

Health Information and Quality  
Authority  
Social Services Inspectorate

Inspection report  
Designated centres for older people



<b>Centre name:</b>	CareChoice Dungarvan
<b>Centre ID:</b>	0231
<b>Centre address:</b>	The Burgery
	Dungarvan
	Co Waterford
<b>Telephone number:</b>	058-40200
<b>Fax number:</b>	058-43562
<b>Email address:</b>	dungarvan@carechoice.ie
<b>Type of centre:</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
<b>Registered provider:</b>	CareChoice Ltd.
<b>Person in charge:</b>	Gill Nuttall
<b>Date of inspection:</b>	22 November 2011
<b>Time inspection took place:</b>	<b>Start:</b> 10:45hrs <b>Completion:</b> 15:20hrs
<b>Lead inspector:</b>	Tom Flanagan
<b>Type of inspection:</b>	<input type="checkbox"/> Application to vary registration conditions <input type="checkbox"/> Notification of a significant incident or event <input type="checkbox"/> Notification of a change in circumstance <input type="checkbox"/> Information received in relation to a complaint or concern <input checked="" type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced

## About the 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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

Additional inspections take place under the following circumstances:

- to follow up on specific matters arising from a previous inspection to ensure that the action required of the provider has been taken
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Social Services Inspectorate that a provider has appointed a new person in charge
- arising from a number of events including information received in relation to a concern/complaint or notification to the SSI of a significant event affecting the safety or well-being of residents
- to randomly "spot check" the service.

All inspections can be announced or unannounced, depending on the reason for the inspection and may take place at any time of day or night.

All inspection reports produced by the Health Information and Quality Authority will be published. However, in cases where legal or enforcement activity may arise from the findings of an inspection, the publication of a report will be delayed until that activity is resolved. The reason for this is that the publication of a report may prejudice any proceedings by putting evidence into the public domain.

## About the centre

### Description of services and premises

CareChoice Dungarvan provides a residential service for 64 older people. The premises is set in a large complex in which there are bungalows, designed for independent living, and apartments, suitable for people who require some assistance provided by community services. The people who live in the apartments can join the residents for meals if they wish and can avail of facilities such as some of the activities and hairdressing services.

The centre is a two-storey building with a passenger lift connecting both floors. Residents' bedrooms are single occupancy and have en suite toilet, shower and wash hand basin facilities. Excluding en suite toilets, there are four assisted toilets. There are also two assisted bathrooms, each with an assisted bath, a separate shower and an assisted toilet.

Communal facilities include a large sitting room and a dining room on each floor. There are several other smaller seating areas throughout the premises. There is a conservatory, a visitors'/quiet room, a kitchen, an activity room, a gym and an oratory. There is a reception area and administration office inside the main entrance and a nurses' station on each floor. There is also a hairdressing room, a laundry and sluice rooms.

There is an enclosed courtyard and garden. The entire complex is accessed via security gates which are open from 06:30hrs to 23:00hrs. Entry to the complex outside of these times is via a buzzer system.

## Location

CareChoice Dungarvan is located approximately one kilometre from the centre of Dungarvan, Co Waterford, close to the N25 road to Waterford.

<b>Date centre was first established:</b>	2005
<b>Number of residents on the date of inspection:</b>	61
<b>Number of vacancies on the date of inspection:</b>	3

<b>Dependency level of current residents</b>	<b>Max</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
<b>Number of residents</b>	17	22	13	9

## Management structure

CareChoice Dungarvan is owned by CareChoice Ltd, which owns and operates five nursing homes. The owners of the company are Paul Kingston, Michael Lane, Dr Tom English and Aisling Lane. Paul Kingston and Aisling Lane are the nominated providers. The company employs a Senior Accounts Manager, a Human Resource Manager, a Facilities Manager and a Director of Recreation, each of whom provides a service to CareChoice Dungarvan and report to the Providers. The Person in Charge is Gill Nuttall. She is supported in her role by two Clinical Nurse Managers 1 (CNM 1), Jillian Mason and Louise Moore. Kay Grant is the Administration Manager. The Head Chef is Susan Lambert. Each staff member reports to their respective line manager, who, in turn, reports to the Person in Charge. The Person in Charge reports to the nominated Providers.

