



**Health  
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An tÚdarás Um Fhaisnéis  
agus Cáilíocht Sláinte

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

## Issued by the Chief Inspector

Name of designated centre:	Carrigoran House
Name of provider:	Carrigoran House
Address of centre:	Carrigoran, Newmarket-on-Fergus, Clare
Type of inspection:	Unannounced
Date of inspection:	10 January 2023
Centre ID:	OSV-0000445
Fieldwork ID:	MON-0038877

## About the designated centre

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

Carrigoran House is a two storey purpose built facility located in Newmarket-on-Fergus, Co Clare. Established in 1974 the centre is owned and managed by The Sisters of Charity of the Incarnate Word. The ground and gardens surrounding the home provide opportunity for residents to relax and walk in a safe and secure environment. As per the Statement of Purpose the centre aims to provide a safe, secure and caring environment for persons requiring residential care in the catchment area. The centre is registered to accommodate 109 residents in single and double bedrooms. The centre is divided into four units. St Joseph's and St Oliver's unit are located on the first floor and St Theresa's and St Mary's are located on the ground floor. Each unit is staffed separately and has a nursing station, kitchenette, sitting room and dining space.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	104
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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
Tuesday 10 January 2023	09:30hrs to 17:25hrs	Oliver O'Halloran	Lead
Wednesday 11 January 2023	09:20hrs to 17:30hrs	Oliver O'Halloran	Lead

## What residents told us and what inspectors observed

Overall, the feedback from residents of their experience of living in the centre was positive. The inspector spoke with multiple residents throughout both days of the inspection. One resident told the inspector that 'the staff are so lovely', another said 'the staff are excellent, they are kind'. While another resident told the inspector that 'the staff make the place'.

Following an introductory meeting with the person in charge and the registered provider representative, the inspector did a walk about of the centre accompanied by the management team.

The inspector observed a calm atmosphere across the centre throughout the two days of the inspection. Staff were observed to knock on resident's bedroom doors and await resident response before entering, which demonstrated that staff respected resident's privacy. The inspector observed staff engaging in conversation with resident's while attending to their personal care needs. There was a familiar rapport between staff and residents. The inspector observed that this enhanced a person-centred approach to care delivery.

The centre was laid out over two floors, with resident private and communal accommodation on four units across both floors. There were two units on the main entrance level, St. Oliver's and St. Joseph's unit, and two units on the ground floor level, St. Mary's, and St. Teresa's unit which is a dementia specific unit. A dining room, a lounge and kitchenette was available to residents on each of these four units. There was passenger lift access between floors. A large dining room was located off of the main foyer of the centre and adjacent to this room was the centre chapel. A resident shop was also located in the main foyer area. There was a large activities room and a sensory room available for residents to use throughout the day. A hair salon, with a hairdresser on site three days a week, was located within this communal area. Resident's laundry was managed onsite. The laundry was located on the ground floor adjacent to St. Terese's Unit.

There was a large well-maintained central garden area that residents could access independently. In addition, St. Teresa's unit had its own enclosed garden area, which had seating for residents. The inspector observed hens and peacocks roaming freely in the centre's enclosed garden area.

The inspector observed that floor areas in communal and resident private accommodation areas were visibly unclean on the day of inspection.

The inspector observed that there was adequate storage in resident bedrooms, which included a wardrobe and lockable storage space. In a number of bedrooms, residents had personalised their bedrooms with items of personal significance, such as photographs and ornaments.

The inspector observed the lunch time dining experience on both days of the inspection. Residents explained that they could choose to have lunch in the main dining area in the centre foyer, in the dining room on the unit they lived in, or in their own bedroom. Where residents required assistance with their meal, the inspector observed that staff did so in a manner that promoted resident dignity. The lunch time meal experience was observed to be an unhurried event. Residents described that there was always a choice of two main courses on the lunch menu.

