

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:	09 April 2025
Centre ID:	OSV-0000209
Fieldwork ID:	MON-0046823

About the designated centre

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

Carechoice Macroom is set in the heart of Macroom. 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 Macroom 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 Macroom 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:	59
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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
Wednesday 9 April 2025	09:50hrs to 18:00hrs	Niall Whelton	Lead

What residents told us and what inspectors observed

Carechoice Macroon is located on the edge of Macroon town in County Cork. The centre is a four storey building, on a sloping site overlooking a local football ground and golf course. Resident accommodation is on the ground, first and second floors, with staff ancillary accommodation at basement level. There is a lift which connects all four floors. Owing to the sloping site, the basement, ground and first floors each have level access to the outside ground level.

The inspector observed the centre to be clean, warm and well ventilated. The fabric of the building was in good condition, with areas of the centre having recently being renovated, for example, the reception area had been redecorated and finished to a high standard, as was the multi-purpose room at first floor.

Externally, there were secure garden areas for residents with outdoor seating and planting in raised flower beds. These areas were clean, tidy and created a relaxing space.

Inside the entrance to the centre at ground floor, there is a reception, off which two bedroom corridors lead to resident communal areas to the rear; an activity room, dining room and lounge. There was also a hairdressing room to the rear. The main accommodation is at the first floor with bedrooms to the front and rear with varying resident communal areas in the centre and the main kitchen. The top floor comprises of resident bedrooms. At basement there is staff welfare facilities, laundry and storage. Plant rooms at this level are accessed externally.

While walking through the centre, the inspector observed good day-to-day fire safety management practices with escape routes clear and unobstructed.

The inspector saw hoist batteries were being charging within the protected escape stairway, however management confirmed this practice would stop.

Overall there was a relaxed and calm atmosphere in the centre; residents were seen up and about and were seen moving freely in the centre, supported by staff who were caring and did not rush residents when assisting them. Residents received visitors throughout the day and there was plenty of areas, both internally and externally, for residents to meet with visitors away from their bedroom.

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

Capacity and capability

There were good management systems in place, which mostly identified and responded to risk; however, improvements were required in some aspects of fire safety management, risk identification and maintenance of fire safety systems as detailed under Regulation 28: Fire Precautions. The registered provider and management team were proactive in response to the issues arising during the inspection and gave firm assurance to the inspector at the feedback meeting that issues raised would be addressed promptly.

CareChoice Macroom Limited is the registered provider for CareChoice Macroom. The designated centre is part of the CareChoice group who nationally operate 13 other designated centres. The organisational structure comprises a board of directors, a chief executive officer (CEO) and a senior management team. The CEO is the nominated person representing the registered provider. There was a newly appointed person in charge who was being supported by the management team while being inducted, who combined, had responsibility for the day-to-day operational management of the designated centre and were supported by an assistant director of nursing, clinical nurse managers, nurses, health care assistants, household, maintenance and administration staff.

The provider had commissioned a fire safety risk assessment for the centre, with the latest revision dated December 2024. There was no action plan available to evidence the status of the risks identified.

Staff were up-to-date in their fire training and were knowledgeable when relaying the fire safety evacuation strategy to the inspector.

Improvements were required in the maintenance systems in place to address risks in a more prompt manner when identified. Significant deficits to the emergency lighting system had not been addressed; this was identified in October of last year. The fire door to the laundry room had been removed to facilitate the installation of a new laundry dryer. While the fire door was refitted, it was still waiting to be sealed between the frame and the wall; without this sealing, the fire door may not effectively contain the spread of fire and smoke.

Regulation 23: Governance and management

The management systems in place required improvement to ensure the service is safe, appropriate, consistent and effectively monitored, this was evidenced by;

- Deficits to the emergency lighting system, where failed lighting units had not been repaired or replaced since identified in the annual inspection in July 2024
- Requisite repairs to the fire door to the laundry had not been completed in a prompt manner and was outstanding since November 2024
- Two freezer units, which did not pass the portable appliance test in August

- 2024, were still in use
- There was no action plan available to evidence the status of risks identified in the fire safety risk assessment in December 2024

The external buildings were not correctly reflected on the floor plans and required amendment

Judgment: Substantially compliant

Quality and safety

Overall there was good oversight of fire safety risks and fire safety management, and staff were knowledgeable on the evacuation strategy in the centre, however improvements were required by the provider in identifying fire safety risks and taking action when risks are identified. Action was required by the provider in relation to Regulation 17; Premises and Regulation 28; Fire Precautions.

