



Report of an inspection of a Designated Centre for Older People.

Issued by the Chief Inspector

Name of designated centre:	Carechoice Macroom
Name of provider:	Carechoice (Macroom) Limited
Address of centre:	Gurteenroe, Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	26 January 2023
Centre ID:	OSV-0000209
Fieldwork ID:	MON-0039085

About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Carechoice Macroon is set in the heart of Macroon and was established as a residential centre in 2013. The centre provides long term care and respite care to older people. It is registered to provide nursing care to a maximum of 62 residents whose care dependency level range from supporting independent living to high dependency care. The premises has four floors, three of which are occupied by residents. Each floor is named after a location in the Macroon area. There are 42 single bedrooms and 10 twin bedrooms, the majority of which have en suite facilities. The centre has an elevator in the centre of the building. There are three dining rooms, three sitting rooms, an activities room and external courtyards off some of the communal spaces. CareChoice Macroon provides care primarily for dependent older persons, male and female, aged 65 years or over. The centre also provides care for dependent residents, male and female, under 65 years and over 18 years, this includes convalescent, dementia, palliative, and respite care. Care is provided by a team of nursing and care staff covering day and night shifts.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	58
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 26 January 2023	09:15hrs to 18:45hrs	Ella Ferriter	Lead
Thursday 26 January 2023	09:15hrs to 18:45hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

This unannounced inspection took place over one day. The inspectors spoke with several of the residents living in the centre, in their bedrooms and in the communal rooms. Inspectors also spent periods of time throughout the day, observing staff and resident engagement in communal areas. Overall, the feedback from residents was mixed, some spoke positively about the care they received and others told the inspectors they sometimes had to wait for long periods to be attended to, when they required assistance. Many residents spoken with were acutely aware that there was a frequent change in staff in the centre and they told the inspectors that this could be difficult at times. They acknowledged that adapting to the new role may be hard for staff, but also stated that communication with staff was sometimes difficult. The inspectors also spoke with five visitors during the inspection. Feedback was that communication systems within the centre were inadequate and they sometimes found it difficult to acquire information about their loved one. One visitor also expressed dissatisfaction with regards to the monitoring of food and fluids and found it difficult to establish what their relative had eaten and drank.

The inspectors were met by the administrator on arrival to the centre and were accompanied to the first floor of the centre, where the management team were based. Inspectors were informed that the person in charge was on planned leave, and the provider had put arrangements in place for a member of their management team to deputise in their absence.

Carechoice Macroom is a designated centre for older people registered to provide care for 62 residents. There were 54 residents living in the centre on the day of this inspection. The centre is laid out over four floors, three of which are allocated to residents, and the basement houses the laundry facilities and additional storage. The centre is divided into four named wings, Bealick (ground floor), Gearagh North and South (first floor) and Mount Massey (second floor), the names which depict local places around the Macroom countryside. Bedroom accommodation consists of 42 single and 10 twin bedrooms. All rooms had full en-suite facilities, except five bedrooms on Gearagh North. The inspectors observed that all areas of the centre were very clean and well maintained. Communal rooms were nicely decorated with soft furnishings, wallpaper and comfortable seating.

It was evident that residents generally exercised choice, with regard to where they would like to have their meals. Some residents enjoyed attending the dining room, while others preferred to remain in their bedroom. Inspectors spent time observing the dining experience for residents, in the three dining rooms. Overall, residents who attended the dining room for their meals were afforded a nice dining experience. Tables were beautifully set with china cups and table cloths. Staff were observed to provide appropriate supervision and support to residents during mealtimes in each dining room. Daily menus were displayed in suitable formats, including pictorial menus, so that residents knew what was available at mealtimes. However, for some residents who remained in their bedrooms, and required

assistance, inspectors observed that assistance was delayed. Some residents complained regarding the quality, choice and presentation of the food, which is further detailed under regulation 18.

The inspectors observed that there was a comprehensive activities programme in place and residents were aware of the days programme. There were two staff members allocated to the role of activity coordinators. They were enthusiastic about the role, and it was evident they knew residents personal preferences very well. Activities that residents were observed to take part in on the day included ball games, one-to-ones and watching movies. However, inspectors observed that particularly on the second floor, Mount Massey, many residents spent the day in their bedrooms, with little social stimulation.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations.

