



**Health
Information
and Quality
Authority**

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:	CareChoice Clonakilty
Name of provider:	CareChoice Clonakilty Limited
Address of centre:	Clogheen, Clonakilty, Cork
Type of inspection:	Unannounced
Date of inspection:	09 August 2023
Centre ID:	OSV-0000230
Fieldwork ID:	MON-0039664

About the designated centre

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

CareChoice Clonakilty was established as a residential centre in 2002 and provides long stay and respite care to older people. It is registered for the care of 50 residents. The premises is a purpose-built centre with three wings which are all on ground level. There are two dining rooms and two day rooms, an additional lounge for private use, an activities room, hair salon, kitchen, laundry and staff facilities. Residents are accommodated in 42 single bedrooms and four twin-bedded rooms. All bedrooms have en suite toilet, wash hand-basin and shower facilities. In addition, there are six assisted toilets and one assisted spa relaxation bathroom. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring transitional, convalescent and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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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
Wednesday 9 August 2023	09:30hrs to 17:30hrs	Robert Hennessy	Lead
Wednesday 9 August 2023	09:30hrs to 17:30hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Overall the registered provider supported residents to have a good quality of life in the designated centre. Most of the residents spoken with on the day of inspection were content and complimentary of the service provided. Inspectors met with both residents and visitors throughout the day of inspection and spoke to ten residents in more detail. In general, feedback from residents and visitors was complimentary about the service but a small number identified an issue with food served in the centre. One resident said they were "happy out, no complaints", another said "the place is spotless" while a third said "food is not great".

The inspectors met with the person in charge on arrival to the centre. Extra infection prevention control measures were temporarily in place in the centre due to a recent outbreak of COVID-19 and high levels of COVID in the local community. Inspectors were guided through hand hygiene measures and the wearing of a mask. An opening meeting took place and this was followed by a walk around of the centre. Carechoice Clonakilty provides long term care for both male and female adults with a range of dependencies and needs. The centre is situated in the town of Clonakilty, in West Cork. The centre is a single storey facility, which can accommodate 50 residents. The centre is divided into three wings, Galley Head, Argideen and Red Strand, all named after local areas in West Cork. Bedroom accommodation comprises 42 single and four twin rooms, all with en-suite facilities. There were 47 residents living in the centre on the day of this inspection.

In general, the centre was very clean and inspectors saw that there were good systems of cleaning in place. Sluice rooms (a room used for the safe disposal of human waste and disinfection of associated equipment) and cleaners' rooms were appropriately secured. The housekeeping trolleys had lockable storage for chemicals and had storage compartments for cloths and mop-heads. The laundry system was well managed. The household staff spoken with on the day of the inspection had good knowledge of their responsibilities with regards to infection prevention and control.

There were signs throughout the centre to direct and orientate residents and visitors to their location in the building. These signs were both pictorial and written and were bright and stood out and assisted residents in finding their way around the building. There were coloured fire evacuation maps located throughout the building to assist if an evacuation was required. Clinical rooms were securely maintained. Appropriate signage was displayed outside the clinical room advising that oxygen was stored within.

The inspectors observed that the centre was nicely decorated with comfortable seating, pictures on the walls and memorabilia. In the reception area there were two pet budgies and a goldfish tank. Most of the residents' bedrooms were personalised with many residents bringing in their own furniture, personal items and family pictures. Storage for residents' personal possessions comprised double wardrobes,

chest of drawers and bedside lockers. Bedrooms had comfortable bedside chairs. Privacy screens in shared rooms were effective and ensured residents' privacy. Much of the centre had been repainted and there were different colour paints being tested in the remaining areas. The different wings of the centre had a decorative theme which represented the local areas. During the day of inspection the maintenance person working in the centre was seen, by the inspectors, hanging up pictures to represent the different themes and also completing painting works in another area. The well decorated dining room and adjacent coffee room offered areas for residents to have meals and also entertain visitors to the centre. There was evidence recorded in the residents' meeting of residents being involved in the decoration of the centre.