The inspector observed that a number of residents attended an active exercise session in the large main activities room on the afternoon of the first day of the inspection. The inspector observed activities such as group art work, and one to one activities taking place with residents across the units in the centre. There was an activities schedule in place six days a week, which was prominently displayed. The activities programme was facilitated by activities co-ordinators. One resident who spoke with the inspector about the availability of activities said that 'there's lots of choice' and another said 'there is always plenty on here'.

The inspector observed visitors coming and going in the centre throughout the inspection. Residents who spoke with the inspector described that they had unrestricted visiting in the centre.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

This was an unannounced risk inspection carried out over two days by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The inspector followed up on the actions taken by the provider to address areas of non-compliance found on the last inspection of the centre in February 2022 and followed up on notifications and information submitted by the provider and person in charge.

The findings of this inspection were that the provider had governance and management arrangements in place, which ensured residents received a good quality of service. The provider had taken action to address the areas of non-compliance found on the last inspection. However, the inspector found that improvements were required to achieve regulatory compliance in relation to Regulation 23, Governance and Management, Regulation 5, Individual assessment and care plan, and Regulation 27, Infection control.

Carrigoran House is the registered provider of the centre. There was a clearly defined management structure in place. The provider representative participated in the management, and had a strong presence in the centre. There was a person in charge who was supported by an assistant director of nursing, four clinical nurse

managers, a facilities manager, a finance manager, a food services manager and housekeeping supervisor. The assistant director of nursing deputised in the absence of the person in charge. A team of nursing, health care assistant, administration and support staff were in place to deliver care to the residents.

There were management systems in place to monitor the service. The inspector reviewed a schedule of audits, which included audits of the clinical and environmental aspects of the service. This review found that the system had identified some issues of risk and this had resulted in action being taken to improve the quality of the service. Nonetheless, the audits reviewed did not identify areas of risk within the care planning process and the cleaning process found on this inspection.

The inspector observed that the number and skill mix of staff available on this inspection was sufficient to meet the assessed health and social care needs of the 104 residents that were accommodated in the centre, and was in line with what was set out by the provider, in the statement of purpose. The provider had addressed the non-compliance in relation to Regulation 15, staffing since the last inspection.

The person in charge had ensured that staff had access to mandatory training. There was a system in place to record and monitor staff training. Staff, who spoke with the inspector demonstrated an appropriate knowledge from the training they had undertaken. The provider had facilitated staff to avail of additional training relevant to working with older adults, such as training in dementia care and infection control.

The registered provider had ensured that there were effective record and file management systems in place. The inspector reviewed a sample of staff personnel files and found that they contained all the requirements, as set out in Schedule 2 of the regulations.

A record of incidents was being maintained in the centre. A review of this record found that the Chief Inspector had been informed of notifiable incidents, in line with regulatory requirements.

There was a complaints policy in place in the centre. The complaints procedure was displayed in a prominent position. Residents who spoke with the inspector described how they would go about making a complaint. A sample of complaints records reviewed by the inspector were found to contain sufficient detail of the nature of the complaint, and the investigation carried out. The records also evidenced communication with the person who had made the complaint. The complainant's satisfaction with the outcome was clearly documented. Any measures that were required for improvement in response to a complaint were clearly documented.

## Regulation 15: Staffing

The registered provider had ensured that the number and skill mix of the staff in the

centre was appropriate with regard to the assessed needs of the residents and for the size and layout of the building.

Judgment: Compliant

### Regulation 16: Training and staff development

A review of staff training records found that all staff had up-to-date training.

Arrangements were in place to ensure that staff were appropriately supervised in their roles.

Judgment: Compliant

### Regulation 21: Records

Information management systems were in place to ensure secure record keeping and file management. The inspector reviewed a number of staff personnel files which were found to have all the necessary requirements, as set out in Schedule 2 of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were not effective to ensure that the service provided was well monitored. For example, the auditing system in place to monitor the service failed to identify deficits in;

- The nursing documentation of residents care plans.
- The cleaning system in the centre.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notifiable events, as set out in Schedule 4 of the regulations, were notified to the



Chief Inspector, within the required time-frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints policy and procedure in place. The complaints procedure was accessible to residents. A review of complaints found that complaints were managed in line with regulatory requirements.

