



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

## Issued by the Chief Inspector

Name of designated centre:	Carechoice Dungarvan
Name of provider:	Carechoice Dungarvan Limited
Address of centre:	The Burgery, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	14 September 2022
Centre ID:	OSV-0000231
Fieldwork ID:	MON-0037875

## About the designated centre

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

CareChoice Dungarvan is situated in a rural setting on the outskirts of the town of Dungarvan. The nursing home is purpose built and is adjacent to housing for supported independent living accommodation. It is a two-storey building with lift access between floors. Residents' accommodation comprises single bedrooms with en-suite shower, toilet and hand-wash facilities, sun rooms, lounges, a coffee dock, quiet prayer room, day rooms, dining rooms and comfortable seating areas throughout. There is a secure outdoor garden with paved walkways, seating areas and raised flowerbeds and residents have easy access to this. Other accommodation comprises staff facilities, laundry and secure clinical rooms. CareChoice Dungarvan caters for people requiring long-term residential care, respite and convalescence care with low to maximum dependency assessed needs. The nursing home provides full-time nursing care primarily for older people, male and female, but can also accommodate people under 65yrs with specific care needs. Care is provided for people with a cognitive impairment, frailty and general palliative needs.

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

Number of residents on the date of inspection:	105
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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 14 September 2022	09:00hrs to 17:30hrs	Mary Veale	Lead
Thursday 15 September 2022	09:30hrs to 17:00hrs	Mary Veale	Lead
Thursday 15 September 2022	09:30hrs to 17:00hrs	Rachael Falconer	Support

## What residents told us and what inspectors observed

This was a pleasant centre where residents for the most part enjoyed a good quality of life and were supported to be independent. Residents rights and dignity were supported and promoted by kind and competent staff. Care was led by the needs and preferences of the residents who were happy and well cared for in the centre. The overall feedback from residents' was of satisfaction with the care and service provided. Residents were very positive about their experience of living in CareChoice Dungarvan. The inspectors greeted all the residents over the two days of inspection and spoke at length with 21 residents and six visitors. The inspectors spent time observing residents' daily lives and care practices in order to gain insight into the experience of those living there.

On arrival the inspectors were met by the person in charge and general manager. A hand washing sink was conveniently placed in the centre's entrance hall to ensure good hygiene was practiced by all visitors before entering the centre. Following a brief introductory meeting with the person in charge on the first day of inspection, the inspector was accompanied on a tour of the premises. The inspector spoke with and observed residents' in communal areas and their bedrooms. The centre is located on the outskirts of Dungarvan town and is a purpose built modern two storey building. The residents' bedroom accommodation were all single rooms with en suite toilet, shower, and wash hand basin. Most bedrooms were personalised and decorated in accordance with the resident's wishes. Many of the residents' bedrooms had fresh jugs of water and flowers. Lockable locker storage space was available for all residents and personal storage space comprised of double wardrobes and drawers. Pressure relieving specialist mattresses, low to floor beds and other supportive equipment was seen in residents' bedrooms.

The centre was bright, homely, appeared clean and well maintained to a high standard. The atmosphere in the centre was calm and relaxed. The centre had a large reception area with a piano, information board, activities board and suitable seating. There was a choice of communal spaces on all floors. For example; there were two dining rooms, two day rooms and two general practitioner (GP) rooms on both floors. The ground floor had a conservatory with access to an enclosed garden area with a smoking area for residents who smoked. The first floor had a large communal area, a sensory room, a hairdressing room, smoking room, and oratory. The centre had been carefully and beautifully decorated with memorabilia, photographs, and pictures local to the surrounding areas. Alcohol hand gels were available throughout the centre to promote good hand hygiene practices. Residents accessed the first floor using the centres two passenger lifts.

Personal care was being delivered in many of the residents' bedrooms and observation showed that this was provided in a kind and respectful manner. The inspectors observed many examples of kind, discreet, and person- centred interventions throughout the days. The inspectors observed that staff knocked on residents' bedroom doors before entering. Residents very complementary of the

staff and services they received. Residents said they felt safe and trusted staff. Residents told the inspectors that staff were always available to assist with their personal care.