The inspectors saw the two enclosed gardens. One of these was fully secure and residents had free access to this area. The garden was colourful with mature plants maintained throughout. There was an appropriately furnished smoking area for the residents in that garden with the correct equipment in the area for fire safety. There was a safe system in place for one resident to enable them to manage their own cigarettes. There was a chicken coop in this area, there was one chicken in the coop and there were plans to have more. A group of residents were seen sitting out in the garden on the afternoon of the inspection as it was a pleasant and warm day, visitors also joined the residents here in the afternoon. The second larger internal garden was not fully secured and residents required supervision when enjoying there. There was a large marquee with new wrought iron furniture purchased for the area. The area was accessed using a keypad but the person in charge told inspectors there was a plan to make the garden more secure and to remove restrictions for residents using this area.

Staff were observed to be attentive to residents needs and residents told the inspectors that they were always treated with respect and dignity. The inspectors observed the interaction between staff and residents who could not verbalise their needs. These interactions were observed to be kind and appropriate. Residents who could not speak with the inspector in relation to their quality of life in the centre, appeared to be relaxed and comfortable in the company of staff and in their surroundings.

The weekly activity schedule was prominently on display and residents also had a copy on display in their bedrooms. The activities undertaken on the day of inspection were mass in the morning, which a number of residents said was a very important activity for them, baking took place in the afternoon and a number of other residents enjoyed a garden party in the afternoon. There was a person assigned to manage activities morning and evening every day in the centre. On the day of inspection some residents along with a visitor attended an information session from an independent advocacy organisation that were available for residents if issues arose in the nursing home.

The inspectors observed mealtimes during lunchtime and teatime for the residents. There was a large colourful, pictorial menu board. There were also snack menus on display throughout the centre. The dining area was well decorated with table cloths, table mats and flowers on the table. Some residents chose to have their meals in

their room. Most residents were seen enjoying their meals during the inspection and a number told the inspector they enjoyed the food. However, some residents and a visitor expressed their dissatisfaction with the food on offer during mealtime. The residents had voice concerns about the quality of the food, the temperature of the food and also the choice of the food. This will be discussed further under the relevant regulations.

Visitors were seen coming in and out of the centre throughout the day. They were welcomed by staff and undertook the infection control measures on arrival. Visitors used many different areas of the centre to visit their loved ones during the inspection, such as seating areas in the corridors looking out over the garden, residents' bedrooms and the garden area. A visitor that spoke with the inspectors reported that a complaint they had made with the centre was dealt with promptly and had a very satisfactory outcome for them and their family member.

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

In general, CareChoice Clonakilty was a well-managed centre where residents received good quality care and services. The management team were responsive to the regulator and actions from the previous inspection were generally completed. Some improvements were identified as being required on this inspection in relation to the notification of incidents in a timely manner.

ChoiceChoice Clonakilty is operated by CareChoice Clonakilty Limited and is registered to accommodate 50 residents. CareChoice Clonakilty is part of the CareChoice group which operates a number of other nursing homes throughout the country. The governance structure of CareChoice comprises of a board of directors with the CEO appointed as the nominated person representing the registered provider. The management team within the centre is supported by a national and regional management team of quality, finance, catering, facilities and human resources (HR). On site, the person in charge was full time in post and she was supported by an assistant director of nursing (ADON).

The person in charge was well known to staff and residents. The person in charge held regular staff meetings and communicated regularly with staff formally and informally. Staff levels were suitable to the size and layout of the centre and for the needs of the residents. Suitable training was provided for staff and refresher training was organised for staff that required it.

An auditing system was in place to monitor the quality and safety of the service being provided. Areas for service improvement were identified and action plans created to achieve these improvements. Residents' meetings were taking place

regularly where residents' concerns were identified. A comprehensive annual review of the service had been completed for 2022 and provided guidance on improvements required in 2023.

The statement of purpose had recently been updated and included the recent addition to the regulations in relation to the management of complaints. The contracts of care contained the information required in relation to the terms in which a resident shall reside in the centre.