Judgment: Compliant

### Quality and safety

The inspector found that residents were receiving a high standard of evidenced based care in response to their assessed health and social care needs. However, the findings of this inspection were that improvement was required to ensure the safety of residents through compliance with Regulation 5, Individual assessment and care plan and Regulation 27, Infection control.

A review of a sample of residents care records on the computerised care record system evidenced that residents needs were assessed using validated assessment tools. However, the inspector reviewed a sample of resident care documentation and found that where a resident had an identified need on assessment, there was no corresponding care plan in place. For example, a resident who was identified as being at a high risk of falls did not have a falls prevention care plan in place. This resulted in the resident not having interventions put in place to minimise risk of falls. In addition, this review found that resident care plans were not consistently updated in response to their changing needs.

Residents were supported to access their General Practitioner. Residents had access, by a means of referral, to a wide range of health and social care professionals such as occupational therapist, physiotherapist and dietitian.

There was a COVID-19 outbreak in one unit of the centre on both days of this inspection. Infection prevention and control practices were guided by a centre specific policy. Staff with responsibility for cleaning demonstrated appropriate knowledge of the cleaning schedules and practices in place. There was a colour coded mop and cleaning cloth system in place to minimise the risk of cross infection taking place. Nonetheless, the inspector found that floor surfaces were visibly unclean in communal and private resident accommodation areas of the centre, which posed a risk of the spread of infection in the centre.

The inspector observed that staff approaches to managing residents who displayed behaviour that was challenging was person-centred. Staff, who spoke with the inspector were knowledgeable about interventions that were effective in managing behaviour that is challenging. Records reviewed evidenced that, in any incidence where restrictive practices were in use, there were risk assessments in place, which were reviewed at frequent intervals.

A review of staff training records found that all staff had attended training in safeguarding of vulnerable adults. There were policies in place to guide management and staff in the centre in responding to any incident or allegation of abuse.

Residents had access to television, the internet and daily newspapers. There was a schedule of activities in place in the centre, which was facilitated by the activities team, over six days of the week. Examples of activities scheduled were exercise classes, art classes, a poetry club, sensory therapies and bingo. There were also scheduled events where visiting musicians and choir groups provided entertainment for residents. A review of a sample of the residents care records found that resident's had one to one time with members of the activities team, to pursue activities that were meaningful to them.

The premises was adequately lit and suitably decorated throughout both floors. The provider had carried out works in replacing damaged flooring, seating and counter top surfaces since the last inspection. Nonetheless, the inspector observed that there were areas where the flooring were not intact. This resulted in these areas not being amenable to cleaning and posed a risk to residents.

## Regulation 27: Infection control

Action was required to ensure the provider was in compliance with the national standards for infection prevention and control in community services published by the authority. This was evidenced by;

- There were trolleys in use which had clean linen on a shelf adjacent to the bag where staff placed dirty linen. This practice increased the risk of cross infection.
- The floor in the residents communal and private accommodation areas was visibly unclean.
- There were damaged floor surfaces that were not amenable to being effectively cleaned.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

A number of residents did not have a care plan in place to meet all of their assessed needs as required under Regulation 5. Resident's care plans were not consistently reviewed to reflect their current status. For example;

- A resident had been assessed as being at a high risk of falls. However, the resident did not have detail of how to manage this risk included in their care plan so that staff could be guided to give appropriate and effective care.
- A resident who is currently experiencing weight loss, did not have a care plan updated to reflect the care required to address this risk.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had timely access to their General Practitioner, and to allied health professionals, by means of referral. Allied health and social care professional recommendations and treatment plans were acted upon and integrated into the residents plan of care.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was evidence that where a resident behaved in a manner that was challenging or posed a risk to the safety of themselves or others, the response to such behaviour was not restrictive.

