all medicines. Scheduled controlled drugs were found to be secured in the correct manner.

Some improvements required

Care plans did not reflect any involvement of the resident in their development. If they were unable or unwilling to participate, there was no documentation to support this.

Significant improvements required

Medication management policies and procedures were not sufficiently comprehensive. They did not cover the practice of blister packs supplied in varying colours as a means of distinguishing between the different medication administration times which could lead to medication errors. The practice of nurses transferring a prescription order from the original prescription to the current medication administration record was also not included in the medication management policy.

Minor issues to be addressed

During the review of a sample of care plans, the inspector noted that some documents contained the former name of the centre.

There was access to a varied diet, however, some residents commented on a lack of fruit and one resident spoke about her wish for more variety in meals for people with diabetes.

4. Premises and equipment: appropriateness and adequacy

Outcome: The residential care setting provides premises and equipment that are safe, secure and suitable.

A good physical environment is one that enhances the quality of life for residents and is a pleasant place to live. It meets residents' individual and collective needs in a comfortable and homely way, and is accessible, safe, clean and well-maintained. Equipment is provided in response to the assessed needs of each of the residents and maintained appropriately.

Evidence of good practice

The inspectors observed that the recently refurbished and extended centre was furnished and decorated to an exceptionally high standard. A high standard of cleanliness was noted throughout and residents reported satisfaction with the facilities provided and a general feeling of safety and security. Treatment rooms were utilised on a daily basis by nursing staff.

Inspectors spoke to residents in their bedrooms and observed that the rooms were comfortable and met their needs. All twin bedrooms and 41 of the 44 single rooms contained full en suite facilities. All rooms had their own telephones. Some of the arts and crafts produced by the residents were on display on the information boards along the corridors.

A sufficient level of assistive equipment such as correctly adjusted pressure relieving mattresses, cushions and mobility aids was provided to meet the residents' needs. All wheelchairs had foot plates and residents were transferred with footplates in use that avoided leg injuries. The inspectors saw evidence that six-monthly servicing of equipment occurred and that equipment was adequately maintained.

The inspectors found that the kitchen was well organised and satisfactory in size. Laundry practices observed were in line with best practice and laundry staff commented that their requests to management for additional supplies or equipment were always fulfilled. Residents said that their clothes were always returned in a timely fashion.

Staff wore appropriate protective clothing, and supplies of such equipment were affixed to corridor walls, thus demonstrating good hygiene and infection control measures. There were adequate facilities for the disposal of clinical, recycling and household waste.

Some improvements required

Inspectors observed a number of improvements required:

- independent access to the external courtyard was difficult due to the security system that required residents to have either knowledge of the keypad code or to ask for assistance
- independent access to the external courtyard was difficult for residents using a wheelchair due to the unevenness of the floor at the exit point
- the outside ramped area, accessed from the ground floor, was on a slope that made it unsuitable for wheelchair use
- there was a lack of storage space for equipment
- the hydraulic lift in the bath on the first floor was not working
- there was no hand basin in the laundry room for staff use
- the overall level of lighting within the centre was low
- a lack of natural light and insufficient artificial lighting resulted in a dark main corridor on the second floor
- one room on each of the three floors had small high windows and an additional room looked out on a high wall
- some of the bedroom doors closed quickly which made resident access difficult
- residents on the second floor had to go to other floors to use a sitting room as there was no such facility on their floor. Inspectors noted the provider's plans to use a small room for this purpose.

Minor issues to be addressed

Some of the bedrooms were not personalised.

Staff commented that the mobile telephone, used to ensure good communication between the different floors, only worked properly on the second floor.

5. Communication: information provided to residents, relatives and staff

Outcome: Information is relevant, clear and up to date for residents.

Information is accessible, accurate, and appropriate to residents' and staff needs. Feedback is actively sought from residents and relatives and this informs future planning and service provision. Information is recorded and maintained in accordance with legal requirements and best practice and is communicated to staff on a need to know basis to ensure residents' privacy is respected.

Evidence of good practice

The inspectors observed interactions between staff and the person in charge and between staff and residents/relatives. A good level of communication was noted. Information was shared with staff and relatives as required and both residents and relatives said they received adequate information about health needs from the staff members.

Information boards were used for information sharing with residents about activities and other events. Staff spoke about the upcoming residents' committee as an opportunity for feedback and ideas on improving communication.

Staff signed off on policies and procedures to verify they had read them and staff members interviewed were knowledgeable of the content of key policies. Additional policies based on best practice had also been developed on topics such as falls prevention, resuscitation, personal and intimate care and continence promotion.

