

Health Information and Quality Authority
Social Services Inspectorate

Inspection report
Designated centres for older people



Centre name:	Carechoice Montenotte
Centre ID:	0253
Centre address:	Middle Glanmire Road
	Montenotte
	Cork
Telephone number:	021-4861777
Fax number:	021-4514822
Email address:	montenotte@carechoice.ie
Type of centRegarding	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Voluntary <input type="checkbox"/> Public
Registered provider:	Carechoice Montenotte Ltd
Person in charge:	Joanne Williams
Date of inspection:	11 May 2010, 12 May 2010 and 13 May 2010
Time inspection took place:	Day-1 Start: 08:30hrs Completion: 19:00hrs Day-2 Start: 08:00hrs Completion: 19:30hrs Day-3 Start: 08:00hrs Completion: 12:30hrs
Lead inspector:	Breeda Desmond
Support inspector(s):	Margaret O Regan
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.

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 cooperation and assistance of the residents, relatives, provider and staff during the inspection.

About the centre

Description of services and premises

This four-storey building was established in the mid 1800's as a Sisters of Charity convent. Carechoice Ltd undertook refurbishment of the premises and upon its completion commenced operation in 2003. The centre offers long-term, respite and convalescent care and caters for all categories of residents, including those with Alzheimer's disease and other forms of dementia and cognitive impairment. Included in their bed allocation are three designated respite beds, four convalescent beds and one rapid response bed.

The centre currently has capacity to accommodate 111 residents. There are four floors each of which is a self contained unit with bedrooms, a day room, kitchenette, dining room, staff areas, sluice room, assisted bathroom and storage rooms, a treatment room and a nurses' office. Floors one and two have designated smoking rooms and the staff dining room, which is large and well equipped, is situated on the third floor. The lower ground floor contains the laundry; the ground floor has staff areas, the main kitchen, visitor's canteen, reception and administrative offices as well as bedrooms on dedicated corridors. Residents have the choice of either private or semi-private bedrooms. All floors can be accessed by stairs or lift.

There is a medical officer for the centre who is also one of the directors. Residents have a choice of remaining with their own general practitioners (GPs). There is an available for out-of-hours GP service. The director of activities and the activities coordinator have an extensive activities programme for each floor each day, and residents have input into this. Chiropody and hairdressing are provided regularly at an additional cost to the resident. Physiotherapy is provided upon assessment and request. The activities programme includes fit-for-life and several residents commented they enjoyed their "aerobics".

Location

CareChoice Montenotte is located on Middle Glanmire Road, Montenotte, just a few minutes drive from Cork city centre.

Date centre was first established:	2003
Number of residents on the date of inspection	102

Dependency level of current residents	Max	High	Medium	Low
Number of residents				
Ground Floor Camden	0	9	10	2
1 st Floor Carlisle	0	7	22	6
2 nd Floor Currabinny	0	4	23	4
3 rd Floor Roche's Point	0	2	12	1

Management structure

The Carechoice Group consists of five nursing homes, of which Carechoice Montenotte is one. The Directors of the company are Aisling Lane, Paul Kingston, Michael Lane and Dr Tom English. Other key members of the management team of Carechoice are the senior accounts manager, human resource manager, director of recreation, with a Director of Nursing in each of the five centres. All of these positions report to the providers, Paul Kingston and Aisling Lane. Joanne Williams is the Person in Charge of Carechoice Montenotte. The Person in Charge, known as the Director of Nursing, is supported in her role by a team of clinical nurse managers and staff nurses and care staff. There is an administration manager for the centre, an activity leader, head chef and maintenance person. All of the staff report in the first instance to their respective line manager, who in turn reports to the Person in Charge.

Staff designation	Person in Charge	Nurses	Care Attendants	Catering staff	Cleaning and laundry staff	Admin staff	Other staff
Number of staff on duty on day of inspection	1	1 CNM (supernumerary)		3	2 Laundry	1	1 Maintenance
Ground Floor	0	1	4	0	1	0	0
1 st Floor	0	2	4.5	0	2	0	0
2 nd Floor	0	1 plus 1 CNM	4.5	0	2	0	0
3 rd Floor	0	1	4	0	1	0	0

Summary of findings from this inspection

This was a registration inspection undertaken by the Health Information and Quality Authority and it was carried out over three days. Operational and governance documents were inspected including care plans, activity records, medical records, financial records, accident and incidents log, complaints book, policies and procedures, staff files including staff training, continuous improvements projects 2010, and insurance certificate.