The centre was warm and well maintained and nicely decorated, with furnishings that were homely and looked comfortable. There were a number of communal areas in different locations throughout the middle two floors, which met the needs of residents and residents were using the communal spaces throughout the day of inspection. These comprised larger sitting rooms, which were also used for residents activities. There were also smaller quiet rooms for residents who choose to have a quiet place to relax.

There was a fire safety management policy in place which was up-to-date and reviewed in January of this year.

In general, the centre was subdivided with construction that would contain the spread of fire and smoke, however further assurances were required regarding the maintenance of a small number of fire doors, penetrations through fire rated ceilings and smoke containment of the lift. Some deficits identified in the fire safety risk assessment required action, in particular fire doors and fire compartment boundaries..

The building was subdivided into fire compartments to facilitate progressive horizontal evacuation with subsequent evacuation down the stairs if required. Ski sheets (used to assist residents to evacuate) beneath residents mattresses were fitted to all beds to enable evacuation of the resident when in their bed if required. The inspector reviewed a sample of beds and found they were appropriately fitted. There were also evacuation pads within escape stairways as a further aid if required.

Frequent drills were being practiced; the record of the drills reviewed showed good detail and went beyond horizontal evacuation to include vertical evacuation. However, there was no record of a drill simulating the evacuation of the largest compartment when staffing levels are lowest. The drills reviewed by the inspector

simulated the evacuation of a part of a fire compartment only.

Residents' evacuation requirements were set out in PEEPs (Personal Emergency Evacuation Plans), this included individual assessments and a high level synopsis of residents' evacuation requirements to guide staff. Resident dependency levels and the number of staff required to evacuate, were also detailed on the PEEPs.

In house fire safety checks were being completed daily, weekly and monthly; although filled in, they required further attention as they did not pick up on an exit door which was difficult to open.

Regulation 17: Premises

Overall , the premises was kept in a good state of repair; some action was required to meet the requirements of Schedule 6:

- The height of the railing to an outdoor space, which overlooked another outdoor space at a lower level, was not risk assessed to ensure it was safe and had risk control measures in place
- The chair lift was overdue its maintenance service

Judgment: Substantially compliant

Regulation 28: Fire precautions

Notwithstanding good levels of fire safety management, improvements were required by the provider to ensure adequate precautions against the risk of fire, for example:

- nurse stations which were open to resident bedroom corridors, were not risk assessed to ensure adequate controls were in place. For example there was documentation and photocopiers/printers at each which presented a risk of fire on corridors. The risk assessment is required to determine safe control measures to reduce the risk of fire
- two kitchen freezers failed the portable appliance test in October and were not yet addressed
- the storage arrangements in the room behind the reception included files and folders stored up against an electrical fuse board. These were removed during the inspection; a risk assessment by a competent person is required to inform appropriate controls for storage, if any, within this room
- hoist batteries were being charged within the escape stairway, introducing a risk of fire to the escape route.

The registered provider was not providing adequate means of escape, including

emergency lighting, for example;

- the lower frame of two exit doors created an impediment to escape; this meant that egress may be hindered where mobility aids and evacuation aids were used
- the provision of exit signage was not adequate. In some areas of the centre, exit signage was not visible, for example within a bedroom corridor at second floor
- the provision of emergency lighting along external escape routes was not adequate to safely guide occupants from the exits to a place of safety
- there was a curtain across an exit in a sitting room, this may impede escape and obstructed the exit sign
- areas within escape stairways were being used to store wheelchairs and hoists; these areas were recessed areas intended as an area of refuge within the stairway if required.

In the main, fire containment was to a good standard, however further assurance was required for the following to ensure adequate containment of fire;

- at the top floor, glazed fanlights over some bedroom fire doors were not appropriately fire rated. Assurance is required that all glazed elements within protected escape corridors provide the requisite minimum fire rating
- a small number of fire doors at first floor had only two hinges and not three as required
- assurance is required that the lift, which extends from basement to the top floor, provides adequate containment of smoke spread between floors
- assurance was required where attic hatches and mechanical extract ventilation units were located within fire rated ceilings/floors, that the fire rating of the element they were located in was maintained

The category of fire detection and alarm system was not clear as it was not identified on the documentation available. Assurance was required that the fire alarm system provides the requisite L1 category of cover

The arrangements for maintaining fire equipment, means of escape, building fabric and building services were not effective;

- deficits to the emergency lighting system; documentation available showed that up to 20 emergency lighting units were not working and as a result the annual confirmation of annual inspection and testing was withheld. The registered provider gave assurance at the feedback meeting that these would be addressed as a priority
- the service report for the fire detection and alarm system indicated further investigation was required regarding cabling
- not all fire doors were being maintained appropriately; some had gaps where each leaf of a double door met and required adjustment
- smoke seals were not fitted to a storeroom door
- a swing free device (device to close the fire door when the fire alarm activates) to a bedroom door was damaged and required repair. The

