

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 Dungarvan
Centre ID:	0231
Centre Address:	The Burgery
	Dungarvan
	Co Waterford
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Type of centre:	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	CareChoice Ltd.
Person in charge:	Gill Nutall
Date of inspection:	23 February 2011 and 24 February 2011
Time inspection took place:	Day-1 Start: 09:45hrs Completion: 19:00hrs Day-2 Start: 09:30hrs Completion: 16:30hrs
Lead inspector:	Tom Flanagan
Support inspectors:	Catherine O'Keeffe Noelene Dowling
Type of inspection:	<input checked="" type="checkbox"/> Registration <input 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 (as amended) 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.

Registration inspections are one element of a process to assess whether providers are fit and legally permitted to provide a service. The registration of a designated centre is for three years. After that the provider must make an application for registration renewal at least six months before the expiration date of the current registration. New providers must make an application for first time registration 6 months prior to the time the provider wishes to commence.

In controlling entry to service provision, the Chief Inspector of Social Services is fulfilling an important regulatory duty under section 40 of the Health Act 2007. Part of this duty is

a statutory discretion to refuse registration if the Chief Inspector is not satisfied about a provider's fitness to provide services, or the fitness of any other person involved in the management of a centre.

The registration inspection is one element for the Chief Inspector to consider in making a proposal to the provider in respect of registration. Other elements of the process designed to assess the provider's fitness include the information provided in the application to register, the Fit Person self-assessment and the Fit Person interviews. Together these elements are used to assess the provider's understanding of, and capacity to, comply with the requirements of the regulations and the Standards. Following assessment of these elements, a recommendation will be made to the Chief Inspector and the formal legal process for registration will proceed. As a result, this report does not outline a final decision in respect of registration.

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

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, wash-hand basin and shower 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, 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 laundry, sluice rooms and a hairdressing room.

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

Date centre was first established:	2005
Number of residents on the date of inspection	63
Number of vacancies on the date of inspection	1

Dependency level of current residents	Max	High	Medium	Low
Number of residents	23	21	12	7

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, who is the nominated provider. The company employs a senior accounts manager, a human resource manager, a services 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 provider.

Staff designation	Person in Charge	Nurses	Care staff	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	5*	10	2	3**	1	2***

* Including one CNM1 on administration duty

** 2 housekeeping staff and 1 laundry staff

*** 1 maintenance person and 1 activities officer

Summary of findings from this inspection

This was an announced registration inspection which took place over two days. As part of the registration process the provider has to satisfy the Chief Inspector that he/she is fit to provide the service and that the service will comply with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). As part of the application for registration the provider was requested to submit relevant documentation to the Health Information and Quality Authority including completion of the Fit Person self assessment. This documentation was reviewed by the inspector to inform the inspection process.

In order to assess the fitness of the provider and the person in charge separate Fit Person interviews were held. The nominated provider and the person in charge demonstrated adequate knowledge of the *National Quality Standards for Residential Care Settings for Older People in Ireland* and the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended). Since they completed the Fit Person entry programme, a number of initiatives have commenced including documenting all complaints, visits to local churches, making additional health promotion literature available, arranging study days with the local pharmacist to upgrade knowledge on medication management and the review of all policies and procedures.

Since the previous inspection on 28 October 2009 and 29 October 2009, the number of residents had increased by approximately 50%. A recruitment campaign during that time resulted in a situation in which seven of the 13 nursing staff and 20 of the 38 care assistants were recruited during the past year. The person in charge acknowledged to inspectors that the influx of new staff impacted, in particular, on the review of assessments and the documentation in relation to resident care.

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 was 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 are a number of areas where improvements are 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 recording of restraint
- the access to multidisciplinary services for residents
- 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 is recommended that further opportunities are provided to residents for participation in purposeful and meaningful activities at weekends.

The Action Plan at the end of this report identifies these and other areas where improvements are 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*.