Inspectors interviewed both registered providers and the person in charge as part of the registration process. They all demonstrated a clear commitment to quality care delivery and continuous improvement, and had extensive knowledge of 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*. Both providers are closely involved in the running of the centre and attend two days each week. The person in charge is employed on a fulltime basis and is involved in the day-to-day operations.

Inspectors met with residents, relatives and staff. Feedback received from them was very positive, with residents satisfied with the care provided. A wide variety of social and recreational activities, both on-site and outside the centre, is available to residents. Family involvement is encouraged with relatives requested to participate in the recently initiated shared care programme.

Inspectors found the premises, fittings and equipment were clean and well maintained. There was a good standard of décor throughout with several communal seating areas on each floor.

Overall there was a good standard of person centred care throughout, and staff were aware of the challenges of delivery of this care as needs change all the time and the person in charge identified "no two days are the same for residents". Some improvements are required to comply with 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*.

These improvements included;

- identify the independent appeals process in the complaints procedure and display this in a prominent position
- aspects of the premises including:
 - appropriate extractor fan for the smoking room on the first floor
 - suitable safe external grounds for residents
 - decoration and layout of dining rooms
 - private space suitable to meet visitors
- aspects of resident care including transfer from wheelchairs and seating arrangements
- policies including consent regarding restraint and medication management
- care plan documentation to include social information

All these will be discussed in the report and outlined in the Action Plan at the end of the report.

Residents' and relatives' comments

48 residents and 37 relatives' questionnaires were completed prior to inspection and three relatives and five residents were interviewed during inspection. Overall feedback was very positive regarding all aspects of life in the centre.

They described staff as having "a friendly attitude, gentle, caring, professional, respectful and always willing to respond to requests".

They outlined that they "could speak with the staff if they were any concerns" and "the doctor visits when necessary". Relatives wrote that "staff are always willing to talk with us on the phone or in person". One family member said that her relative "is encouraged to go to the dining room for meals rather than stay in her own room and this helps her to be independent". Another family member said that their relative "doesn't want to get up some mornings and this is ok – which we are happy about".

One relative wrote that they had been present many times for activities and were "amazed how innovative they can be" and residents' "various talents and skills are encouraged". Both relatives and residents outlined the extensive activities ranging from aerobics, knitting, arts and crafts, film days, music sessions, tea parties, cards, talent shows, sports days out as well as concerts and day trips. The residents committee has commenced and one resident is responsible for helping to initiate the Monday evening pub night which he has christened the "dew drop inn". Ladies have their cocktail hour and also their ladies' coffee mornings.

Some relatives expressed concern over staffing levels saying that "evening staffing levels could be better". This issue was discussed during inspection with the registered providers and the person in charge. They outlined that staff levels were increased to include additional twilight hours from 19:00hrs to 22:00hrs every night.

Other relatives suggested that "activities could be better for higher dependency residents". Inspectors viewed the activities roster for each floor and these were extensive and varied. Inspectors discussed this with both the director of activities and the activities coordinator. They outlined activities undertaken with residents who prefer to stay in their rooms and give them one-to-one attention, cognisant that concentration spans may be limited so repeated visits will be required.

Some residents highlighted that they would like more input into film choice on "movie day". Inspectors discussed this with the activities coordinator and said residents' choice would be actively sought, formally at the next residents' committee meeting and informally while chatting with residents during the day.

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 registered providers and the person in charge are actively involved in the day-to-day running of the centre. They demonstrated a comprehensive knowledge of 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*. Carechoice group were working to develop and implement policies and procedures in compliance with these. They displayed a strong and clear commitment to continuous improvement in quality person centred care through staff appraisals, staff training, and regular audits of all aspects of resident care utilising key performance indicators.

The members of the senior team of finance, human resource management and director of activities as well as clinical nurse managers provide substantial support to the person in charge in delivery of quality care.