The majority of residents spoken to said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to books, televisions, Wi-Fi, and visits from friends and family. The activities programme was displayed on all floors in the centre and residents had a choice of attending activities each day. For residents who could not attend group activities, one to one activities were provided. Over the inspection days, residents were observed partaking in exercise classes, and live music entertainment. The inspectors observed staff and residents having good humoured banter during the activities and observed the staff chatting with residents about their personal interests and family members. The inspectors observed residents having good humoured banter with each other and many examples of good camaraderie was heard between residents. The inspectors observed many residents walking around the centre. The inspectors observed residents reading newspapers, watching television, listening to the radio, and engaging in conversation. Books and board games were available to residents. The hairdresser attended the centre weekly.

Residents took part in regular meetings where they had opportunity to raise questions, discuss and suggest ideas for improving the service and their lived experience. Minutes of these meetings showed that residents were very satisfied with the staff, the activities and menu choices available.

Residents enjoyed home cooked meals and stated that there was always a choice of meals and the quality of food was very good. Many residents told the inspectors that they had a choice of having meals in the dining room or in their bedroom. The residents were particularly appreciative of the home baked food, pasta and curry dishes. The inspectors observed the dining experience at tea time and dinner time. Both meals were appetising and well presented and the residents were not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times.

The centre provided a laundry service for residents. All residents who the inspectors spoke with over the days of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The inspectors observed that visiting was facilitated. The inspectors spoke with four family members who were visiting. The visitors told the inspectors that there was no booking system in place and that they could call to the centre anytime. Visitors spoken to were very complimentary of the staff and the care that their family members received. Visitors knew the person in charge and were grateful to the staff for keeping their family member safe during the pandemic.

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

## Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards, and to follow up on a concern that had been submitted to the Chief Inspector of Social Services in relation to safeguarding, and the rights of residents. The inspectors also followed up on notifications submitted to the Chief Inspector of Social Services. The provider had progressed the compliance plan following the previous inspection in July 2021, and improvements were found in relation to Regulation 7: managing behaviour that is challenging, Regulation 9: residents rights, Regulation 16: training and staff development , Regulation 26: risk management and Regulation 27: infection control. On this inspection, the inspectors found that improvements were required by the registered provider in relation to Regulation 21: records, and actions were required to address areas of Regulation 5: individual assessment and care planning, and Regulation 27:infection, prevention and control.

The registered provider had applied to renew the registration of CareChoice, Dungarvan. The application was timely made, appropriate fees were paid and prescribed documentation was submitted to support the application to renew registration.

CareChoice, Dungarvan is a residential care centre operated by CareChoice Dungarvan Limited. It is registered to accommodate 109 residents. Nationally, the organisational structure comprises of a board of directors, and a chief executive officer (CEO). There is a support office with various departments, such as quality and innovation, human resources, property development and finance. There was a clearly defined management structure in the centre, and staff and residents were familiar with staff roles and their responsibilities. The governance structure operating the day to day running of the centre consisted of a person in charge (PIC) who was supported by a general manager, an assistant director of nursing, four clinical nurse managers, a team of registered nurses and health care assistants, activities staff, catering, housekeeping, laundry, administration, and maintenance staff. Out of hours on call for emergencies was provided on a rotational basis by the person in charge and assistant director of nursing.

There were sufficient staff on duty to meet the needs of residents living in the centre on the days of inspection. The centre had a well-established staff team and turnover of staff was low. Several staff had worked in the centre for many years and were proud to work there. They were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was

available to all staff in the centre and training was up to date. The inspectors noted that refresher training for staff in safe-guarding, responsive behaviour, food safety and end of life care was scheduled for dates in September 2022. The centre had staff who were train the trainers to facilitate training for staff in safe-guarding, fire safety, infection prevention and control, and responsive behaviour. Staff with whom the inspectors spoke with, were knowledgeable regarding fire evacuation procedures and safe-guarding procedures.

Requested records were made available to inspectors throughout the inspection days and most records were appropriately maintained, safe and accessible. Improvements were required in staff records and in the adherence of the centres policy to follow its process of obtaining and verifying information in relation to all new staff employed in the centre. The provider was undertaking to review this and update these records. This is discussed further under Regulation 21: records.