Comments by residents and relatives

Prior to the inspection, the inspectors received completed questionnaires from 11 residents and 23 relatives. Inspectors spoke to individual residents and relatives in private and spoke to many other residents during the inspection.

Residents

In general, the residents who completed questionnaires and spoke to inspectors commented very favourably about the experience of living in the centre. They said that the staff were excellent and that they felt safe. They talked about the choices they had regarding food, time for getting up and going to bed, and the range of activities that was available. Residents who attended the residents' council spoke of it as a positive development and gave examples of changes that had been made as a result of their suggestions. They said that they felt encouraged by staff to be as independent as possible. They also said that visitors were made feel very welcome.

Comments from residents included the following: "I honestly think that nothing can be changed or improved, it is an excellent place"; "I have everything I could want for"; "I get attention par excellence but I'm not too fond of the dinners"; "the dinner is always cold, heating the plates beforehand might help this". Another resident said "the food is lovely, my room is very comfortable and the staff are very nice to me".

Relatives

Relatives were happy that the residents were offered choice, they were treated with respect and that there was good communication with relatives regarding the health needs of residents. Their comments included the following: "my relative is extremely well cared for and always shown great kindness and respect by all members of staff"; "the best thing about the centre is that you can visit at anytime of the day and you're always made welcome"; "the person in charge – her door is always open to listen to any worries you might have". One relative commented that the food is cold when it is brought to the resident's room.

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 provider and the person in charge demonstrated a comprehensive knowledge of the regulations and the standards, their respective roles and their legal requirements under the Health Act 2007.

The provider had put in place a system of governance to ensure quality assurance, continuous improvement and the smooth operation of the service. An inspector viewed the continuous improvement plan for 2011, in which key performance indicators such as complaints and accidents and incidents were monitored and specific projects such as the development of policies and the improvement of records and documentation were developed.

Inspectors viewed minutes of a range of regular meetings at management level. Each month the provider and person in charge met to review the continuous improvement plan. Every two weeks the person in charge took part in a conference call with the provider and the persons in charge of other centres owned by the company. The agenda was structured and focussed on the development of best practice in each centre. Every month there was a meeting of the management team, which was also attended by the company's senior finance manager, senior human resources manager, services manager and the director of activities, all of whom provided support to the person in charge. There was also an annual staff meeting at which all members of staff could raise issues.

There was a clearly defined management structure in place and staff were aware of their reporting relationships. Two CNMs were employed in order to provide support for the person in charge. While they were generally rostered as nurses on duty, the two CNMs were rostered for seven hours each to work specifically on administrative duties. A schedule of team meetings was in place for all departments and teams. An inspector viewed minutes of meetings of nurses, catering staff and housekeeping staff.

An inspector viewed the results of audits on accidents and incidents, care plans, complaints, medication management, restraint and resident satisfaction. The person in charge told an inspector that these results are discussed with the provider each month.

She told an inspector that an audit of documentation would take place between February and April 2011.

There was a newly developed complaints policy which met the requirements of the regulations. The complaints register detailed the complaints, the investigations and the outcomes.

There was a directory of residents which contained all the information required by the regulations. Contracts for the provision of services to residents were in place. The person in charge had submitted notifiable events to the Chief Inspector in a timely manner.

Some improvements required

The statement of purpose did not include all the information required by the regulations. Omissions included the address, current professional registration, relevant qualifications and experience of the provider and the person in charge. The type of nursing care provided and the criteria for emergency admission was also omitted. The number of the total staffing complement was incorrect. The arrangements for dealing with complaints was not clearly outlined. The arrangements for residents in the adjoining apartments to partake in meals and some activities in the centre were also omitted.

It was clear to inspectors that the provider had contingency plans to be followed in the event of certain emergency situations arising. For example, there was a back up generator in place and instructions were posted at each nursing station with emergency contact numbers. There was also an emergency plan but this focussed primarily on fire safety, evacuation procedures and procedures to be followed in the event of a resident going missing. It did not address a range of other possible emergencies that may arise.