There was a clear management structure and staff were aware of reporting mechanisms. Acting up arrangements was comprehensive, for both day and night duty. The CNM is in charge when the person in charge is off duty. A senior nurse is in charge on night duty with overall management responsibility at night. This nurse also had nursing duties for residents on the ground floor for this shift. This nurse receives update reports from the staff nurses responsible for the first, second and third floor throughout the night. A report is formulated for the entire centre and given to the person in charge in the morning to ensure continuity of information flow.

There was a sign-in book for visitors at the entrance. There was also a welcome note with a reminder to visitors to use the hand hygiene gel prior to entering the main building. The centre's registration certificate, information booklet, complaints process and health information were on display at reception.

There were suggestion boxes on each floor as well as at reception. The complaint log was viewed and had entries which were dealt with in a timely fashion. The accident

and incidents logs were viewed. These are logged at floor level and a spreadsheet is sent to the person in charge. The person in charge outlined the audit process for these to identify trends and implement remedial action if indicated.

Residents' finances were maintained in accordance with best practice. Contracts of care were viewed and these were comprehensive, identifying fees charged and appropriate signatures for all residents. The current bound register of residents was viewed and this was maintained in accordance with best practice. The statement of purpose and function and residents' guide were inspected and both were comprehensive. As well as the residents' guide, Carechoice also had bi-annual newsletters which are centre-specific, outlining upcoming social events as well as internal news.

Insurance certification was viewed and was compliant with the regulations. Fire policies and procedures were centre-specific. Displayed on each floor was a drawing of the layout of the floor. Displayed beside these drawings was the procedure for emergencies. A member of staff was identified as fire marshal for each day and that person's name was displayed.

Close circuit television is positioned in communal areas only, thus respecting the privacy of residents while helping to maintain their safety.

A safety audit of the premises and equipment had been conducted by an external company in October 2009, and a further audit of residents' safety had been completed in January 2010. Several actions have been completed upon the auditor's advice including:

- key pad placed at all nurses' stations, which now remain locked when there are no staff in situ
- a hand rail is being placed around the garden area to enable residents to walk safely
- all windows now have covered steel cable restrictors to ensure that the windows aperture is 100mm or less. There are two different window types. One is of a three-part configuration, top and two sides. Two of these parts are sealed shut (the top and lower left hand side part). The part that opened has two closing devices in place, a latch style clasp, and a bar that stretches the length of the window. The window opens inward, door-like. These now have two restrictors, one at the bottom and the other at the top of the window. Windows observed on the third floor are of a sash type, opening in from the top. These have one restrictor on the top limiting the opening to 70mm.

Future planning includes developing a designated visitors' room, and employing a physiotherapist who will be available to all Carechoice centres. Short-term plans include having a special summertime party in the Montenotte centre for residents and their families. Inspectors viewed the yearly continuous improvements projects programme to facilitate quality improvements throughout the centre. These included policies and procedures that are to be reviewed, as well as team meetings and staff training calendar and recreation calendar.

Some improvements required

The complaints procedure was not clearly outlined and did not identify an independent appeals process.

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 observed that residents' privacy and dignity was respected and promoted by staff. Adequate screening was provided in shared bedrooms and staff knocked before entering residents' bedrooms when personal care was being delivered. Inspectors observed that residents appeared well cared for and one family member said they were "dressed as if they were going out shopping" every day.

The inspector reviewed incidents recorded. Many of them related to residents falling. The person in charge explained that residents are continuously assessed regarding their ability to move independently. They are risk assessed as is their environment and risk is managed through person-centred care enabled through diligent staff supervision. There are many communal seating areas as well as handrails to aid residents.

A range of social and recreational programmes to meet residents' needs were in place, and on display for each floor. The director of activities and the activities coordinator were very proactive in the ongoing development of these programmes and actively sought residents' input. The activities coordinator painted life-size murals on several of the walls as part of reminiscence therapy. The murals include "Mangan's clock" which was part of old Cork city and residents informed inspectors this is where they used meet to "go courting". There is a bus stop painted on another wall with seating alongside. This mural is especially effective for residents with dementia who may be restless. They wait for the bus to come along, sitting at the bus stop chatting with each other and people passing by. The third life-size mural is that of an old telephone box painted around a wall mounted telephone. Again, this familiar image is reassuring for some cognitively impaired residents.