Capacity and capability

This unannounced risk inspection was triggered on receipt of unsolicited information that raised concerns regarding the care of residents living in the centre, particularly the provision and monitoring of food and nutrition and poor communication systems. Evidence was found to support a number of the concerns received and are detailed under the relevant regulation. Overall, findings of this inspection were that management oversight of the service required action, to ensure that the service provided to residents was safe, appropriate, consistent and effectively monitored. A feedback meeting was held at the end of the inspection, which was attended by the senior management team. During this feedback the provider assured inspectors that immediate action would be taken, to address the findings of the inspection.

Carechoice Macrooom is a designated centre for older people registered and operated by Carechoice (Macrooom) Limited. There is a clearly defined management structure in place, with clear lines of authority and accountability. However, on the day of inspection there were gaps in the management structure, as outlined under regulation 23. The inspectors acknowledge that the provider had put additional management supports into the centre over the last number of months, while recruiting to fill these senior posts. At operational level, support was provided by the Chief Executive Officer, an Operations Manager, and a human resource department.

Staff were facilitated to attend training commensurate their role in areas such as fire safety, cardiopulmonary resuscitation (CPR) and responsive behavior and all training records reviewed were up-to date. There was an ongoing training schedule in place and training had been delivered in responsive behaviors and safeguarding within the centre, the week prior to this inspection. However, findings of this inspection indicated that there was a sufficient gap in knowledge for nurses in the individual

assessment and care planning process, which required to be addressed. This was a repeat inspection finding and also had been a non-compliance in the inspection of June 2022. The provider had systems in place to ensure all staff had completed an induction programme, when commencing their role. However, the inspectors were not assured that staff were appropriately supervised in their role by management, which impacted on the delivery of residents care. This is further detailed under regulation 16.

Record-keeping systems comprised of both electronic and paper based record systems. Information was securely stored and easily retrieved. Records required to be maintained in respect of Schedule 2, 3 and 4 of the regulations were made available for review. The inspectors found that a sample of staff personnel files reviewed contained all the information as required by the regulations. Each resident had a contract of care, which contained all components as per regulatory requirements.

Incident records were well maintained within the centre and all incidents had been reported as required to the Chief Inspector as per regulatory requirements. There was a complaints management system, in place and complaints had been investigated in line with the centres policy.

Regulation 15: Staffing

There had been a very high turnover of staff since the previous inspection. Inspectors found that due to this high turnover of staff, the skill mix of staff was not always appropriate to meet the needs of residents. Ongoing staff absences, combined with staff on induction meant that the staff available did not always have knowledge and experience of residents care to fully meet their assessed needs. Inspectors saw delays in personal care during the morning and poor dining experience for some residents. Residents on the second floor of the centre were also observed to spend large parts of their day in their bedrooms and there was little social stimulation available to them.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The following required action to be taken to ensure compliance with regulation 16:

- although the centres mandatory training was up-to-date, as per the findings of this inspection, further training was required on the assessment and care planning process, as outlined under regulation 5.
- the inspectors were not assured that the registered provider had appropriate staff supervision arrangements, in place to ensure that care delivery was

appropriately monitored and delivered. For example, there was not appropriate supervision of the provision of meals to residents in their bedrooms.

Judgment: Substantially compliant

Regulation 21: Records

Records in accordance with Schedule 2, 3, and 4 were available for inspection. A sample of four personnel records indicated for each staff member a full and comprehensive employment history available, references were obtained including a reference from their most recent employer and Garda vetting was in place.

Judgment: Compliant

Regulation 23: Governance and management

A number of issues were identified with the governance and management of the centre. The governance arrangements in place did not ensure the effective delivery of a safe, appropriate and consistently monitored service. Issues pertaining to the governance arrangements included:

- although there was a defined management structure in place, there was a gaps in the management structure, as at the time of the inspection. In particular, there was no Assistant Director of Nursing in post and the Clinical Nurse manager was very new to a managerial role. The staffing whole time equivalents, pertaining to the management structure within the centre, were not aligned with those previously submitted to the Chief Inspector, for the purpose of registration. The inspectors acknowledge that the registered provider was actively recruiting for these positions and had deployed additional management supports to the centre.
- systems in place to monitor healthcare, care planning and food and nutrition required strengthening, as outlined further under the specific regulations.
- supervision of staff was inadequate and inspectors were not assured that residents personal care and support with nutrition and hydration needs were always met.
- inspectors were not assured that clinical oversight systems in place were were robust. Oversight of residents' nursing and medical needs required action, as further outlined in relation to care planning and health care.