Staff meetings were held on a regular basis and good record keeping practices were noted.

Relatives and families reported feeling welcome at any time. They stated that access to the person in charge and to all staff was straightforward. They knew whom to contact if they wanted to make a complaint. Signed contracts of care, containing terms and conditions, were viewed by inspectors.

Some improvements required

There was no written guide, referred to as the Residents' Guide, as a means of providing information to residents about the centre and its services.

Minor issues to be addressed

Minutes of staff meetings were not available to all staff.

6. Staff: the recruitment, supervision and competence of staff

Outcome: Staff are competent and recruited in sufficient numbers to meet residents' needs

Staff numbers and skill-mix are determined by the size and complexity of the service and there should be sufficient competent staff on duty, both day and night, to meet the needs of residents. Robust recruitment and selection procedures ensure the appointment of suitably qualified and experienced staff. Staff are supported in their work by ongoing training and supervision.

Evidence of good practice

Staff, residents and relatives reported that staff had the skills and competence to meet the needs of the residents. Inspectors observed care being delivered in a caring and respectful manner. Staff facilities were of a high standard.

Inspectors noted that staff turnover was low and the majority of current staff had been working in the centre for several years. The person in charge explained that the number of staff had increased during the year to accommodate the rise in the number of residents and this was verified by comparison of old rosters with current ones. The person in charge informed the inspectors of her plans to allow clinical nurse managers more time to supervise care staff and manage care provision in a more robust manner. These plans were confirmed by the clinical nurse managers.

Staff interviewed spoke of their recruitment, induction and knowledge gained through ongoing training. Their accounts of mandatory training were supported by documentary evidence when their files were reviewed. Job descriptions were of a very high quality and captured the importance of individualised care.

Records also supported the provision of ongoing professional development. The majority of care staff had undertaken the Further Education and Training Awards Council (FETAC) Level 5 Healthcare Support programme and were able to complete their practical at the centre. Staff had received further training in the area of wound management and dementia care and evidence of this training was viewed by inspectors.

Some improvements required

The personnel files reviewed did not contain full and satisfactory information as required by the regulations. The human resources manager stated that applications for Garda Síochána vetting had been made and returned for the majority of staff with only eight remaining. Returned vetting forms were seen by inspectors in individual files; however, there was no documented evidence of applications being made for those eight remaining staff members. There were not three written references in all files reviewed.

Significant improvements required

There were no specific staff allocated to the second floor to ensure the welfare and well-being of residents accommodated on that floor.

Minor issues to be addressed

Not all staff were up to date with moving and handling training and there was no staff development and appraisal policy and procedure.

The recruitment policy did not include the requirement of Garda Síochána vetting.

Report compiled by

Patricia Sheehan
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

20 October 2009

Provider's response to inspection report

Centre:	Carechoice Macroom
Centre ID:	0209
Date of inspection:	14 October 2009 and 15 October 2009
Date of response:	28 December 2009

Requirements

These requirements set out what the registered provider must do to meet the Health Act 2007, the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

1. The provider is failing to comply with a regulatory requirement in the following respect:

There were no specific staff allocated to the second floor to ensure the welfare and well-being of residents accommodated on that floor.

Action required:

Review staffing arrangements to ensure specific staff are allocated to the second floor.

Reference:

Health Act, 2007
Regulation 16: Staffing
Standard 23: Staffing Levels and Qualifications

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>At the time of the inspection we had residents living on all three floors, however there were only 6 residents living on the second floor. Because we had only opened this floor [post our extensive extension] we had a lengthy discussion with the Inspection Team as to how staff were <i>allocated</i> to each floor to ensure there was someone permanently on each floor at all times. We had more than adequate staffing levels but how these staff were allocated across three floors was the issue discussed. This issue has been completely resolved since the inspection.</p>	Completed

<p>2. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Fire evacuation procedures were not displayed in prominent places in the centre.</p>	
<p>Action required:</p> <p>Display fire evacuation procedures in prominent places in the centre.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 32: Fire Precautions Standard 26: Health and Safety</p>	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>Fire evacuation notices are now displayed in prominent places within the centre.</p>	Completed