The activities programmes are wide and diverse including arts and crafts, fit-for-life, music sessions, card playing, movie showings, mobile library, gardening, outings, spa montonotte (hand massage and manicures), newspapers and magazines, and a sensory room. There is a designated hairdressing room and the hairdresser visit three days every week, and also when there is a special occasion.

The person in charge has a retired guide dog that she brings to the centre daily and many residents said they loved. Inspectors saw how well the dog and residents interacted.

Regular residents' committee meetings are held and residents from each floor attend. Many changes have resulted from these meetings including setting up the Monday pub night. One resident was instrumental in initiating this and said it has been a huge success and has christened it the "dew drop in". Ladies have their cocktail evening and coffee mornings, which they confirmed that they enjoy very much.

All bedrooms have televisions (TV) and are personalised to the resident's liking. Flat screen televisions are being phased in to replace the existing TV's and residents said they were happy with the new models. There was a dedicated relative's bedroom, with en suite toilet and washbasin. Relatives whose family member is unwell may use this and end of life care is supported on request by Marymount Hospice.

Mealtime was observed and there was good interaction amongst residents, and between residents and staff. Daily menus with choice were displayed outside each dining room. Tables were set in an attractive manner with fresh flowers, napkins, condiments and appropriate cutlery. Residents requiring assistance with meals were helped in a discrete and respectful manner. Kitchen staff was aware of specialist diets including diabetic, coeliac and renal diets. An external nutritional audit was performed by a dietician and showed that the diet received was both nutritious and balanced. The malnutrition universal screening tool is used and staff confirmed that they found this an effective tool.

Spiritual needs are catered for with daily prayers and Sunday mass. Other religious denominations are catered for when requested. There is a large oratory on the ground floor for quiet reflection and prayer. The oratory is linked to residents' televisions that they may view religious events in their bedrooms if they wish.

All staff had received training in elder abuse prevention and detection and staff interviewed were aware of their roles and responsibilities in adult protection.

Some improvements required

Some aspects of resident care were not in keeping with best practice;

- one resident, who required a specialist chair, had no footrest to support her legs
- residents being transferred from wheelchair to dining chair were not given instruction by staff regarding the transfer and were moved inappropriately.
- some residents remaining in their rooms did not have easy access to the call bell or to fluids.

Some residents expressed their wish for choice in what films are shown on movie day. This was discussed with the activities coordinator and director and they said they would attend to this and also place it on the agenda for the next residents' meeting.

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

Inspectors observed that residents were encouraged to maintain their independence wherever possible and many residents were seen freely walking around the centre. Several residents with cognitive impairment came in and out of the nurses' office when staffs are there, and this is accommodated and facilitated. Residents may sit down for a while and then leave again. Some residents visit the person in charge's office.

A massage chair with a footrest has recently been acquired. Residents with poor sleeping habits use the chair and the person in charge said that this has been a great success in facilitating restful periods for these residents.

There is a nurse's station on each floor and this is locked when unoccupied. There is a large white board in the nurses' station on each floor identifying residents, specialist diets, specialist requests, staff on duty, staff in charge, staff allocation including activities assistant, fire marshal, and wound dressings.

There are four visiting GPs. Residents have choice in remaining with their own GPs. The principal GP visits the centre three times a week and more often if required. An out-of-hours GP service is provided. Blood tests are done routinely. Blood glucose levels are performed daily for non-insulin diabetics and more often for insulin dependant diabetics. Medical notes were viewed and these were comprehensive.

The person in charge carries out a pre-admission assessment of potential residents to identify needs and also to consider which floor would be most suitable for them. Nursing notes for residents were examined and these had comprehensive assessment tools to assist person-centred care. These assessments are reviewed three monthly or more frequently if the resident's condition changes. Daily record sheets of resident care are maintained. These are kept in a holder on the inside of residents' wardrobes to preserve confidentiality. The Cohen-Mansfield Agitation Inventory assessment tool has been introduced as part of care. It identifies trends and behaviours of residents prone to agitation, recognising if certain behaviours are more prevalent, and at what times. Staff said they found this a good tool for informing individual care.