There were effective systems in place to monitor the quality and safety of care which resulted in appropriate and consistent management of risks and quality. There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; pressure sores, infection prevention and control, falls prevention and restrictive practice. Audits were objective and identified improvements. Records of management meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Monthly management meeting agenda items included; corrective measures from audits, KPI's, complaints, restrictive practice, and refurbishment plans. It was evident that training for both staff and residents in "Let me Decide" an advance care directive programme was discussed at a management meeting and inspectors observed Let me Decide information booklets in some of the residents' bedrooms over the days of inspection. The annual review for 2021 had been completed. It set out the centres aim for 2022; which was "to continue the excellence care that is given in the home and to improve on areas that are needed to enable the residents to have a happy a fulfilling life in CareChoice, Dungarvan". Quality improvement plans provided timelines to ensure actions would be completed. It was evident that the centre was continually striving to identify improvements and learning was identified on feedback from residents' satisfaction surveys, adverse events, complaints and audits. It set out an improvement plan with timelines to ensure actions would be completed.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services within the required timeframes. The inspector followed up on incidents that were notified and found these were managed in accordance with the centre's policies. Policies and procedures as set out in schedule 5 were in place and up to date.

There was a complaints procedure displayed in the entrance area of the centre. There was a nominated person who dealt with complaints and a nominated person to oversee the management of complaints. A record of complaints received in 2022 were viewed. There was evidence that the complaints were effectively managed and the outcomes of the complaint and complainants' satisfaction was recorded.



#### Registration Regulation 4: Application for registration or renewal of registration

All documents requested for renewal of registration were submitted in a timely manner.

Judgment: Compliant

#### Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

All the requested fees were received.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge worked full time in the centre and was compliant with regulation 14. She was aware of her responsibilities under the Act and displayed good oversight of the service and good knowledge of the residents.

Judgment: Compliant

#### Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the two days of the inspection.

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe-guarding, behaviour that is challenging and specific training regarding the prevention and management of COVID-19, correct use of PPE and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective

roles.

Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

### Regulation 21: Records

Improvements were required in respect to the documentation held for each member of staff as set out in schedule 2 of the regulations.

Of a sample of four staff files, one staff file had a history of gaps in their employment in line with schedule 2 requirements. A review of the centres policy for staff recruitment, selection and appointment was required as the centre had not adhered to its own procedure for confirming and verifying staff information at offer of employment stage.

Judgment: Substantially compliant

### Regulation 22: Insurance

There was a valid contract of insurance against injury to residents and additional liabilities.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example, falls, nutrition and quality of care and these audits informed ongoing quality and safety improvements in the centre.

There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

The inspectors viewed a number of contracts of care which outlined details of the service to be provided and any additional fees to be paid.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all of the information set out in schedule 1 of the regulations and in accordance with the guidance.

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 inspector 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

The inspectors reviewed the complaints log and found the records contained adequate details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place, up to date and available to all staff in the centre.

Judgment: Compliant

## Quality and safety

The rights of the residents was at the forefront of care in CareChoice, Dungarvan. Staff and management were seen to encourage and promote each residents' human rights through a person-centred approach to care. The inspectors found that the residents' well-being and welfare was maintained by a good standard of evidence-based nursing and medical care, and through good opportunities for social engagement. Since the previous inspection, the centre had reviewed its staff training matrix. A process was in place to ensure staff who were due refresher training were identified and training was provided. Managing behaviour that is challenging training had been provided to all staff. Improvements were found in the resident's individual assessments and care plans. The centre had provided a care plan toolkit to assist the nursing team to develop person-centred assessments and care plans. The centre had reviewed its programme of activities for residents to ensure all residents could engage in social activities. The PIC had undertaken observational audits of staff and residents' interactions called quality of interaction schedule (QUIS). Positive and negative observations were recorded, action plans were developed and learning was identified to improve staff engagement with residents. On this inspection improvements were required in the area of care planning and infection prevention and control.

Visiting had returned to pre-pandemic visiting arrangements in the centre. There were ongoing safety procedures in place. For example, temperature checks and health questionnaires. Residents could receive visitors in their bedrooms, the centre's communal areas and outside garden areas. Visitors could visit at any time and there was no booking system for visiting.

The centre acted as a pension agent for a number of the residents. There were robust accounting arrangements in place and monthly statements were available. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. All transactions were accounted for and double signed by the resident /representative and a staff member. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided on-site and some residents chose to have their clothing laundered at home.