There was a comprehensive record of all accidents and incidents that took place in the centre. Notifications were, in the main, submitted in a timely manner to the regulator with the exception of one incident in which the inspector had to request notifications to be submitted. A complaints log was maintained and the policy had been updated to reflect recent changes to the legislation. The centre's complaints policy was clearly displayed in the centre. There was evidence of investigations being completed and issues resolved in relation to complaints.

Regulation 14: Persons in charge

The person in charge worked full time in the centre. She held the required experience and qualifications under the regulations. She was well known to staff and residents, and fully active in the governance and operational management of the service.

Judgment: Compliant

Regulation 15: Staffing

There was evidence that the centre is adequately staffed to meet the needs of the residents. The staffing levels allowed for an appropriate skill mix of staff and the staff levels were suitable for the size and layout of the centre on the day of the inspection.

Judgment: Compliant

Regulation 16: Training and staff development

Staff training had been completed and refresher training had been scheduled for staff that required same. Improvements had been made in the area of staff supervision and development with the management team now more available to

provide oversight and supervision of staff and care provided.

Judgment: Compliant

Regulation 23: Governance and management

An appropriate structure of governance and management was in place in the centre. A schedule of audits was in place, this identified actions to be completed, which ensured effective monitoring of the service provided. Residents' views on the centre were sought in meetings that occurred regularly. In response to a number of incidents and complaints management supervision and support of staff had become more extensive with managerial cover at the weekends. A comprehensive annual report had been completed for 2022 to examine the quality of care delivered to the residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts of care indicated that each resident had a written contract of care that detailed the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that contained all the information set out in Schedule 1 of the regulations. Changes to legislation in relation to complaints had been incorporated into the current version of the statement of purpose.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of the incidents log indicated that most incidents had been appropriately reported to the regulator, with the exception of one incident where the inspector

had requested notifications to be submitted.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A complaints policy was in place. Actions were taken on complaints and outcome of complaints recorded. Information regarding advocacy services was available to residents in the centre who could assist with the complaints process.

Judgment: Compliant

Quality and safety

In general, inspectors found that residents had a good quality of life in the centre with their health care and well being needs being met by the provider. Safeguarding systems were in place for protection of the residents. However, some actions were required by the provider to further enhance the dining experience for and aspects of infection control which will be discussed further in the report.

The inspectors were assured that the residents' rights were promoted and protected in the centre. Residents had choice throughout the day as to where they would spend their day, and what activities they would undertake. A menu for food was given to residents in their rooms where they could make their dining choices from. Residents had meetings throughout the year, where the residents were able to have their concerns identified and be consulted on the running of the centre. Staff were seen throughout the day of the inspection being courteous and helpful to residents and offering choice. The centre was working towards becoming a restraint free environment.

There was a large, coloured menu available for residents to view and staff were seen to support residents during meal times. While some residents were content with the food on offer, some residents expressed their dissatisfaction with the food on offer in the centre. The residents voiced concerns about the food quality and the temperature of the food being served.

Residents' health care needs were being met with regular access to a GP, who was observed completing his rounds on the day of inspection. Residents also had access to a physiotherapist, psychiatrist, occupational therapist, speech and language therapist, dietitian, tissue viability nurse and a chiropodist. Care plans for residents were completed using validated tools and were comprehensive in relation to care required by the residents.

The premises was well maintained with a comfortable and bright outdoor space for the residents to enjoy. There was evidence of redecoration being completed and more redecoration being undertaken in the near future. Overall, the inspectors saw that the centre was very clean. Household staff were knowledgeable of their role in relation to infection prevention and control. However, there were some issues identified with regards to infection control, which are detailed in the regulation further in the report.

There were measures in place to protect against the risk of fire. These included regular checks of means of escape to ensure they were not obstructed and also checks to ensure that equipment was accessible and functioning. Personal emergency evacuation plans were in place for all residents. Fire safety equipment, emergency lighting and the fire alarm had preventive maintenance in accordance with recommended guidance.

Regulation 11: Visits

Visits were facilitated throughout the day in the centre. Visitors spoken with on the day were very happy with the care given to their loved ones in the centre.