There were policies and procedures on residents' property and possessions. Residents' monies were kept securely and records of all transactions were maintained. According to the person in charge, the residents signed for transactions if they were able. However, some transactions were signed for by only one member of staff.

Significant improvements required

There were a number of policies on risk management but there was no comprehensive policy and procedures which addressed all of the specified risks outlined in the regulations.

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

Inspectors found that there was a wide range of opportunities for residents to engage in meaningful activities. An inspector met with the director of activities and the activities coordinator, viewed the activities timetable and discussed their approach to group activities and the provision of one-to-one activities for residents who were highly dependent or who could not, for other reasons, participate in groups. The activities coordinator demonstrated a detailed knowledge of the residents' needs and described a person-centred approach to engaging individual residents. For example, baking is used as a therapy with one resident. Another resident was assisted to use the internet to contact a relative.

A number of residents participated in organised outings which took place each month. Some residents had planted flowers in a raised bed which they maintained and others planned to grow vegetables in greenhouses which had been purchased for them by the person in charge at their request. The engagement of residents in activities was recorded to enable staff to review their needs in this area. A number of staff have undertaken an ACT (activities in the care setting) course in Waterford Institute of Technology to enhance their skills in working with individual residents. Inspectors observed that residents were engaged in a number of organised activities, both group activities and one-to-one sessions.

The issue of residents as citizens had been addressed. The person in charge had arranged for some residents to have a postal vote in the general election and for others to vote in the centre if they wished. Residents confirmed that they were glad to avail of this opportunity.

Residents told inspectors that they had choices with regard to times they got up and went to bed, the selection of clothes they wore and whether they wished to participate in activities or not. Family members commented that their relatives were always well groomed. A hairdresser visited each week. One of the care staff was trained as a beautician and inspectors observed that she saw residents individually and in private for treatments.

The spiritual needs of residents were catered for. There was a small oratory on the first floor which was always accessible to residents. Small groups of residents said the rosary there. Mass took place every three weeks and visits to attend mass in the local community

were also arranged. Residents and staff told inspectors that the local Church of Ireland minister also visited.

Residents and relatives commented that staff treated the residents with courtesy and respect and that they safeguarded the dignity of residents by keeping doors closed while attending to personal care needs and by knocking before entering a resident's room. Staff, who provided assistance to residents at mealtime, did so in a discreet manner.

Inspectors observed that residents were facilitated to maintain their relationships with friends and families. Relatives commented that they felt welcome to visit any time, with the exception of mealtimes. The person in charge told inspectors that the residents' committee had asked that visitors would not join them in the dining room and that this request was respected. She said that, if a resident wished to dine with their relatives, they were welcome to do so in the visitors' room.

There was an end-of-life policy which emphasised choice and support for residents and relatives and the management of symptoms. A twin-bedded room with en suite toilet, shower and wash-hand basin facilities was available in the apartment block next door to the nursing home for the use of visitors who needed to stay close to their relatives. Facilities were also provided in order that they could make drinks and snacks.

Some improvements required

Inspectors joined residents for lunch and found that the food was served at an appropriate temperature. However, three residents told an inspector that the food was cold at times. One resident said that he/she would like to get tea and toast at the same time but that the tea is often cold as it has been made too long. The provider and person in charge arranged, in 2010, for a detailed survey of residents' experience of meals and mealtimes. The provider told inspectors that they had addressed this issue but a number of residents remained dissatisfied and that the management will continue efforts to improve the residents' experience. An inspector found that a staff member, who was assisting residents at mealtime, was unable to identify the meat and vegetables, the consistency of which had been modified, and so could not offer appropriate information to residents. Moreover, the container used to transport the food upstairs was not plugged in during the serving of food.

February 2011 had been designated a "Go with the Flow" month to highlight the importance of being "resident-led" with regard to activities. Inspectors viewed the diary of the activities officer which reflected this approach. However, this was not evident from the residents' care plans.