<b>Staff designation</b>	<b>Person in Charge</b>	<b>Nurses</b>	<b>Care staff</b>	<b>Catering staff</b>	<b>Cleaning and laundry staff</b>	<b>Admin staff</b>	<b>Other staff</b>
<b>Number of staff on duty on day of inspection</b>	1	3*	9	3	3	1	4**

\* Two CNMs and one staff nurse

\*\* Two Activity leaders and two caretakers.

## Background

This was the third inspection of CareChoice Dungarvan by the Authority. The first inspection took place on 28 October and 29 October 2009. The second inspection, which was a registration inspection, was carried out on 23 February 2011 and 24 February 2011.

On the inspection of 23 February 2011 and 24 February 2011, inspectors found that systems were in place to review the quality of life and the quality of safety of residents and that the person in charge demonstrated a commitment to person-centred care for residents and to the training and development of staff. The premises were clean and bright and fit for purpose. It was well maintained and well equipped. Residents and relatives expressed satisfaction with the quality of life and care and they were complimentary of the staff. Inspectors observed elements of good practice in all aspects of the service.

There were a number of areas where improvements were required:

- the statement of purpose
- the risk management policy and procedures and the emergency plan
- the safeguarding residents' privacy and dignity in relation to closed-circuit television (CCTV) coverage
- the training in the prevention, detection and response to abuse
- the development and review of care plans
- the access to multidisciplinary services for residents
- the recording of restraint
- the recording of residents' financial transactions
- the review of policies and procedures
- the arrangements for ensuring that meals are served at an appropriate temperature.

It was recommended that further opportunities are provided to residents for participation in purposeful and meaningful activities at weekends.

The reports on the previous inspections are available to download on [www.hiqa.ie](http://www.hiqa.ie).

## Summary of findings from this inspection

The inspector met with the Gill Nuttall, the person in charge, and Aisling Lane, one of the nominated providers (referred to in the remainder of the report as the provider) and reviewed the progress in relation to the actions outlined in the report of the inspection of 23 February and 24 February 2011.

The inspector viewed staff rosters, personnel files, policies and procedures, residents' files, care plans, medical records, the results of audits and other documentation required by legislation. He also spoke informally to a number of residents throughout the day. He also interviewed three members of staff.

The inspector found that all of the actions outlined in the report of the previous inspection had been addressed. The provider submitted an updated statement of purpose, revised policies on risk management and the protection of residents and an emergency plan, all of which were adequate. A new system of care planning was put in place. The care plans, which clearly outlined the needs of residents, were reviewed at least every three months. Referrals were made to outside professionals when required and a summary was maintained of all such referrals and follow up appointments. The person in charge had attended a Train the Trainer course on the use of restraint and she had audited the use of restraint in the centre. Records were maintained of the occasions on which bedrails were used and the duration of their use. The policy on consent had been reviewed and further safeguards had been put in place for the protection of residents who lacked the capacity to give consent.

The records of transactions involving residents' finances were signed by the residents, their representatives or two members of staff and these records were audited by the person in charge. Further measures were put in place to ensure that residents received their food at an appropriate temperature. Training of staff in the protection of residents from abuse had been undertaken and all staff were due to have received the training by 7 December 2011. The provider had acted on the recommendation to provide further opportunities to residents to participate in purposeful and meaningful activities at weekends.

Further improvement was required in relation to the operation of the CCTV system and the policy on the use of CCTV needed to be reviewed and updated. This action is required in order to comply with the Health Act 2007 and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland* and is set out in the Action Plan at the end of this report.

## Issues covered on inspection:

The findings of this inspection in relation to the actions the provider and/or the person in charge were required to undertake are set out below.

## Actions reviewed on inspection:

### 1. Actions required from previous inspection:

- (a) Ensure that a comprehensive written risk management policy is put in place and that it is implemented.
- (b) Ensure that the emergency plan is further developed.

The inspector found that these actions had been completed.

Since the previous inspection the provider submitted a comprehensive policy and procedures on risk management. The policy detailed the precautions in place to control the risks specified in the regulations and outlined the arrangements in place for identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents. The inspector viewed the risk registers and the results of audits and observed that the policy was implemented in the centre.

The provider also submitted a revised emergency plan to the Authority. The plan addressed the issues of the training for staff and staffing levels required to deal with emergencies. It outlined the procedures for responding to various emergencies and gave contact details for the emergency response team, which included the providers, the facilities manager, the person in charge and the maintenance person. It also included details of emergency contact numbers for relevant external agencies.