<p>3. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Written operational medication management policies and procedures that accord with professional regulatory requirements, specifically in the areas of administrating and prescribing, were not sufficiently comprehensive.</p>	
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Action required:	
Develop and implement comprehensive medication management policies and procedures that accord with professional regulatory requirements, specifically in the areas of administrating and prescribing.	
Reference: Health Act, 2007 Regulation 33: Ordering , Prescribing and Administration of Medicines Standard 14: Medication Management	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: As discussed during the inspection we are in the middle of rolling out a complete new set of policies and procedures in the home. The new medication management policy will be one of the first that will be implemented.	31 March 2010

4. The provider is failing to comply with a regulatory requirement in the following respect:	
Full and satisfactory information in relation to Garda Síochána vetting and three written references, as listed in Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, were not available for all staff.	
Action required:	
Obtain full and satisfactory information in respect of the matters set out under Schedule 2 for all people managing or working in the centre.	
Reference: Health Act, 2007 Regulation 18: Recruitment Standard 22: Recruitment	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: All staff members have been requested to submit this information. As some members of staff have worked in Care choice Macroom for many years the three written references may prove challenging for some however we will strive to comply.	31 March 2010

5. The provider is failing to comply with a regulatory requirement in the following respect:

There was no statement of purpose as listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Action required:

Develop a statement of purpose to incorporate all matters as listed in Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Reference:

Health Act 2007
Regulation 5: Statement of Purpose
Standard 28: Purpose and Function

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

Timescale:

Provider's response:

The Statement of Purpose will be available by 31 January, 2010

31 Jan 2010

6. The provider is failing to comply with a regulatory requirement in the following respect:

There was no written risk management policy appropriate to the centre or emergency plan for responding to emergencies.

Action required:

Develop a comprehensive risk management policy appropriate for the centre and an emergency plan in line with the (Care and Welfare of Residents in a Designated Centre for Older People) Regulations 2009.

Reference:

Health Act, 2007
Regulation 31: Risk Management Procedures
Standard 26: Health and Safety

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>A comprehensive risk management policy and emergency plan is being developed and will be developed in conjunction with staff.</p>	31 March 2010

7. The provider has failed to comply with a regulatory requirement in the following respect:	
<p>There were no written operational policies and procedures relating to the making, handling and investigation of complaints as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.</p>	
Action required:	
<p>Develop and implement written operational policies and procedures relating to the making, handling and investigation of complaints.</p>	
Reference:	
<p>Health Act 2007 Regulation 39: Complaints Procedures Standard 6: Complaints</p>	
Please state the actions you have taken or are planning to take following the inspection with timescales:	Timescale:
<p>Provider's response:</p> <p>A complaints book is available and all residents, staff and relatives are aware of same. Fortunately we've had very few but any complaints registered have always been dealt with promptly. However the revised Complaints policy is being developed at present and will be implemented as soon as possible.</p>	31 March 2010

8. The provider has failed to comply with a regulatory requirement in the following respect:

A system that reviews and improves, at appropriate intervals, the quality of care and the quality of life of residents was not established.

Action required:

Develop and implement a system to review and improve the quality of care and the quality of life of residents, which incorporates consultation with both residents and their representatives.

Reference:

Health Act 2007
 Regulation 35: Review of Quality and Safety of Care and Quality of Life
 Standard 30: Quality Assurance and Continuous Improvement

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

Timescale:

Provider's response:

We now understand that this action refers to a Quality Assurance Process rather than any reference to the extensive Care Planning Process that exists in Carechoice Macroom. We failed to explain the extensive QA system that is already in place in Macroom to the Inspection team at the time of Inspection as we misunderstood the issue being raised. The following is in place:

- An annual Planning Process is in place:
- A Senior Team planning day occurs every November. This results in an extensive Continuous Improvement Plan [CIP]
- The CIP is produced using many inputs e.g. Resident & Relatives & Staff Feedback / An analysis of our Key Performance Indicators incl any complains / An analysis of the new Regulations
- This CIP is reviewed at the Management Meeting on a monthly basis
- There are many Audits in place:
- Care Plan Audits
- Medication Audits
- Many Operational Audits [Catering / Housekeeping