Significant improvements required

Residents told inspectors that they felt safe there. Inspectors viewed a centre-specific policy on the prevention, detection and response to abuse and staff, who were interviewed by inspectors, demonstrated an understanding of the policy. However, the policy did not refer to the possibility of a resident being abused by another resident or a relative and the training records showed that only 41% of staff had received training in this area. The human resources manager told an inspector that this training would be made a priority during the coming months.

Minor issues to be addressed

There were fewer opportunities for residents to engage in meaningful activities at the weekend than from Monday to Friday.

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 ongoing 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

Inspectors observed that residents were encouraged to maintain their independence and mobility and saw many residents walking freely around the premises. A number of residents required and received assistance with their mobility and inspectors observed that care staff used appropriate moving and handling techniques when providing assistance.

The head chef explained to an inspector that the dietary needs of residents were communicated to the catering staff by the admitting nurse. Special dietary requirements for residents were posted in the kitchen alongside photographs of the residents. The chef said that she also met with residents at meal times to ensure that they were satisfied. Inspectors observed that fresh fruit was available for residents at the informal seating areas and in the dining room and that dependent residents had ready access to fluids. Water dispensers were accessible in the day rooms and fresh drinking water was brought to residents' rooms. Inspectors viewed the results of a menu audit which had been prepared by a nutritionist which concluded that the menu submitted for audit was nutritionally complete.

There were nine visiting general practitioners (GPs). Residents were given the choice of remaining with their own GP or attending a GP, who was referred to as the "house doctor" and visited one day each week. An out-of-hours service was also available. There was evidence in the residents' files of frequent GP reviews.

There was a policy and procedures on medication management which was centre-specific and comprehensive. The policy document was signed by nursing staff. The nursing station, where medication was stored, was locked when not in use. Refrigerators were available for the cool storage of medication and these were well maintained. Controlled drugs were appropriately stored, administered and checked. Inspectors checked the stock balance and found it to be correct. Inspectors observed that nursing staff administered medication in line with best practice. Nursing staff always retained the keys of the drug trolley and cupboards.

The person in charge had introduced the concept of "shared care", which involved an annual review of the totality of care given to a resident at a meeting to which a resident, relative and any other relevant person was invited by the person in charge. An inspector viewed the documentation associated with this process and observed that considerable preparation had been undertaken to make this process worthwhile and effective. Decisions

affecting the care of the resident were made as a result and the review document was signed by those present. An inspector spoke to relatives and a visiting professional who found this process to be very beneficial. There was evidence that the person in charge had undertaken pre-admission assessments in order to determine whether or not the needs of the prospective resident could be met by her service.

An inspector met with a community mental health nurse, who was visiting several of the residents. She visited weekly and said that arrangements were in place for the consultant psychiatrist and mental health social worker to visit at short notice if required. She expressed satisfaction at the care received and progress made by a number of residents who had taken up residence in CareChoice during the past year. There was also evidence of referrals to other professionals such as occupational therapists and physiotherapists.

A Fit-for-Life programme was conducted each week. An inspector observed a group of approximately 10 residents who participated in an exercise programme which was facilitated by a physical therapist from the Fit-for-Life team. The person in charge told inspectors that a physiotherapist from the team reviewed any residents referred to the service each Friday.

Significant improvements required

The inspectors viewed a number of care plans. Each care plan was formulated following a comprehensive admission assessment. Each resident had a nursing plan of care with clearly defined outcomes. Validated assessment tools such as the Fall Risk Assessment Scale for the Elderly (FRASE), the Barthel Index, the Waterlow Pressure Risk Assessment and Malnutrition Universal Screening Tool (MUST) were used. The majority of the assessments viewed by inspectors were reviewed monthly. However, inspectors observed that a number of assessments had not been reviewed during a period of six months in 2010. In the case of one resident on whom a MUST assessment had been carried out, the assessing nurse had written "refer to dietician". There was no evidence of this referral in the communication sheet or in the problem identification evaluation sheet. Observation such as weight and blood pressure monitoring had not been carried out monthly. The care plan of a resident, whose ability to mobilise independently changed significantly, was not updated to reflect this change.