- inspector observed a bin used to prop the door open
- the kitchen extract and duct was overdue its cleaning; where not cleaned, a build-up of grease may increase the risk of fire
 - an exit door was not easily openable when tested by the inspector and required action during the inspection to address this

Action was required to ensure adequate measures were in place to safely evacuate residents from the building:

- the boundary of fire compartments at first floor were not clear; floor plans showed compartment F having 15 residents, however during the inspection staff indicated that this may be two fire compartments of nine and six residents. This required clarification to inform the evacuation strategy and to ensure staff had correct information
- considering the varying evacuation strategies at the different levels, in particular at second floor, the drills practiced had not reflected the scenario where a full fire compartment was evacuated
- the refuge area within the stairway landing (area within the stairway landing to provide an area of relative safety during evacuation) had hoists and equipment stored within

Judgment: Not 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 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 28: Fire precautions	Not compliant

Compliance Plan for CareChoice Macroom OSV-0000209

Inspection ID: MON-0046823

Date of inspection: 09/04/2025

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> <ul style="list-style-type: none">• Deficits to the emergency lighting system, where failed lighting units had not been repaired or replaced since identified in the annual inspection in July 2024 – all failed lighting units to emergency light system have been replaced with an annual 3 hour duration test carried out 19/05/25 confirming all installed emergency lighting has passed a 3 hour test and inspection – please see Appendix 1 Annex C8 which confirms• Requisite repairs to the fire door to the laundry had not been completed in a prompt manner and was outstanding since November 2024 – repairs to fire door at laundry entrance have been completed by competent person, with door frame replaced along with appropriate fire stopping, photographic evidence of works carried out can be submitted if required.• Two freezer units, which did not pass the portable appliance test in August 2024, were still in use – Two Freezer units have now been replaced with new assets which is CE marked and is in compliance with European Product Legislation – please see Appendix 2 POD replacement of two freezer units.• There was no action plan available to evidence the status of risks identified in the fire safety risk assessment in December 2024 – action plan has been developed and shared with Person In Charge & New Director of Nursing – please see Appendix 3 developed action plan.	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The height of the railing to an outdoor space, which overlooked another outdoor space at a lower level, was not risk assessed to ensure it was safe and had risk control measures in place – the height of the railing to an outdoor space has been risk assessed (see Appendix 6 attached) and an additional secondary railing was installed in November 2021.</p> <ul style="list-style-type: none"> • The chair lift was overdue its maintenance service – after review and risk assessment of chair lift need, the chair lift is to be removed week commence 09/06/25 <p>The external buildings were not correctly reflected on the floor plans and require amendment – the amended floor plans will be submitted accordingly.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: To address the inspector's observations in relation to compartmentation and general condition and rating of the passive fire protection systems we have engaged an external competent fire safety person to undertake a fire safety assessment report, by end of quarter 2 2025, to ensure compliance with current regulations and standards. Any additional recommended remedial works identified as part of the assessment report will be actioned.</p> <p>As part of the fire safety assessment report our competent person will also detail and confirm that the active fire systems installed provides the required level of fire protection, including the fire alarm system, provides the required L1 category of cover, the external escape lighting along external escape routes and internal emergency light system is designed, installed and maintained to current emergency light standards. A copy of this report will be made available to the inspector once available.</p> <p>Due to recent change in the management structure at Macroom the fire safety management program is under review to ensure our Groups policy is effectively managed going forward. This process has already commenced with additional fire safety management training provided to staff, including understanding of evacuation strategy, undertaking additional fire drills, daily reviews of resident PEEPs to understand possible changes to Evacuation needs, and the appointment of nominated fire wardens whom will know and understand their roles in the event of evacuation procedures. We have evidenced this is within Appendix 4 Apex Fire Drill 08/05/25.</p> <p>To ensure the specific fire precautions are implemented on a consistent basis and to support the new management team, a dedicated operational support team has also been put in place to review both fire safety and quality of services provided. We have commenced this process by ensuring fire safety documentation is readily</p>	

available within the fire register, of which requested documentation is attached, Appendix 5 (TR19 CERT, Periodic Inspection Information, Emergency Light C7 Annex), reviewing specific operational practices, to reduce the likelihood of fire such as providing new fireproof storage cabinets in admin and nurse station areas and relocating Hoist charging areas to a safe location.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2025
Regulation 23(1)(d)	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	30/06/2025
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment,	Not Compliant	Orange	30/06/2025

	suitable building services, and suitable bedding and furnishings.			
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/07/2025
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	31/07/2025
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	30/06/2025
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/06/2025
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for	Not Compliant	Orange	30/06/2025

	evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
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