There was a low incidence of the use of bedrails in the centre. When bedrails were in use, there was a risk assessment in place that was updated at frequent intervals.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to safeguard residents and protect them from the risk of abuse. Safeguarding training was up-to-date for all staff and a safeguarding policy provided support and guidance in identifying and responding to allegations of abuse. Residents, who spoke with the inspector reported that they felt safe living in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities.

Residents had the opportunity to be consulted about and participate in the organisation of the designated centre through participation in residents meetings. Residents' privacy and dignity was respected.

Judgment: 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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Carrigoran House OSV-0000445

Inspection ID: MON-0038877

Date of inspection: 11/01/2023

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Auditing Systems: Care Plans</p> <ul style="list-style-type: none"> <li>• DON and the CNMs reviewed and revised the 4 monthly systematic assessment and care plan auditing system. A standardized auditing system developed for the four units which will be implemented on the 01/042023</li> <li>• Priority list will be audited weekly to ensure any change in care needs are identified promptly and the necessary changes made in the appropriate care plans</li> <li>• New weekly auditing system will take a 10% sample of resident’s assessments and care plans in addition to the 4 monthly reviews</li> <li>• New auditing system discussed and communicated at unit feedback meetings</li> <li>• Nurses informed at unit meetings to update care plans within 24 hours following a review by any member of the multidisciplinary team.</li> </ul> <p>Cleaning Systems</p> <ul style="list-style-type: none"> <li>• The DON reviewed and revised the cleaning audits in conjunction with the ADON/ IPC Lead and Housekeeping supervisor</li> <li>• The Housekeeping supervisor does a daily inspection of the building</li> <li>• The DON conducts a full visual inspection once a week of the building with the ADON/IPC Lead to monitor standards of cleaning and identify any deficits to the Housekeeping Supervisor</li> </ul>	

- New audit system commenced on 03/02/2023
- A new cleaning schedule for the floors in the residents communal and private accommodation put into operation on the 27/03/23
- A flooring specialist was on site on the 24/03/23. Damaged floors that were not amenable to being effectively cleaned will be repaired and replaced by the 30/06/2023. (Subject to availability of all components and labor as per the current market).

Regulation 27: Infection control

Substantially Compliant

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

- Purchased new linen trolleys in January 2023 for dirty linen and residents clothing for each unit to eliminate the risk of cross infection. Clean linen stored on stand-alone trolley. Trolleys put into circulation on 31/01/2023
- The DON reviewed and revised the cleaning audits in conjunction with the ADON/ IPC Lead and Housekeeping supervisor
- The Housekeeping supervisor does a daily inspection of the building
- The DON conducts a full visual inspection week of the building with the ADON/IPC Lead to monitor standards of cleaning and identifies any deficits to the Housekeeping Supervisor
- New audit system commenced on 03/02/2023
- A new cleaning schedule for the floors in the residents communal and private accommodation put into operation on the 27/03/23
- A flooring specialist company was on site on the 24/03/23. Damaged floors that are not amenable to being effectively cleaned will be repaired and replaced by the 30/06/2023. (Subject to availability of all components and labor as per the current market).

Regulation 5: Individual assessment and care plan

Substantially Compliant



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

- DON and the CNMs reviewed and revised the 4 monthly systematic assessment and care plan auditing system. A standardized auditing system developed for the four units which will be implemented on the 01/04/2023
- Priority list will be audited weekly to ensure any change in care needs are identified promptly and the necessary changes made in the appropriate care plans
- New weekly auditing system will take a 10% sample of resident's assessments and care plans in addition to the 4 monthly reviews
- New auditing system discussed and communicated at unit feedback meetings
- Nurses informed at unit meeting to update care plans within 24 hours following a review by any member of the multidisciplinary team.

## 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 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.	Substantially Compliant	Yellow	01/04/2023
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	27/03/2023
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment	Substantially Compliant	Yellow	01/04/2023

	referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.			
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.	Substantially Compliant	Yellow	01/04/2023