A continence assessment was carried out on all residents on admission. One of the nursing staff told an inspector that staff promoted continence by assisting residents to use the toilet frequently during the day and inspectors observed that this took place. However, the continence assessments had not been reviewed since admission.

In the case of a resident who had a visual impairment, the care plan was not sufficiently developed with these needs in mind.

There was no summary of referrals to other professionals.

The person in charge had introduced new documentation on the use of and recording of restraint in January 2011. However, she told an inspector that the occasions on which bedrails were used and the duration of their use was not recorded.

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

Residents' accommodation was safe and secure. The bedrooms were comfortably furnished. Each resident had a wardrobe and a lockable storage facility in his/her room. The rooms were personalised with photographs and pictures and most had a sign with the particular resident's name on the door. Some of the name signs were very colourful and included images that were meaningful for the residents concerned. Some signs had been made by members of the residents' families. The provider had arranged for structural work to be carried out on one room to suit the needs of the resident who lived there.

The day rooms on both floors were comfortable and tastefully decorated. Fireplaces had been installed and a new carpet had recently been purchased for the day room downstairs. Large, comfortable armchairs were arranged to afford residents a choice of sitting in small groups or on their own. Each day room had a library, televisions and a CD player. The walls were decorated with the artwork of many of the residents. A discreet storage area had been constructed off each day room for the storage of wheelchairs and walking aids. There was a conservatory off the day room downstairs and this could be used by residents entertaining their visitors. There was a quiet room on one of the upstairs corridors which could also be used for seeing visitors. Comfortable seating was also available near the reception area and in a number of alcoves around the premises and small groups of residents chose to sit there.

Each floor had a well-equipped treatment room which was used by the visiting GPs.

There was a health and safety policy and procedures in place. This was centre-specific and outlined a range of risks and the measures taken to control them. An inspector viewed minutes of the health and safety committee meeting which met quarterly. Decisions were recorded and actions were assigned to the appropriate person such as the person in charge or the health and safety representative. All the corridors were wide and had hand-rails on either side.

Inspectors viewed the fire safety documentation. Fire safety training was held twice a year. The most recent training was on the 10 November 2010. Fire drills were held three times a year. Records of regular fire safety equipment service were available. The most recent service was 28 September 2010. The fire alarm was serviced every quarter, the most recent service being on 9 December 2010. The syllabus for staff training was

appropriate and covered evacuation procedures and use of fire equipment. Staff who spoke with inspectors displayed a satisfactory level of knowledge of fire safety. Inspectors saw that access and exits were unobstructed.

There was a policy on infection control and staff, who were interviewed, demonstrated knowledge of the policy and associated procedures such as the correct method of segregating domestic and clinical waste. Cleaning equipment and laundry bags were colour-coded and all chemicals and cleaning equipment was kept in locked rooms. The sluice rooms and the laundry had appropriate facilities in place. Hand gel dispensers were located at various points around the premises. Clinical waste was stored in appropriate containers and kept securely before being stored in a locked container on the grounds. This material was removed by a licensed contractor.

The kitchen was clean and had appropriate equipment and storage facilities. A food safety management system was in place. An inspector spoke to the head chef, who had undertaken relevant courses in food safety management and infection control.

A wide range of assistive equipment was available to meet the needs of residents. An inspector viewed the service records for this equipment and the maintenance log, both of which were in order. A machine for marking clothes had been introduced to reduce the risk of clothes going missing. A passenger lift between the ground floor and first floor was provided for the use of residents, relatives and staff. A stairs connecting the two floors was accessed using a keypad.

There was a secure and enclosed garden area which residents could access through the conservatory. There was a raised bed which had been planted and maintained by residents and fruit trees which had been planted at the request of the residents' committee. Garden seating was also provided.