If a resident becomes acutely unwell, staff implement the “procedure at onset of acute illness” document, whereby staff initiate further assessments of the resident including observation chart, medley score, skin assessment and pressure area monitoring, fluid balance chart, pain score, vomiting and diarrhoea symptoms, as well as contacting the GP.

A shared care programme was in the process of being rolled out. Relatives were invited to participate in this programme whereby they were invited to be more actively involved in their family member’s care. The registered providers explained that this has been rolled out in another centre within the group and that it had been very successful.

The person in charge had undertaken a course in wound management and acted as adviser in wound care for the centre. Wound care documentation was comprehensive in nursing notes.

Continence was promoted with appropriate assessment tools in residents’ care plans.

The pharmacist delivers medications on a daily basis if required. The pharmacist performs a quarterly audit of medication management. Inspector joined a medication administration round and the nurse had good knowledge of medication management procedures. Medication trolleys were locked and kept in a locked room when not in use. Photographic identification was available for all residents as part of medication management.

Some improvements required

The director of activities and the activities coordinator had introduced a new assessment tool called the “resident recreation information sheet”. This ascertained residents’ likes, dislikes, preferences and social activities prior to becoming ill and requiring admission. This information is invaluable to the promotion of person centred care. Even though this assessment tool is in place, it has not been rolled out completely and there are no formal mechanisms for this information to be included in nursing care notes.

Some aspects of medication management policy were incomplete in that it did not outline appropriate disposal of medications. Even though staff outlined that two nurses undertook transcribing medications, in practice, only one nurse transcribed medications. An Bord Altranais medication guidelines 2007 outlines that transcribing is not best practice, but outlines if transcribing is unavoidable, the service provider policy should be such that risk is minimised.

The controlled drug press on the third floor contained medications other than controlled drugs.

Residents are comprehensively assessed regarding restraints and there was extensive documentation to support the minimum use of restraint. However, restraint documentation outlined consent to be obtained from the next of kin if the resident was unable to sign this.

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' bedrooms, communal areas, sensory room, oratory, activities room, bathrooms, laundry, kitchen, day rooms and dining rooms, and garden were inspected.

The centre was clean, bright, warm, and had a good standard of private and communal space and facilities. The day rooms were pleasantly decorated and contained appropriate seating including different height chairs, television, radio, fireplaces, bookshelves and suitable tables and chairs for card playing.

Residents' bedrooms were comfortable with good storage space. Many of the bedrooms were furnished with personal furnishings, pictures and mementoes. Twin bedrooms had appropriate screening to protect the privacy and dignity of those sharing a room.

There was a large room where different activities were held throughout the day. During inspection, inspectors witnessed this space being used for activities such as hand massage and manicures, potting of tomato plants, and the residents' committee meeting. Card playing held on the second day of inspection occurred in the day room of the ground floor, and this was a boisterous affair with great banter between residents and the volunteer facilitating the game. There was also a sensory room with a sofa, water feature, and sensory lights. The director of activities explained that this room did not suit all residents with a diagnosis of dementia or Alzheimer's disease, so they are giving it a trial run here to assess its appropriateness. Residents who did respond positively to the sensory room had its use included in their care.

The kitchen was large, clean, well organised and had comprehensive storage space. Kitchen staff interviewed had received training in food preparation and hygiene. Staff demonstrated a good understanding of food hygiene practices. Beside every designated work area there was a hand washbasin to facilitate good hygiene practices. Kitchen records viewed were up-to-date.

There was appropriate assistive equipment available to meet the needs of residents including electric beds, hoists, pressure relieving mattresses, wheelchairs, specialist chairs, Zimmer frames and three lifts, two for residents and staff use, and one service use.

Waste management system was well managed and secure. Staff demonstrated good knowledge of the correct bags to use for domestic and clinical waste. Household staff and laundry staff interviewed were clear in infection control processes. They outlined the appropriate segregation of laundry procedure. A new colour coding system had been introduced for each floor which had resulted in increased traceability of unmarked clothes. A machine for marking clothes had also been introduced to reduce the risk of clothes getting lost. There is a locked area on housekeeping trolleys for storage of chemicals as well as a central locked chemical store.