The centre was bright, clean and tidy. The overall premises were designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing and a programme of decorative upgrades was in place, ensuring the centre was consistently maintained to a high standard. The centre was cleaned to a high standard, alcohol hand gel was available in all communal and bedroom corridors. Bedrooms were personalised and residents had ample space for their belongings. Overall the premises supported the privacy and comfort of residents. Grab rails were available in all corridor areas, toilets and shower areas. Residents has access to a

call bell in their bedrooms.

The individual dietary needs of residents was met by a holistic approach to meals. A choice of home cooked meals and snacks were offered to all residents. Menus were displayed in pictorial format in all dining rooms and an additional menu was displayed at the entrance to all dining rooms outlining the choice of meals for that specific day. Menus were varied and had been reviewed by a dietician for nutritional content to ensure suitability. Residents on modified diets received the correct consistency meals and drinks, and were supervised and assisted when required to ensure their safety and nutritional needs were met. Meal times varied according to the needs and preferences of the residents. The dining experience was relaxed. There were adequate staff to provide assistance and ensure a pleasant experience for residents at meal times.

The centre had a risk management policy that contained actions and measures to control specified risks and which met the criteria set out in regulation 26. The centre's risk register contained information about active risks and control measures to mitigate these risks. The risk register contained site specific risks.

Staff were observed to have good hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records were viewed on inspection. Intensive cleaning schedules had been incorporated into the regular weekly cleaning programme in the centre. The centre had a curtain cleaning schedule. The centre's storage areas were clean, free of clutter and organised. Used laundry was segregated in line with best practice guidelines and the centre's laundry had a work way flow from dirty to clean laundry which prevented a risk of cross contamination. There was evidence of infection prevention control (IPC) meetings with agenda items such as covid-19 and actions required from specific IPC audits. Improvements were required in relation to infection prevention and control, this will be discussed further in the report.

Effective systems were in place for the maintenance of the fire detection, alarm systems, and emergency lighting. The centre had automated door closures to bedrooms and compartment doors. All fire doors were checked on the days of inspection and all were in working order. Fire training was completed annually by staff and there was evidence of fire training taking place in August 2022. There was evidence that fire drills took place quarterly. There was evidence of fire drills taking place in each compartment with simulated night time drill taking place in the centre's largest compartment. Fire drills records were detailed containing the number of residents evacuated , how long the evacuation took, and learning identified to inform future drills. There was a system for daily and weekly checking , of means of escape, fire safety equipment, and fire doors. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place which were updated regularly. All fire safety equipment service records were up to date. The PEEP's identified the different evacuation methods applicable to individual residents. There was fire evacuation maps displayed throughout the centre, in each compartment. Staff spoken to were familiar with the centre's evacuation procedure. There was evidence that fire safety was an agenda item at

meetings in the centre. There was an indoor smoking room available for residents. On the day of inspection there were five residents who smoked and detailed smoking risk assessments were available for these residents. A fire extinguisher was placed outside the smoking room in the centre to ensure it was accessible in the event of a fire in this room. A fire blanket, suitable ashtrays and a call bell were in place in the centres smoking room. Residents who smoked outside in the designated smoking area had a mobile pendant call bell, a fire blanket and fire extinguisher.

There was a good standard of care planning in the centre. In samples of care plans viewed residents' needs were comprehensively assessed by validated risk assessment tools. Care plans were person centred and routinely reviewed. Since the previous inspection the centre had facilitated care planning training with access to a care plan toolbox kit to support nursing staff in developing person-centred care planning. However; from the sample of nursing notes viewed it was not evident that four monthly reviews of care plans with residents had taken place.