Significant improvements required

A CCTV camera system was used to monitor the exits and the corridors in order to enhance the security of the residents. However, the CCTV camera also monitored the day rooms and inspectors were of the opinion that this compromised the privacy and dignity of residents.

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

Inspectors observed that there was good communication between staff and residents and that they were on first name terms.

In their responses to questionnaires and interviews with inspectors, relatives commented favourably on the fact that staff kept them informed about any changes in the condition of the residents and that they could easily access the person in charge or one of the nursing staff if they needed to. Many relatives indicated that they had been consulted about their relatives' care plans. Suggestion boxes were also available on each floor for comments and/or complaints.

Residents had access to radio and television. Residents could choose to purchase their own newspapers and a selection of newspapers was also purchased each day by the provider for distribution around the premises. Each resident had a telephone in their room and could make or receive calls in private. The activities coordinator had facilitated computer classes for those residents who were interested and a small number of residents had access to the computer and internet.

There were notice boards in the day rooms on each floor which contained photographs of residents engaged in activities such as parties and outings and information such as the minutes of the residents' committee meeting and notices regarding upcoming events. Notice boards in the dining rooms displayed the menu cycle and also contained large handwritten menus of the particular day. At each nurses' station, the names of nursing and care staff on duty were listed clearly and residents could see the names of care staff who had been allocated to them as key workers.

An inspector met with a group of residents from the residents' committee. This committee met every month and was facilitated by the activities coordinator. Minutes of these meetings showed that they were attended by a large number of residents. The person in charge told inspectors that the minutes were sent to her for consideration. There was evidence that she regarded the outcome of residents' committee meetings as an important indication of residents' satisfaction with the service and that significant changes were made as a result.

Staff members told inspectors that there were effective communications systems for staff, which included regular staff meetings and handovers at the change of each shift. Inspectors viewed minutes of staff meetings and observed that a nurses' diary and communications books were in use at each nursing station. Residents' records and all other records on the premises were seen to be stored securely, easily retrieved and well maintained.

Some improvements required

An inspector observed that the development of the policies and procedures was highlighted as a prominent feature of the continuous improvement plan. An inspector viewed the policies which were centre-specific and referenced. They were signed and dated by the person in charge and the provider and they had dates for review. Staff signature sheets were present to indicate the staff had read the policies. All the policies required by Schedule 5 of the regulations were in place. However, in addition to the policies on risk management and emergencies, which require further development, the policy on consent contained a section on "implied consent" which needed to be reviewed.

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

Many residents and relatives commented favourably on the kindness of staff and the high quality of care that they provided. Inspectors observed that the interaction between staff and residents was respectful. Staff interviewed by inspectors, demonstrated knowledge of policies and procedures and were able to explain how they implemented them in their work with residents.

The names and photographs of the management team and all the staff members were displayed in a prominent place on the walls of both floors to ensure that both residents and relatives could familiarise themselves with the staff.

A recruitment policy and procedures were in place. Newly recruited staff received a comprehensive induction and were given a copy of the company handbook which outlined the conditions of employment and the services available to staff. A "Buddy" system had been developed to support new employees. A probationary period applied for six months and appraisals were conducted twice a year. Staff who were interviewed said that they felt supported by their line managers and that they had good access to the person in charge.

An inspector viewed a sample of five staff files. The files were well organised. Four of the files contained all the information required by Schedule 2 of the regulations. In the case of a file of a new staff member, the only omission was Garda Síochána vetting but there was evidence that this had been applied for. The files also contained job descriptions and completed appraisals.

The provider told inspectors that staffing levels had been determined according to a nationally recognised assessment tool and the person in charge described a process by which she could make a case for an increase in staffing if she felt that this was required. Since the last inspection, the provider had employed an extra member of care staff from 17:00hrs to 23:00hrs to ensure that the reception area had dedicated staffing during evening visiting times. Two nurses and three care staff were on night duty. Five nurses, including the person in charge, had undertaken training in the care of residents with dementia. The person in charge told inspectors that, in order to improve the service to residents with particular mental health needs, she was in the process of recruiting a nurse who had specialist mental health training.