Judgment: Not compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of Purpose had been amended and contained all the required information as per Schedule 3 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector within the required time frames. The inspectors followed up on incidents that were notified, and found these were managed in accordance with the centre's policies.

Judgment: Compliant

Regulation 34: Complaints procedure

An up-to-date centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process. A summary of the complaints procedure was displayed. Procedures were in place to ensure all complaints were logged, investigated and that the outcome of investigation was communicated to complainants.

Judgment: Compliant

Quality and safety

Overall, the findings of this inspection were that the impact of the poor governance and management of the service directly impacted on the quality of care provided to residents. In particular, this related to inadequate monitoring of healthcare, food and nutrition and a care planning system that did not fully direct residents specific care needs. Communication systems also required review and action.

Residents' had access to their general practitioner, however, it was evident that residents were not always reviewed in a timely manner. A referral system was in place within the centre that ensured residents had access to allied health and social care professionals such as physiotherapy, speech and language therapy and dietitian. However, a review of resident's care records found that in some instances allied health professionals treatment plans were not always observed to be adhered to. For example, where a dietitian had made specific recommendations, with regards supervision and prompting for meals, these were observed not to be followed. This is further detailed under regulation 6.

As per the findings of the previous inspection, significant improvements were required in the assessment and care planning process for residents. Although resident's health and social care needs were assessed on admission to the centre, a review of a sample of residents care plans found that they were not always developed and reviewed at intervals not exceeding four months and they didn't provide sufficient detail to guide staff in the provision of person-centred care to residents. This is further detailed under regulation 5.

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. The inspectors found evidence of good medication management practices within the centre. The inspectors spoke with a nurse on duty regarding medication issues. They demonstrated competence and knowledge when outlining procedures and practices on medicines management. Medicines requiring strict controls were appropriately stored and managed. Secure refrigerated storage was provided for medicines that required specific temperature control.

Restrictive practices, such as bedrails, were managed in the centre through ongoing initiatives to promote a restraint free environment. Where 'as required' psychotropic medication was administered, the effects and outcome for the resident following the administration of the medication was recorded in residents records. All staff had attended safeguarding training and the inspectors were assured that all allegations of abuse had been reported and investigated appropriately.

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 18: Food and nutrition

The registered provider did not meet the requirements of this regulation, evidenced by the following:

- from a review of residents meetings and from talking to residents a number of residents identified that there was limited choice on the menu and individual requests from residents were not always facilitated.
- the way food was served and presented to residents in their bedrooms required action and inspectors saw that some residents required more assistance to ensure their nutrition and hydration needs were met.
- residents input and output charts were not consistently updated on a daily basis to show who had received what fluids and food intake. Nursing staff had difficulty locating this information when requested by inspectors and the inspectors noted gaps in the records.
- inspectors were not assured that the dietary needs of residents as prescribed by dietetic staff were always adhered to.

The inspectors were informed that the catering management team were in the process of addressing some of the issues identified, however, continuous oversight and monitoring would be required, to ensure new processes were implemented effectively.

Judgment: Not compliant

Regulation 25: Temporary absence or discharge of residents

On review of a residents records the inspectors was not assured that when a resident was temporarily absent from the centre for hospital treatment, all relevant information was conveyed about the resident to the acute hospital. This information is integral to ensure that the hospital is aware of all pertinent information, to provide the resident with the most appropriate medical treatment.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was seen to be very clean and generally improvements were seen in

infection control since the previous inspection, However, some staff were observed throughout the day of this inspection not wearing face masks correctly. This posed a risk of transmission of infection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Significant action was required in individual assessment and care planning to ensure that residents documentation reflected their care requirements and could direct care delivery. For example:

- some care plans were not formally reviewed every four months or when the condition of the resident changed, as required by the regulations.
- a resident at high risk of pressure ulcer development did not have this reflected in their care plan although their risk assessment indicated elevated risk. Therefore, inspectors were not assured that all measures had been put in place to prevent skin breakdown.
- a elimination care plan reviewed did not provide clear information with regards the specific care requirements of the resident.
- although staff were using scientific assessment tools to assess residents, in some instances these were not completed correctly or fully. Therefore, the assessments were not accurate and could not inform care delivery.
- pain assessments were not always being used when indicated and a residents pain care plan had not been updated to reflect current medical treatment.
- there was an excessive number of care plans for each resident, with duplicated information. This made it difficult to guide and direct care delivery.