Residents' were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents' had regular medical reviews. Residents also had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, physiotherapist, speech and language therapist, occupational therapist, dietician and chiropodist. Residents had access to dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

There was policy in place to inform management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort with their social or physical environment) and restrictive practices in the centre. There was evidence that staff had received training in managing behaviour that is challenging. Residents had access to psychiatry of later life. There was a clear care plan for the management of a residents responsive behaviour. It was evident that the care plan was being implemented. Bed rail risk assessments were completed, and the use of restrictive practice was reviewed regularly. Less restrictive alternatives to bed rails were in use such as sensor mats and low beds. The front door to the centre was locked. The intention was to provide a secure environment, and not to restrict movement. Residents were seen assisted by relatives to leave the centre and visitors were seen accessing the centre through out the days of inspection.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. In addition the centre were using the national safeguarding policy to guide staff on the management of allegations of abuse. Safeguarding training had been provided to staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The inspectors followed up on a number of notifications

of any unexplained, suspected or confirmed abuse of any residents as set out in schedule 4 of the regulations which were notified to the Chief Inspector of Social Services. The inspectors found that these incidents and allegations had been investigated by the person in charge.

There was a rights based approach to care in this centre. Residents rights and choices for the most part were respected, and residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. The residents had access to an independent advocate. The advocacy service details and activities planner were displayed in the centre. Residents has access to daily national newspapers, weekly local newspapers, books, televisions, WI-FI, and radio's. Mass took place in the centre weekly. There was a varied and fun activities programme. There was evidence that the centre had returned to pre-pandemic activities, for example; day trips to local areas and shopping trips to Dungarvan. Residents' were complimentary about the centre's activity programme.

### Regulation 11: Visits

Indoor visiting had resumed in line with the most up to date guidance for residential centres. The centre had arrangements in place to ensure the ongoing safety of residents. Visitors continued to have temperature checks and screening questions to determine their risk of exposure to COVID-19 on entry to the centre.

Judgment: Compliant

### Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents' clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

### Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their privacy and comfort.

Judgment: Compliant

### Regulation 18: Food and nutrition

The food served to residents was of a high quality, was wholesome and nutritious and was attractively presented. There was choices of the main meal every day, and special diets were catered for. Home baked goods and fresh fruit were available and offered daily. Snacks and drinks were accessible day and night. Fresh water jugs were seen to be replenished throughout the day in residents' rooms and communal areas.

Judgment: Compliant

### Regulation 26: Risk management

Arrangements were in place to guide staff on the identification and management of risks. The centre had a risk management policy which contained appropriate guidance on identification and management of risks. A register of live risks was maintained which included additional risks due to COVID-19, these were regularly reviewed with appropriate actions in place to eliminate and mitigate risks.

Judgment: Compliant

### Regulation 27: Infection control

Some improvements were required to ensure the environment was as safe as possible for residents and staff. For example;

- The cleaning and storage of residents' wash basins required review as they created a risk of cross contamination.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic free



swing closing devices so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plan reviews were comprehensively completed on a four monthly basis to ensure care was appropriate to the resident's changing needs however it was not always documented if the resident or their care representative were involved in the reviews in line with the regulations.

Judgment: Substantially compliant

### Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professionals as appropriate.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

There was a centre-specific policy and procedure in place for the management of behaviour that is challenging. A validated antecedent- behaviour- consequence (ABC) tool, and care plan supported the resident with responsive behaviour. The use of restraint in the centre was used in accordance with the national policy. Staff were knowledgeable of the residents behaviour, and were compassionate, and patient in their approach with residents.

Judgment: Compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by the needs of the residents.

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>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	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	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	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 Carechoice Dungarvan OSV-0000231

Inspection ID: MON-0037875

Date of inspection: 15/09/2022

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> <li>• A full review of the alleged recruitment and onboarding shortcomings was conducted so as to identify any gaps in policy or procedures.</li> <li>• An audit has also been completed to ensure all staff records are up to date with adequate CV’s on file and in compliance with policy and procedure.</li> </ul>	
Regulation 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: <ul style="list-style-type: none"> <li>• The cleaning and storage of residents wash basins has been reviewed and they are now stored correctly to meet infection control procedures.</li> <li>• A one page guidance document on the cleaning and storage of residents wash basins has been communicated to all staff and will continue to be part of staff safety huddles/staff meetings.</li> <li>• The management and nursing staff carry out a daily check to ensure ongoing compliance in this area.</li> </ul>	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"><li>• The Clinical Management team continue to review the residents care plans on a four monthly basis.</li><li>• An audit to include the documenting of a completed review with the resident and or their care representative is underway and the home has commenced a process to ensure that the review is recorded in line with regulation.</li></ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	20/10/2022
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	07/10/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care	Substantially Compliant	Yellow	05/12/2022



	plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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