Hand hygiene reminders were available throughout as well as hand gels. Good hand hygiene practices were observed including staff washing their hands or using gel after administering medications.

Some improvements required

Aspects of the premises require attention:

- ventilation in the smoking room on the first floor is inadequate
- the external grounds are not safe for use by residents
- there is no private area for residents to meet with visitors
- dining rooms are not suitably decorated.

Staff wore uniforms both coming to work and at the end of their shift. This has infection control implications.

Minor issues to be addressed

There is neither a bedpan washer or macerator available.

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

There was a communications plan which detailed attendance and frequency of meetings within Carechoice Montenotte. Senior management team meetings occur every month. Formal floor team meetings, led by the CNM1 are held every two months, and on an informal basis daily. Staff meetings for all staff occurred bi-annually. The minutes from the meetings viewed by inspectors detailed the issues discussed and were relevant to the operation and management of the centre.

The person in charge is available throughout the day to staff, residents and relatives. Staff interviewed outlined ease of access to the person in charge. Residents and relatives stated there was "no problem" talking with staff regarding any aspect of care.

Staff reported that handover reports for all staff are carried out at the change of each shift. The person in charge receives the day report for all floors. There is a designated senior night nurse responsible for the whole centre by night and that nurse is usually assigned to ground floor duties also. A night report is compiled and given to the person in charge in the morning outlining residents' conditions and any other relevant information. A nurses' diary, communication book and GP diary are used by staff to promote communication.

A project commenced in 2009 which aimed to standardise Carechoice policy and procedures incorporating new legislation and guidelines. Policies inspected were referenced, dated and had review dates included. Staff from all five centres in the Carechoice group were involved in policy development and review. There was a dementia care communication process on display in the nurses' office and in the office of the person in charge. There was a policy on care of the resident with dementia which was comprehensive.

The residents' committee had been in place for several months prior to inspection with monthly meetings facilitated by the activities coordinator. During the inspection, with residents' permission, an inspector joined the meeting which was attended by 18 residents. Minutes from the previous meeting were read out and outstanding

issues were discussed. Other items were raised and discussed including inviting the newly appointed head chef to their next meeting. Recreational and social activities were discussed and residents informed the inspector of the upcoming Gaelic Athletics Association match between Cork and Tipperary which will be attended by 10 residents.

There were several notice boards on each floor displaying photographs of residents at different festivities, information on upcoming events, and health issues including information on the Cork advocacy service. There were suggestion boxes on all floors as well as at reception.

There were large easily visible signposts throughout indicating where dining rooms, bedrooms and communal areas were located on each floor.

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

The human resource manager for the Carechoice group has developed a yearly training matrix identifying mandatory training for staff as well as other pertinent training including dementia care and challenging behaviour, venepuncture, infection control, food hygiene, wound care management and cardio-pulmonary resuscitation. Robust recruitment and induction procedures are in place for staff probation and induction processes, appraisal systems to allow each staff member to be informed of their progress and strengths, and have an opportunity to develop their capabilities. Staff interviewed were clear in their account of their induction and recruitment. They also reported good access to the person in charge.

The practice of promoting ongoing professional development was reflected in staff records. A high number of care staff had undertaken the Further Education and Training Awards Council (FETAC) level 5 qualifications with one staff member completing his practical study requirement at the centre during inspection. The director of activities recently completed a diploma in social gerontology in the National University of Ireland, Galway. An Bord Altranais nurse registrations were current for all nurses.

Staff levels and skill mix was good. Staffing levels had been audited and this resulted in increased staff being assigned for the twilight shift of 19:00hrs to 22:00hrs. There was a senior nurse and senior carer to facilitate work practices and supervise new staff.

The staffing complement includes a full time maintenance person whose duties encompass fire safety. He outlined to inspectors the training he had undertaken for fire evacuation including evacuation with fire sheets and air mattresses. He discussed the regime for checking emergency lighting, daily means of escape check, weekly alarm checks and fire doors, monthly fire extinguisher checks, and over door green emergency lights which are checked nightly. Further training included "safe passenger release training" which was specific for rescuing people from a lift in the event of breakdown.