### 2. Actions required from previous inspection:

- (a) Ensure the policy and procedures on the prevention, detection and response to abuse are reviewed and further developed.
- (b) Make all necessary arrangements, by training staff or by other measures, aimed at preventing residents being harmed or suffering abuse or being placed at risk of harm or abuse.

The inspector found that these actions had been satisfactorily addressed and the training of staff was scheduled for completion by 7 December 2011.

Since the previous inspection the provider submitted a revised policy on the protection of residents. The new policy was broader in its scope than the policy it replaced and referred to the possibility that a resident could potentially suffer abuse not just from a staff member but from another resident, a relative or another person in a position of trust with the resident. The provider told the inspector that she was continually reviewing the issue

of the protection of residents. She had met with a senior caseworker for the protection of residents from the Health Service Executive (HSE) on 15 November 2011 to discuss the procedures for reporting and investigating allegations of abuse and that she planned to improve the procedures as a result.

Following the previous inspection, the provider told the inspector that a schedule of training was in place to ensure that all staff would receive training in the protection of residents from abuse by 31 December 2011. The inspector viewed training records and noted that 54 staff had received training in the protection of residents since the previous inspection and that training had been provided on nine separate occasions. Twelve members of staff had not yet received the training and they were scheduled to attend training on either 6 December 2011 or 7 December 2011. The person in charge told the inspector that staff who had yet to attend the training included new staff and staff who had been on sick leave when previously scheduled for training. The inspector interviewed two members of staff who had been recruited in 2011. Both had received training in the protection of residents and were knowledgeable about their duty to report any concerns they may have and how to do this.

### **3. Action required from previous inspection:**

- (a) Keep the residents' care plans under formal review as required by the residents' changing needs or circumstances and no less frequent than at three-monthly intervals.
- (b) Ensure that each resident's needs are set out in their care plan and agreed with the resident.

The inspector found that these actions had been completed.

The person in charge told the inspector that, following the previous inspection, the provider had facilitated the person in charge and the persons in charge of other centres operated by the provider to undertake a fundamental review and re-structuring of the model of care planning.

The inspector viewed the care plans of four residents in detail and discussed the care plans with one of the nurses on duty. The new care plans were well structured and well organised. A detailed index inside the front cover ensured that relevant information was easy to locate. A range of accredited assessments were in use. The inspector observed that the weight and blood pressure of each resident was taken monthly. All the care plans and assessments were reviewed at least every three months. Progress notes on the condition of the residents were recorded twice daily by nursing staff.

The inspector viewed the care plan of two residents whose care plans had been seen by inspectors on the previous inspection. The care plan of a resident with mobility difficulties showed that the Barthel Index was reviewed monthly and the care plan was reviewed at least every three months. There was evidence that the resident was assessed by a physiotherapist and that a dietician and chiropodist had also provided treatment. The inspector also viewed a list of the outpatients appointments attended by the resident. The

care plan of a resident who had a physical disability had a care plan specifically addressing the disability and contained a record of appropriate interventions.

#### **4. Actions required from previous inspection:**

- (a) Ensure that, when a resident requires the services of a health professional, access to such a service is facilitated by the provider or by arrangement with the Health Service Executive.
- (b) Ensure that a record of all referrals and follow-up appointments is maintained.

The inspector found that these actions had been completed.

The inspector viewed the care plan of a resident whose care plan had been seen by inspectors on the previous inspection. At that time, the assessing nurse had written "refer to dietician" but there was no record of the referral having taken place. The inspector observed that the resident had been referred to a dietician since the previous inspection. Records showed that the resident had been assessed by the dietician and a dietary care plan was in place. The resident was also referred to a speech and language therapist and a care plan was in place for difficulties with swallowing. The resident's weight was monitored monthly and the Malnutrition Universal Screening Tool (MUST) was being maintained. The resident's care plan and associated assessments were reviewed at least every three months.

The four care plans viewed by the inspector contained a communications page on which a summary of all referrals to other professionals and a list of all outpatients appointments attended by the residents were maintained.

#### **5. Actions required from previous inspection:**

Ensure that a record is kept of any occasion on which restraint is used, the nature of the restraint and its duration.

The inspector found that this action had been completed.