Judgment: Not compliant

Regulation 6: Health care

This inspection found that a high standard of evidence based nursing care, in accordance with professional guidelines was not always provided in the centre, for example:

- there were not adequate arrangements in place to monitor residents at risk of malnutrition or dehydration, to ensure best outcomes for residents. Findings of this inspection were that in some instances weights and malnutrition assessments were not recorded correctly, therefore, they did not accurately reflect the residents risk of malnutrition.
- some residents required their food to be monitored via food record charts, to determine nutritional care plans and dietetic interventions, however, these records were found to lack detail and information on what residents consumed at meals. For example, small, medium or large was documented, as opposed to the name and type of food, which would be required to evaluate nutritional content of diet.
- inspectors found that a resident with symptoms of infection did not have screening in a timely manner.
- inspectors found that a resident who required urgent medical assessment and treatment did not receive this review in a timely manner which was a potential risk to the resident's well being.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

The centre had reduced the number of restraints in use since the previous inspection and generally where restraint was used it was assessed and used in line with the national policy. Residents exhibiting responsive behaviours were well managed and staff were observed to respond appropriately to residents throughout the day.

Judgment: Compliant

Regulation 8: Protection

Inspectors were satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. There was evidence that safeguarding measures were put in place while the investigations were taking place.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that the following required to be addressed, to ensure that residents rights were always promoted and protected:

- residents and relatives said their access to information was difficult at times, due to communication barriers with a number of staff. Overall, inspectors found there was a lack of robust systems in place for communication with residents and relatives.
- as previously outlined in the report activities for resident on the second floor were minimal and inspectors saw many residents in their bedrooms during the day, with little to occupy them.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 18: Food and nutrition	Not compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Not compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Carechoice Macroom OSV-0000209

Inspection ID: MON-0039085

Date of inspection: 26/01/2023

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Staff turnover averaged at 3.53% across all roles in the nursing homes until Q4 of 2022 when it rose to 9.06%. At this time additional supports were put in place to support the governance and management in the home. This included a number of ADONs from other CareChoice homes, a senior manager (DON level) and the Quality and Compliance Regional Manager supporting the Director of Nursing. This support was provided on a rolling roster basis to support the home. Throughout this time there was also additional support provided from the Group Catering Manager and a General Manager from another home. Below is an overview of the supports put in place in the home:</p> <p>Management & Additional Support in CC Macrooom</p> <p>10/10/2022 Director of Nursing, Clinical Nurse Manager x 2.</p> <p>17/10/2022 Director of Nursing, Clinical Nurse Manager x 2, Group Catering Manager, Assistant Director of Nursing, Regional Quality & Compliance Manager (acting as ADON).</p> <p>24/10/2022 Clinical Nurse Manager, Group Catering Manager, Assistant Director of Nursing- from other CareChoice Home x 2, Regional Quality & Compliance Manager (acting as ADON).</p> <p>31/10/2022 Director of Nursing, Clinical Nurse Manager, Assistant Director of Nursing- from other CareChoice Home x 2, Director of Nursing- from CareChoice Group, Regional Quality & Compliance Manager (acting as ADON)</p> <p>07/11/2022 Director of Nursing, Assistant Director of Nursing- from other CareChoice Home, Clinical Nurse Manager, General Manager- from other CareChoice Home, Director of Nursing- from CareChoice Group, Regional Quality & Compliance Manager (acting as ADON).</p> <p>14/11/2022 Director of Nursing, Director of Nursing- from CareChoice Group, Group Catering Manager, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON).</p> <p>21/11/2022 Director of Nursing, Director of Nursing- from CareChoice Group, Group Catering Manager, Clinical Nurse Manager, Data Protection Officer, Regional Quality & Compliance Manager (acting as ADON).</p> <p>28/11/2022 Director of Nursing, Assistant Director of Nursing- from other CareChoice</p>	

Home, Clinical Nurse Manager, General Manager- from other CareChoice Home, Director of Nursing- from CareChoice Group, Data Protection Officer, Group Facilities Manager, Regional Quality & Compliance Manager (acting as ADON).