There is a maintenance log on each floor into which all staff can note maintenance issues. A printout of this log is reviewed daily and items are prioritised appropriately. One resident said that the maintenance person was "invaluable" to her.

Some improvements required

Some staff files were incomplete as they did not have the required three references and some Garda Síochána vetting forms were awaiting return.

REPORT COMPILED BY

Breeda Desmond
Inspector of Social Services
Social Services Inspectorate
Health Information and Quality Authority

18 May 2010

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

Action Plan



Provider's response to inspection report

Centre Regarding	Carechoice Montenotte
Centre ID:	253
Date of inspection:	11 May 2010, 12 May 2010 and 13 May 2010
Date of response:	7 July 2010

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 complaints procedure was not clearly outlined and did not identify an independent appeals process.

Action required:

Ensure the complaints policy and procedure identifies a nominated independent person.

Reference:

Health Act, 2007
Regulation 39: Complaints Procedures
Standard 6: Complaints

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

Timescale:

<p>Provider's response:</p> <p>We await the outcome of the Nursing Homes Ireland (NHI) process re this regulation and will of course introduce an additional external independent person for this role.</p>	<p>December 2010</p>
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<p>2 The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Some aspects of resident care were not in keeping with best practice.</p> <ul style="list-style-type: none"> ▪ one resident, who required a specialist chair, had no footrest to support her legs. ▪ residents being transferred from wheelchair to dining chair were not given instruction regarding the transfer and moved inappropriately ▪ some residents remaining in their rooms did not have easy access to items the call bell and fluids. 	
<p>Action required:</p> <p>Ensure that suitable care is provided to maintain the resident's welfare and wellbeing, having due regard to the nature and extent of dependency and needs of residents.</p>	
<p>Reference:</p> <p style="padding-left: 40px;">Health Act, 2007 Regulation 6: General Welfare and Protection Standard 4: Privacy and Dignity</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>Regarding the footrest - we have audited all chairs to ensure footrests are in place.</p> <p>Regarding the transferring of our residents - staff have been briefed again by the manual handling instructor in particular around the area of transfer from chair to wheelchair. In addition we have purchased some new lifting equipment [example slings etc.] to facilitate this. We have emphasised that communication with residents is key to care giving.</p> <p>Regarding access by our very dependant residents - we will again brief all staff to ensure that this situation does not happen.</p>	<p>Completed</p> <p>Completed</p> <p>September 2010</p>

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

There was no formal mechanism to ensure that information obtained through the resident's recreation sheet was included in care plans.

Action required:

Ensure that social care needs information obtained are included in the individual's care plan.

Reference:

Health Act, 2007
 Regulation 8: Assessment and Care Plan
 Standard 10: Assessment
 Standard 11: The Resident's Care Plan

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

Timescale:

Provider's response:

All activity leaders assessments are now included in the main resident's file [they had been filed separately]. This will be an important input into the resident's care plan.

September 2010

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

Aspects of the premises require attention:

- ventilation in the smoking room on the first floor is inadequate
- the external grounds are not safe for use by residents
- there is no private area for residents to meet with visitors
- dining rooms are not suitably decorated.

Action required:

Provide adequate ventilation in the smoking room on the first floor.

Action required:

Ensure that the external grounds which are used by residents are suitable, safe and appropriately maintained.

Action required:

In as far as practicable, provide a suitable private area for residents to meet with their

visitors.	
Action required:	
Ensure dining rooms are suitably decorated.	
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:
<p>Provider's response:</p> <p>Regarding ventilation in the smoking room - we are in the process of getting quotes for a suitable extractor system to improve the ventilation in the smoking room on the first floor.</p> <p>Regarding the external grounds; a hand-rail has been fitted all around the garden pathways to facilitate residents walking in safety. All our residents are accompanied by staff or visitors when outdoors. We are reviewing other aspects of the garden to make it safe for independent resident use.</p> <p>Regarding private area for residents to meet visitors - we have identified a area on the ground floor which may be suitable to convert to a small sitting room for residents to meet visitors in private.</p> <p>Regarding Decoration of dining rooms- our interior designer is currently reviewing this and we await her recommendations.</p>	<p>December 2010</p> <p>December 2010</p> <p>December 2010</p> <p>December 2010</p>