The person in charge had introduced new documentation to record the occasions on which bedrails were used and the duration of their use. The inspector viewed a sample of the records in place for two residents. When bedrails were in use for a resident, a nurse checked on the resident every two hours and recorded that she had done so. She also recorded anything of significance about the resident's condition at the time and whether the residents had been turned by staff. Before midnight, the nurse on duty re-assessed the resident for continued use of the bedrails and recorded the outcome of her assessment.

The person in charge attended a Train the Trainer course on 6 October 2011 on the use of physical restraints in designated centres for older people. She told the inspector that she had provided training to all nursing staff and that she also planned to provide this

training to care staff. She told the inspector that she was in the process of reviewing the use of restraint in the centre and the inspector viewed the results of an audit that she had carried out. She told the inspector that the provider had recently purchased four extra high low beds and crash mattresses and that nursing staff had assessed a number of residents who were using bedrails and put alternative safeguards in place.

**6. Actions required from previous inspection:**

Review the use of the CCTV camera from the day rooms in order to ensure that residents are provided with privacy, insofar as is reasonable practicable, to the extent that the resident is able to undertake personal activities in private.

The inspector found that this action had been addressed. However, further improvement was required.

Since the previous inspection the provider reviewed the use of CCTV cameras in the centre and submitted a draft policy on the use of CCTV to the Authority. However, the inspector reviewed the use of the CCTV system and found that the location of the CCTV monitor in a public area of the administration office could compromise the rights of the resident to privacy. The policy refers to the fact that CCTV cameras may be used as a security tool. The policy does not make reference to the provider's obligation to provide data subjects, on request, with copies of images captured by the system and it does not make clear under what circumstances a copy of CCTV footage is sent to an insurance company. The provider told the inspector that she will ensure that the monitor is re-located so that it can only be viewed by designated staff and she undertook to review and revise the policy on the use of CCTV.

**7. Actions required from previous inspection:**

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

The inspector found that this action had been completed.

Since the previous inspection the provider submitted a revised statement of purpose which meets the requirements of the regulations.

**8. Actions required from previous inspection:**

Ensure that the written and operational policy on consent is reviewed.

The inspector found that this action had been completed.

Since the previous inspection the provider reviewed the written and operational policy on consent and has introduced new consent forms in relation to the use of restraint, the use

of residents' photographs and the participation of residents in outings from the centre. The policy and the new documentation make it clear that only the resident can give consent. When relatives or a general practitioner (GP) sign the forms they sign to say that they have engaged in detailed discussion with the person in charge. The inspector was satisfied that the policy on consent contains appropriate safeguards for residents, especially residents who are deemed to lack the capacity to give or withhold consent.

**9. Actions required from previous inspection:**

Ensure that all transactions are signed by the residents and/or their representatives or by two members of staff.

The inspector found that this action had been completed.

The inspector viewed the records of transactions in relation to residents' monies and observed that, since the previous inspection, residents who can do so have been signing for any withdrawals of money. In the case of a number of residents who could not sign themselves, relatives signed for transactions. Where there was no signature of the resident or their representative, two staff members signed for the transactions. The inspector viewed evidence that the person in charge audited the records of transactions every four to six weeks. The person in charge told the inspector that she carries out spot checks to ensure that the residents or their representatives are signing where possible and that the amounts of money in safekeeping match the amounts that are recorded.

**10. Actions required from previous inspection:**

Ensure that each resident is provided with food which is properly prepared, cooked and served.

The inspector found that this action had been completed.

The inspector joined the residents for lunch, spoke to three residents and two members of catering staff and viewed the minutes of the residents' committee.

Residents were offered a choice of main courses and desserts and the food was well presented, nutritious and good to taste. The food was served at an appropriate temperature and residents told the inspector that they are very satisfied with the quality of the food and the temperature it is served at. The minutes of the residents' committee showed that the temperature of the food has not featured at meetings as an issue for residents. The head chef told the inspector that, since the previous inspection, the provider had purchased a second hot trolley for transporting residents' meals to the dining room upstairs. Previously, one trolley was used to bring all meals upstairs. Now, two trolleys are used. One trolley is used to bring the meals for residents who require assistance at their meals and who begin their meal at an earlier time. The second trolley is used to transport the meals for the main sitting. The catering assistant, whose responsibility it was to bring the meals upstairs on the day of inspection, explained the

process of pre-heating the trolleys in the morning and demonstrated an awareness of the importance of residents receiving their food at an appropriate temperature.