05/12/2022 Director of Nursing, Clinical Nurse Manager, Director of Nursing- from CareChoice Group, Data Protection Officer, Regional Quality & Compliance Manager (acting as ADON), General Manager- from other CareChoice Home, Maintenance Personnel from other CareChoice Home, Clinical Nurse Manager- from other CareChoice Nursing Home.

12/12/2022 Director of Nursing, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON).

19/12/2022 Director of Nursing, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON), Director of Nursing- from CareChoice Group.

26/12/2022 Director of Nursing, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON), Director of Nursing- from CareChoice Group.

02/01/2023 Director of Nursing, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON), Director of Nursing- from CareChoice Group, Group Catering Manager.

09/01/2023 Director of Nursing, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON), Director of Nursing- from CareChoice Group, Group Catering Manager.

16/01/2023 Director of Nursing, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON), Director of Nursing- from CareChoice Group, Group Catering Manager.

23/01/2023 Director of Nursing, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON), Director of Nursing- from CareChoice Group, Group Catering Manager.

30/01/2023 Director of Nursing- from CareChoice Group, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON), Group Catering Manager.

To counteract this turnover CareChoice have in the last number of months onboarded a significant number of experienced Healthcare Assistants. Many of these staff members hold Nursing degrees, Nursing Assistant and Nursing Technician qualifications and experience. These staff have recently completed comprehensive inductions, with on-the-floor shadowing. Those who require further education upskilling are being enrolled on the QQI Level 5 qualification in Healthcare Support. There are currently no staff vacancies in the home.

Meetings have been facilitated with the teams in the home with regard to their roster. Following same the ADON reviewed the roster taking into account the skill mix within the home, the revised roster is now in place.

Two ADONs are now in place in the home providing supervision and mentoring.

Staff mandatory education as per legislation is at 93% compliance and other education e.g., Assessment & care planning, Restrictive practice, Wound care, CPR, IDDSI, Medication Management, Dementia, Responsive behavior, Continence promotion have been completed and will continue as is required. Ongoing training, mentoring and supervising daily on the floor.

A review of the activity program has been completed in close consultation of residents and families, and oversight is completed daily by the clinical management team, to ensure residents on all units can avail themselves of the program. Activity staff provide activities for residents on all floors and the second floor is the main activity hub. Outdoor activities with residents are occurring daily.

Regulation 16: Training and staff development	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 16: Training and staff development:

Assessment & care planning training had been facilitated in Q4 of 2023, further training was planned on the day of the inspection and was provided on 03.02.2023. All nurses have been allocated to a unit and have been assigned their own residents care plans to update, personalise and reflect residents needs and current health status. At the time of the inspection a number of care plans had been completed e.g., restrictive practice and skin integrity. Nutrition care plans were in progress and are now completed, with the CMT reviewing same. Care plan personalisation and up to date entries will be monitored by the clinical management team.

Two ADONs are now in place to provide supervision and mentoring of staff across all units.

The Group Catering Manager had been assisting the CMT in a review of the dining experience, to include residents who prefer to dine in their rooms.

Regulation 23: Governance and management	Not Compliant
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Outline how you are going to come into compliance with Regulation 23: Governance and management:

In May 2022 the Assistant Director of Nursing position became vacant. From this date onwards the recruitment for a replacement full time home specific Assistant Director of Nursing in the home was extremely difficult with minimal applications for the role received directly. Recruitment agencies (4) were also engaged regarding recruitment of the ADON, with an enhanced package offered, but no suitable applicants were found. On 2 separate occasions an ADON position was secured, but due to unforeseen circumstances they did not commence/remain in situ.