Judgment: Compliant

Regulation 17: Premises

The premises was clean and well maintained. There was adequate well-furnished outdoor spaces for residents to enjoy. Some walls required painting but this work was underway and many areas in the centre had been recently re-decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

While some work has been undertaken to improve dining experience of the residents, further actions were required as resident had mixed opinions on the food being served. Some residents were not satisfied with the quality of food available or the choice being offered at times.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre was very clean with good systems for cleaning in place. However, a finding in previous inspections still required action as there were not enough clinical hand wash basin available to facilitate safe hand washing for staff.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire safety management folder was examined. Fire safety training was up-to-date for all staff working in the centre. Residents had Personal Emergency Evacuation Plans (PEEPs) in place. Appropriate service records were in place for the maintenance of the fire fighting equipment, fire detection system and emergency lighting. The provider had undertaken a number of fire safety drills in the centre being organised by an outside contractor and by staff in the centre themselves.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines and pharmaceutical services in the centre were well managed and administered in adherence with best practice guidelines. Controlled medications were managed appropriately. Medications that were required to be crushed were clearly indicated and maximum dosage of PRN (as required) medication was clearly stated in medication charts.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were generally well maintained and contained relevant information about the care and social needs of residents to facilitate the provision of care. The inspectors saw that care plans were personalised and supported by clinical risk assessments using validated tools and were seen to contain sufficient detail to guide staff. These were updated four monthly or more frequently if residents' needs changed. Some of the care plans contained excess information which the person in charge said they were currently addressing.

Judgment: Compliant

Regulation 6: Health care

Residents had access to GP services, speech and language therapy, dietetic services, occupational therapy services, tissue viability nurse, psychiatry of old age and physiotherapy services. Action had been taken in the area of wound care with scientific assessment now consistently being completed and this has led to an improvement for residents in this area. The inspectors saw a GP in attendance in the centre and residents spoke about their appointments with them on the day of inspection.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Comprehensive plans in relation to managing responsive behaviour in the centre were in place for the residents, with de-escalation techniques evident throughout. There was minimal use of restraints in place and when in use, they were used in the least restrictive manner.

Judgment: Compliant

Regulation 8: Protection

Safeguarding training had taken place and staff showed awareness of what should be done in incidents involving safeguarding issues. Residents' personal items and valuables handed in for safekeeping were handled in a secure manner. Pension agent arrangements were generally robust with a system in place to return money and property to the estates of residents who had passed away in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that residents' right and choices were promoted and respected in the centre. Residents could engage in appropriate activities in relation to their interests. There was a team of activity personnel employed in the centre to facilitate

this. Formal residents' meetings took place regularly where relevant issues were discussed and actions taken to address these issues was evident. Residents were actively involved in the decoration of the centre.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	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 CareChoice Clonakilty OSV-0000230

Inspection ID: MON-0039664

Date of inspection: 09/08/2023

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 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>The clinical management team continue to receive training in the area of HIQA notifications. The PIC will continue to review and consider any incident in line with the HIQA guidance for submitting relevant notifications and communicate with the inspector in relation to same.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>New revised menus were implemented to the home in June 2023. The choices were based on feedback received from residents meetings.</p> <p>The head chef meets residents to discuss any concerns they may have with the quality or choice, at the time that the concern is raised.</p> <p>Issues raised are considered and alternative cooking methods, or alternative options are trialed. The Head Chef has now taken responsibility for overseeing all food deliveries, inspecting the quality of the products prior to accepting. Any item that does meet our standard is returned.</p> <p>Individual preferences are acknowledged and catered for on the day. A hot trolley is in place to enable the food to maintain temperature during transit.</p>	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>An External IPC audit was completed in 2022, all hand hygiene sinks were risk assessed and actions completed. Areas where sinks are required were reviewed and costed and a plan was in place at the time of inspection to action this.</p>	

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 18(1)(c)(ii)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are wholesome and nutritious.	Substantially Compliant	Yellow	28/09/2023
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	30/11/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give	Substantially Compliant	Yellow	28/08/2023

	the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
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