**Recommendation from previous inspection:**

Provide further opportunities to residents for participation in purposeful and meaningful activities at weekends.

The inspector found that this recommendation had been addressed and acted upon.

The inspector viewed the activities timetable and spoke to residents, the company's activities director and one of the activity leaders in the centre. The activities director told the inspector that she had reviewed the provision of activities in the centre and that a number of changes had been introduced since the previous inspection. Some activities such as music sessions with visiting musicians were now scheduled for weekends. The activities timetable confirmed this. A "Golfathon" was held on Saturday 24 September 2011 and a Christmas Panto was scheduled for Saturday 4 December 2011. The person in charge told the inspector that one of the activity leaders was present in the centre on alternate weekends and on bank holidays. This was confirmed by the activity leader who also demonstrated an understanding of a person-centred approach to the provision of activities.

New social/activity care plans had been introduced for residents and these were integrated into the residents' overall care plans. The provision of outings for residents was more structured. For those residents who could go out of the centre with support but did not wish to take part in group outings, one-to-one outings were arranged with a carer each Wednesday. An outings checklist had been introduced to ensure that the needs of particular residents were taken into account.

Two residents told the inspector that they were going on an outing on the day of inspection and were excited about the prospect of visiting the area they grew up in. The activities director told the inspector that she maintained an overall spreadsheet which listed the outings that have taken place and the residents who participated. This was done to enable activity leaders to monitor the level of involvement of residents on outings and to ensure that all residents who were able to go on outings were given the opportunity to do so.

The inspector viewed the new activity care plans for two residents. The care plans included detailed social/activity assessments on the residents, plans for activities to address the specific needs of the residents and activity flow sheets which were completed by the activity leader. The activity care plans were reviewed monthly by the activity leader and/or the director of recreation.

## Closing the visit

At the close of the inspection visit a feedback meeting was held with the person in charge to report on the inspector's findings, which highlighted both good practice and where improvements were needed.

### Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, the provider, the person in charge and the staff during the inspection.

*Report compiled by*

Tom Flanagan  
Inspector of Social Services  
Social Services Inspectorate  
Health Information and Quality Authority

24 November 2011

Chronology of previous HIQA inspections	
Date of previous inspection:	Type of inspection:
28 October 2009 and 29 October 2009	<input type="checkbox"/> Registration <input checked="" type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input type="checkbox"/> Announced <input checked="" type="checkbox"/> Unannounced
23 February 2011 and 24 February 2011	<input checked="" type="checkbox"/> Registration <input type="checkbox"/> Scheduled <input type="checkbox"/> Follow-up inspection  <input checked="" type="checkbox"/> Announced <input type="checkbox"/> Unannounced

## Provider's response to inspection report\*

<b>Centre:</b>	CareChoice Dungarvan
<b>Centre ID:</b>	0231
<b>Date of inspection:</b>	22 November 2011
<b>Date of response:</b>	16 December 2011

### 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 (as amended) and the *National Quality Standards for Residential Care Settings for Older People in Ireland*.

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

The location of the CCTV monitor in a public area of the administration office could compromise the rights of the resident to privacy.

The policy on the use of CCTV does not make clear that the provider has an obligation to provide data subjects, on request, with copies of images captured by the system and it does not make clear under what circumstances a copy of CCTV footage is sent to an insurance company.

#### Action required:

Provide residents with privacy to the extent that each resident is able to undertake personal activities in private.

\* The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

<b>Action required:</b>	
Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.	
<b>Reference:</b>	
Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Regulation 27: Operating Policies and Procedures Standard 4: Privacy and Dignity Standard 25: Physical Environment Standard 29: Management Systems	
<b>Please state the actions you have taken or are planning to take with timescales:</b>	<b>Timescale:</b>
Provider's response:  The CCTV monitor in the reception area will be moved to ensure it is visible by the staff only.  The existing policy and procedure will be reviewed and updated to incorporate the additional information required.	  31 January 2012  31 January 2012

**Any comments the provider may wish to make:**

**Provider's response:**

Our thanks to the Inspector for the professionalism displayed during this unannounced visit. The team are very motivated that the improvements have been acknowledged.

**Provider's name:** Aisling Lane & Paul Kingston

**Date:** 16 December 2011