5. The provider is failing to comply with a regulatory requirement in the following respect:	
Staff wore uniforms both coming to work and at the end of their shift. This has infection control implications.	
Action required:	
Review the quality and safety of the practice of staff wearing uniforms to and from work.	
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	Timescale:

take with timescales:	
Provider's response: We will review as recommended by October 2010.	October 2010

6. The provider is failing to comply with a regulatory requirement in the following respect:	
Consent for restraint for cognitively impaired residents was not comprehensive.	
Action required:	
Ensure that the consent procedure reflects the dependency levels of residents.	
Reference:	
Health Act, 2007 Regulation 25: Medical Records Standard 21: Responding to Behaviour that is Challenging	
Please state the actions you have taken or are planning to take with timescales:	Timescale:
Provider's response: We are in the process of reviewing the restraint consent form to incorporate HIOA's feedback on this issue. We expect to complete this by September 2010.	September 2010

7. The provider is failing to comply with a regulatory requirement in the following respect:	
Staff files were incomplete, items missing included references and Garda Síochána vetting forms.	
Action required:	
Ensure staff files are complete in accordance with Schedule 2.	
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:	

<p>Regarding references - all staff employed since July 2008 have three references on file. Other staff have one or two references.</p> <p>Regarding Garda Siochana vetting: All regular staff now have Garda Siochana vetting on file. We await return of forms for some relief staff, but all have been applied for.</p>	Ongoing
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<p>8. The provider is failing to comply with a regulatory requirement in the following respect:</p> <p>Some aspects of medication management policy were incomplete:</p> <ul style="list-style-type: none"> ▪ it did not outline appropriate disposal of medications ▪ even though staff outlined that two nurses undertook transcribing medications, this did not happen in practice. An Bord Altranais medication guidelines 2007 outlines that transcribing is not best practice, but outlines if transcribing is unavoidable, the service provider policy should be such that risk is minimised. <p>The controlled drug press on the third floor contained medications other than controlled drugs.</p>	
<p>Action required:</p> <p>Ensure the medication management policy outlines appropriate methods of disposal of medications.</p>	
<p>Action required:</p> <p>Ensure the medication management policy outlines proper procedures regarding transcription of medication.</p>	
<p>Action required:</p> <p>Ensure that controlled drugs presses are maintained in accordance with An Bord Altranais guidelines 2007 medication management.</p>	
<p>Reference:</p> <p style="padding-left: 40px;">Health Act, 2007 Regulation 33: Ordering, Prescribing, Storing and Administration of Medicines Standard 14: Medication Management</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>Policy update - our policy HS-006 "Prescribing, Ordering, Storage and Disposal of Medications" will need to be updated to include the</p>	<p>December 2010</p>

<p>new procedure for disposal of loose tablets [we had implemented new disposal boxes on each Medication trolley which hadn't been documented in the actual policy].</p> <p>Transcription - We have reviewed An Bord Altranais guidelines on Medication Management again. We believe that our existing policy HS-006 which has a nurse transcribing and a GP signing off minimises risk as per these guidelines. We are looking at the possibility of introducing electronic prescribing as a way of ensuring that we have a legible up-to-date prescription in hand when administering medication.</p> <p>Controlled Drugs - A sleeping tablet had been stored in this press and will not be in the future.</p>	<p>December 2010</p> <p>Completed</p>
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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	Obtain either a bedpan washer or macerator to enhance sluicing facilities.

Any comments the provider may wish to make:

Provider's response:

Thank you for acknowledging evidence of best practice across all six domains. This is very rewarding for all our staff and is very important to the residents who live here and their relatives.

We found the inspection process to be comprehensive and thorough. The Inspectors were professional, courteous and respectful of our Residents, Staff and Visitors. They gave extensively of their time and did not rush the process making sure that they captured the essence of care giving at CareChoice Montenotte.

We believe the recommendations are realistic, evidence based and in keeping with best practice and we are happy to do all we can to comply in the interest of our residents and staff.

Provider's name: Paul Kingston and Aisling Lane

Date: 7 July 2010