The provider demonstrated a commitment to the training of staff. Computerised training records were in place and a training calendar had been produced for 2011. Twenty four of the 38 care staff had completed Further Education and Training Award (FETAC) Level 5 training and five more were due to commence this training in 2011. All staff had received training in fire safety while 82% of staff had received training in moving and handling and training had been scheduled for the remainder. Nursing staff had received training in venopuncture and the training records of kitchen and housekeeping staff showed that they had received training in food safety and infection control, respectively.

Inspectors viewed the facilities that were provided for staff. All staff had access to changing rooms, each with a shower, toilet, wash-hand basin and individual lockers. Separate facilities were provided for catering staff. A staff room had appropriate facilities and staff were provided with meals at a minimal cost.

Closing the visit

At the close of the inspection visit, a feedback meeting was held with Aisling Lane and Paul Kingston, providers, and with Gill Nuttall, the person in charge, to report on the inspectors' findings, which highlighted both good practice and where improvements were needed.

Acknowledgements

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

Report compiled by:

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

23 February 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

Provider's response to inspection report *

Centre:	CareChoice Dungarvan
Centre ID:	0231
Date of inspection:	23 February 2011 and 24 February 2011
Date of response:	11 April 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 is failing to comply with a regulatory requirement in the following respect:

The risk management policy and procedures was not comprehensive as required by the regulations.

The emergency plan needs to be further developed.

Action required:

Ensure that a comprehensive written risk management policy is put in place and that it is implemented.

Action required:

Ensure that the emergency plan is further developed.

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

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:
Provider's response: A more comprehensive Risk Management Policy will be put in place. The emergency plan will also be reviewed and further developed.	 30 June 2011 30 June 2011

2. The provider is failing to comply with a regulatory requirement in the following respect: The policy on the protection of residents from abuse did not refer to the possibility of a resident being abused by another resident or a relative and the training records showed that only 41% of staff had received training in this area.	
Action required: Ensure the policy and procedures on the prevention, detection and response to abuse are reviewed and further developed.	
Action required: 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.	
Reference: Health Act 2007 Regulation 6: General Welfare and Protection Standard 8: Protection	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We will review our policy and procedures on the prevention, detection and response to abuse. We believe it to be best practice and therefore have all our staff scheduled to go through the HSE program. We are progressively	 30 June 2011 31 December 2011

training our staff (14 have attended since the inspection). All staff will have completed this programme in 2011.	
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<p>3. The person in charge has failed to comply with a regulatory requirement in the following respect:</p> <p>The residents' care plans were not kept under formal review as required by the residents' changing needs or circumstances and no less frequent than at three-monthly intervals. The care plan of a resident, whose ability to mobilise independently changed significantly, was not updated to reflect this change.</p> <p>The needs of a particular resident who had a physical disability were not set out in their care plan and agreed with the resident.</p>	
<p>Action required:</p> <p>Keep the residents' care plans were not kept under formal review as required by the residents' changing needs or circumstances and no less frequent than at three-monthly intervals.</p>	
<p>Action required:</p> <p>Ensure that each resident's needs are set out in their care plan and agreed with the resident.</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>The care plan of the resident referred to by the inspector was reviewed and updated. As discussed with the inspection team, a complete review of documentation regarding care planning was already in progress and a key part of our 2011 continuous improvement plan. This is ongoing.</p> <p>The care plan of the resident with a physical disability was reviewed and further developed.</p>	<p>Completed 28 February 2011</p> <p>Completed 28 February 2011</p>