From October onwards additional supports (2-5) were put in place to support the governance and management in the home. This included a number of ADONs from other CareChoice homes, a senior manager (DON level) and the Quality and Compliance Regional Manager supporting the Director of Nursing. This support was provided on a rolling roster basis to support the down in the home. Throughout this time there was also additional support provided from Group Catering Manager and a General Manager from another home. Below is an overview of the supports put in place in the home:

Management & Additional Support in CC Macroom

10/10/2022 Director of Nursing, Clinical Nurse Manager x 2.

17/10/2022 Director of Nursing, Clinical Nurse Manager x 2, Group Catering Manager, Assistant Director of Nursing, Regional Quality & Compliance Manager (acting as ADON).

24/10/2022 Clinical Nurse Manager, Group Catering Manager, Assistant Director of Nursing- from other CareChoice Home x 2, Regional Quality & Compliance Manager (acting as ADON).

31/10/2022 Director of Nursing, Clinical Nurse Manager, Assistant Director of Nursing- from other CareChoice Home x 2, Director of Nursing- from CareChoice Group, Regional Quality & Compliance Manager (acting as ADON)

07/11/2022 Director of Nursing, Assistant Director of Nursing- from other CareChoice Home, Clinical Nurse Manager, General Manager- from other CareChoice Home, Director of Nursing- from CareChoice Group, Regional Quality & Compliance Manager (acting as ADON).

14/11/2022 Director of Nursing, Director of Nursing- from CareChoice Group, Group Catering Manager, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON).

21/11/2022 Director of Nursing, Director of Nursing- from CareChoice Group, Group Catering Manager, Clinical Nurse Manager, Data Protection Officer, Regional Quality & Compliance Manager (acting as ADON).

28/11/2022 Director of Nursing, Assistant Director of Nursing- from other CareChoice Home, Clinical Nurse Manager, General Manager- from other CareChoice Home, Director of Nursing- from CareChoice Group, Data Protection Officer, Group Facilities Manager, Regional Quality & Compliance Manager (acting as ADON).

05/12/2022 Director of Nursing, Clinical Nurse Manager, Director of Nursing- from CareChoice Group, Data Protection Officer, Regional Quality & Compliance Manager (acting as ADON), General Manager- from other CareChoice Home, Maintenance Personnel from other CareChoice Home, Clinical Nurse Manager- from other CareChoice Nursing Home.

12/12/2022 Director of Nursing, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON).

19/12/2022 Director of Nursing, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON), Director of Nursing- from CareChoice Group.

26/12/2022 Director of Nursing, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON), Director of Nursing- from CareChoice Group.

02/01/2023 Director of Nursing, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON), Director of Nursing- from CareChoice Group, Group Catering Manager.

09/01/2023 Director of Nursing, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON), Director of Nursing- from CareChoice Group, Group Catering

Manager.

16/01/2023 Director of Nursing, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON), Director of Nursing- from CareChoice Group, Group Catering Manager.

23/01/2023 Director of Nursing, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON), Director of Nursing- from CareChoice Group, Group Catering Manager.

30/01/2023 Director of Nursing- from CareChoice Group, Clinical Nurse Manager, Regional Quality & Compliance Manager (acting as ADON), Group Catering Manager.

The home currently has an experienced Director of Nursing in place along with 2 experienced nurse managers in Assistant Director of Nursing positions. The DON has significant experience at management level in the nursing home sector and has also worked in another CareChoice home as DON. One of the ADONs held the position of Regional Quality and Compliance Manager with CareChoice and the second ADON is an external candidate with Nursing home management experience.

The current clinical management team reflects the positions of a DON and 2 ADONs', CNM and a Senior HCA. This is a temporary arrangement which will revert to the SOP in place when the DON is familiar with both residents and staff.

A review of all systems, to include personal care, care planning, nutrition and hydration, was underway on the day of the inspection.

Supervision and mentoring was in place on the day of the inspection and will continue daily by the clinical management team, this includes attendance at handover, unit huddles, unit walks throughout the day.

All nurses now have an agreed allocation to include resident care, documentation, their teams and environment.

The clinical management team continue to review incidents (to include falls, wounds) and complaints daily and analyse agreed KPIs for trends and any concerns that may arise.

The audit calendar has been reviewed for 2023 and the ADONs will complete audits to ensure accuracy and actions that arise are closed in a timely manner.