Completed

<p>checklists etc]</p> <ul style="list-style-type: none"> ▪ Policies & Procedures – We started an extensive P&P Project in 2009 in preparation for the new Standards and regulations. This will result in a completely new Version Controlled & Auditable System of all Policies & Procedures. We are rolling out revised and new Policies & Procedures in 2010 to ensure we comply with Schedule 5 of the Regulations as well as some additional targeted areas. 	
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<p>9. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Care plans did not reflect any involvement of residents in their development. If the resident was unable or unwilling to participate, there was no documentation of this in their record.</p>	
<p>Action required:</p> <p>Develop care plans in agreement with each resident and revise such plans after consultation with them.</p>	
<p>Reference:</p> <p>Health Act, 2007 Regulation 8: Assessment and Care Plan Standard 11: The Resident's Care Plan</p>	
<p>Please state the actions you have taken or are planning to take with timescales:</p>	<p>Timescale:</p>
<p>Provider's response:</p> <p>There is an extensive process of Care Planning in place in Carechoice Macroom which ensures care plans are reviewed on a very regular basis [weekly/monthly/three monthly depending on residents needs]. However although the residents and relatives are asked to participate we were not documenting this practice. All Nursing Staff have been made aware to document if a resident does not wish to participate in reviewing their personal care plan.</p>	<p>Immediately</p>

10. The provider is failing to comply with a regulatory requirement in the following respect:

The design and layout did not meet the needs of all residents and there was not suitable storage provision, lighting levels, or maintenance of all equipment.

Action required:

Ensure that:

The design and layout meets the needs of all residents in regards to access to external areas, window height, door plan and sitting space on the second floor.

Suitable provision is made for storage.

All equipment is maintained and lighting levels are suitable.

Reference:

Health Act, 2007
 Regulation 19: Premises
 Standard 25: Physical Environment

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

Timescale:

Provider's response:

- All residents have access to external areas, however from a Health and Safety viewpoint this is facilitated when a staff member is present. The unevenness of the floor by the external courtyard will be addressed
- Bedroom doors have been adjusted so that resident access is easier and hydraulic lift in bath will be repaired and hand basin is now in place in laundry room.
- Window heights in one room in each floor are to specifications of planning approval
- The dayroom on the Mountmassey floor is now available to residents who wish to use it.
- We will ensure that we maximise all space to ensure safe storage for equipment.
- In relation to equipment maintenance, there are

31 March 2010

Completed

Completed

Immediately

<p>maintenance contracts in place for all equipment, however these may not have been available on the day of inspection.</p> <ul style="list-style-type: none"> ▪ Lighting levels throughout the home were originally all energy saver light bulbs, we have now reviewed these and made changes where necessary. 	Completed
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11. The provider is failing to comply with a regulatory requirement in the following respect:

The registered provider shall produce a written guide, referred to as "the residents' guide" as required by the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009.

Action required:

Produce a residents' guide, which should be supplied to each resident in an accessible format to assist in decision making.

Reference:

Health Act, 2007
 Regulation 21: Provision of Information to Residents
 Standard 1: Information

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

Timescale:

Provider's response:

This will be available by 31 January 2010.

31 January 2010

Recommendations

These recommendations are taken from the best practice described in the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the registered provider should consider them as a way of improving the service.

Standard	Best practice recommendations
Standard 25 Physical Environment	Encourage residents to personalise their rooms now that the centre has completed all the building work relating to the upgrade and extension.
Standard 4 Privacy and Dignity	Personal care plan information should not be displayed in bedrooms in order to respect the resident's privacy at all times.
Standard 19 Meals and Mealtimes	Consider ways to provide more variety in diets as a response to some residents' comments on the lack of fruit and menu range for diabetics.
Standard 24 Training and Supervision	Review the mandatory training to ensure all staff are updated in moving and handling within the required time frame. Progress plans for a staff development and appraisal policy and procedure. Review the recruitment policy to include the requirement of Garda Síochána vetting.
Standard 4 Privacy and dignity	Review the practice of opened toiletries kept on a trolley and in an assisted bathroom. This implies communal use and is not in keeping with privacy and dignity for residents.
Standard 29 Management Systems	Involve staff in actual development of policies in order to encourage ownership. Distribute minutes of staff meetings to staff.
Standard 26 Health and Safety	Check the mobile phone coverage throughout the building to ensure staff are able to communicate with each other on the different floors.

Any comments the provider may wish to make:

Provider's response:

This was this home's first HIQA inspection. We would like to thank the inspection team for their fair and open inspection process. All recommendations of the inspection team are taken on board with a view to continually improving the levels of care we provide. In fact we will use the Action Plan & Recommendations to finalise our Continuous Improvement Plan for 2010.

We are working hard to ensure the new regulations are complied with and even exceeded.

It is important to point out that over the last 12 months very significant changes have taken place in the centre, having gone from 27 residents to 50 residents.

We would like to thank the inspection team for acknowledging the high level of person centred care provided.

Provider's name: Aisling Lane and Paul Kingston [MDs] Carechoice Macroom Ltd.

Date: 28 December 2009