<p>4. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>A resident who required a dietetic service did not receive that service.</p> <p>A record of all referrals and follow-up appointments was not maintained.</p>	
<p>Action required:</p> <p>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.</p>	
<p>Action required:</p> <p>Ensure that a record of all referrals and follow-up appointments is maintained.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 9: Health Care Standard 13: Healthcare</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>In cases where the service is not available in the community we have sourced alternative practitioners.</p> <p>A record of all referrals and follow up appointments is now maintained.</p>	<p>Completed 28 February 2011</p> <p>Completed 28 February 2011</p>

<p>5. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The occasions on which bedrails were used and the duration of their use was not recorded.</p>	
<p>Action required:</p> <p>Ensure that a record is kept of any occasion on which restraint is used, the nature of the restraint and its duration.</p>	
<p>Reference:</p> <p>Health Act 2007 Regulation 25: Medical records Standard 21: Responding to Behaviour that is Challenging</p>	

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>The occasions on which bedrails are used and the duration of their use is now recorded.</p>	<p>Completed 30 March 2011</p>

<p>6. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>A CCTV camera was used to monitor the day rooms.</p>
<p>Action required:</p> <p>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.</p>
<p>Reference:</p> <p>Health Act 2007 Regulation 10: Residents' Rights, Dignity and Consultation Standard 4: Privacy and Dignity Standard 25: Physical Environment</p>

Please state the actions you have taken or are planning to take with timescales:	Timescale:
<p>Provider's response:</p> <p>We will review the use of the CCTV camera in the day rooms. This is the first time an issue of the CCTV in the day room has been raised. We believe the day rooms are not an environment where a resident will need to perform a 'personal activity in private' as per the regulations. We have reviewed our policy and are updating it. In line with the draft policy, the CCTV camera will be used for the security of the residents. At no time will it be used to compromise their privacy and dignity.</p>	<p>6 May 2011</p>

<p>7. The provider has failed to comply with a regulatory requirement in the following respect:</p> <p>The statement of purpose and function did not contain all the information specified in Schedule 1 of the regulations.</p>

Action required:	
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).	
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 and function will be updated to include the information specified in the report.	31 May 2011

8. The provider has failed to comply with a regulatory requirement in the following respect:	
The policies and procedures on consent need to be reviewed.	
Action required:	
Ensure that the written and operational policy on consent is reviewed.	
Reference:	
Health Act 2007 Regulation 27: Operating Policies and Procedures Standard 29: Management Systems	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
We will review the policy on consent.	6 May 2011

9. The provider is failing to comply with a regulatory requirement in the following respect:	
A number of residents' transactions were not signed for by the residents and/or their representatives but by one member of staff only.	

Action required:	
Ensure that all transactions are signed by the residents and/or their representatives or by two members of staff.	
Reference:	
Health Act 2007 Regulation 7: Residents' Personal Property and Possessions Standard 9: The Resident's Finances	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
We will ensure these signatures are captured for all transactions going forward.	Completed 28 February 2011

10. The provider has failed to comply with a regulatory requirement in the following respect:	
A number of residents and relatives told inspectors that the food is sometimes cold when served.	
Action required:	
Ensure that each resident is provided with food which is properly prepared, cooked and served.	
Reference:	
Health Act 2007 Regulation 20: Food and Nutrition Standard 19: Meals and Mealtimes	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response:	
This issue has been addressed again since the inspection.	Completed 28 February 2011
We had extensive discussions with the inspection team as to the challenge this poses us. We have had multiple reviews of our menus/procedures/service etc to ensure that the high quality food prepared by our chefs is delivered hot to our residents each and every day. We will continue to ensure this is a daily focus but cannot identify any fundamental changes required to current practice.	

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 18: Routines and Expectations	Provide further opportunities to residents for participation in purposeful and meaningful activities at weekends.

Any comments the provider may wish to make:

Provider's response:

We would like to thank the team for the recent Inspection. We are very pleased that so much of the good practice in CareChoice Dungarvan has been observed and acknowledged in the report.

Provider's name: Aisling Lane and Paul Kingston - CareChoice Dungarvan Ltd.

Date: 11 April 2011