Regulation 18: Food and nutrition	Not Compliant
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Outline how you are going to come into compliance with Regulation 18: Food and nutrition:

A full review commenced early January 2023 and was in progress on the day of the inspection, with many corrective actions completed, and others in progress. The review

included.

- Catering department
- Dining experience
- Staff supervision
- Staff knowledge
- Resident MUST assessment
- Care plans
- Resident records i.e., food and fluid records
- Nutrition folders per unit
- Communication boards for high-risk residents
- Disseminated knowledge re high-risk residents to staff.

Following the review residents that were deemed to require a referral to the Dietician and /or SALT, had same completed and any recommendations were related to the GP for consideration. Resident care plans updated to reflect the changes.

The Clinical Management Team and Group Catering Manager continue to monitor the processes now in place to ensure that they are implemented as agreed.

Regulation 25: Temporary absence or discharge of residents

Substantially Compliant

Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:

The National Transfer Document has always been in use for residents transferred to hospital, nurses attach a copy of the resident medication list to the transfer letter.

Nurses ring daily to follow-up on resident status when in the acute setting and record updates on the resident file on epic care.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

Staff education on the use of facemasks is ongoing, through HSEland and internal courses.

Further education was provided through a Toolbox Talk on the use of facemasks.

Supervision and monitoring of the use of facemasks is completed by the Clinical Management Team and IPC Link nurse (ADON).

Regulation 5: Individual assessment and care plan

Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

A full review of the careplans was underway by the Clinical Management Team. All nurses have been allocated to a unit and have been assigned their own residents care plans to update, personalise and reflect residents needs and current health status. Some careplans were completed at the time of the inspection, with nutrition and hydration careplans the focus at the time.

Care plan education for nursing staff is now completed, and all staff nurses have a copy of the CareChoice Care Plan book.

Assessment education is ongoing with nurses, through both induction and daily to ensure all nurses are aware of the correct method to complete them.

Care plan personalisation and up to date entries will be monitored by the clinical management team.

Once care plans are completed by the nurses the Clinical Management Team will audit and review same, providing feedback to the nurses for implementation.

Regulation 6: Health care

Not Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

A full review of residents at risk of malnutrition or dehydration was underway at the time of inspection.

Staff education on resident dietary requirements, food fortification, MUST assessment and records (name and type of food, portion size) required has been completed and will be completed for new staff on induction.

The Clinical Management Team oversee the completion of the nutrition intake records daily, with education to the nurses on their responsibility to do same.

Education has been provided to the nurses on early sign and symptoms of infections through Toolbox talks e.g., Sepsis, PINCH ME, Delirium, Contenance care (UTI).

The Clinical Management Team are available in the home 7 days a week and review residents that show a change to their baseline, in order to refer them to the GP / hospital as may be required.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
All nursing staff have completed and passed either IELTSs or OET English language testing, achieving or exceeding the required scores as set down by the NMBI for registration. Role specific English classes are being organised for the nursing staff.

Mentoring of staff was and continues to be completed by the Clinical Management team to assist staff in their communication skills with residents, next of kin and the MDT.

A Toolbox talk on communication has been facilitated and a poster on resident communication is in place to guide staff.

A review of the activity program has been completed and oversight is completed daily by the clinical management team, to ensure residents on all units can avail of the programme.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/05/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	03/02/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/03/2023
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Not Compliant	Orange	10/04/2023
Regulation	The person in	Not Compliant	Orange	28/02/2023

18(1)(c)(iii)	charge shall ensure that each resident is provided with adequate quantities of food and drink which meet the dietary needs of a resident as prescribed by health care or dietetic staff, based on nutritional assessment in accordance with the individual care plan of the resident concerned.			
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	03/03/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/04/2023
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at	Substantially Compliant	Yellow	26/01/2023

	another designated centre, hospital or elsewhere, the person in charge of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/03/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Not Compliant	Orange	31/05/2023
Regulation 6(1)	The registered	Not Compliant	Orange	31/03/2023

	<p>provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.</p>			
Regulation 9(2)(b)	<p>The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.</p>	Substantially Compliant	Yellow	31/05/2023
Regulation 9(3)(e)	<p>A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise their civil, political and religious rights.</p>	Substantially Compliant	Yellow	31/05/2023