

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Carechoice Montenotte
<b>Centre ID:</b>	ORG-0000253
<b>Centre address:</b>	Middle Glanmire Road, Montenotte, Cork.
<b>Telephone number:</b>	021 486 1777
<b>Email address:</b>	montenotte@carechoice.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Carechoice Montenotte Limited
<b>Provider Nominee:</b>	Aisling Lane
<b>Person in charge:</b>	Joanne Williams
<b>Lead inspector:</b>	Col Conway
<b>Support inspector(s):</b>	Breeda Desmond; Vincent Kearns
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	110
<b>Number of vacancies on the date of inspection:</b>	1

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
09 October 2013 08:00	09 October 2013 17:00
10 October 2013 08:00	10 October 2013 17:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

Carechoice Montenotte was registered on 17 January 2011 following an application to the Authority for registration as a designated centre for dependent persons. A registration inspection was undertaken on 11 May, 12 May and 13 May 2010, a follow up inspection on 7 March 2012, and a monitoring inspection on 20 February and 21 February 2013.

Areas that were identified by the Authority at the previous inspection in February 2013 as requiring improvement were provision of:

- written contracts of care to all residents that state the fees to be charged
- up-to-date records of each resident's personal property signed by the resident
- a written risk management policy that included all of the required information

- appropriate cleaning practices
- sluice facilities maintained in a tidy condition
- clinical waste bins in appropriate locations
- appropriate procedures for cleaning urinals and bed pans
- necessary measures to ensure that any identified hazards are controlled and managed appropriately for any resident who smoked
- secure storage for all scheduled/controlled medicines
- nursing care plans that are developed and agreed with each resident
- up-to-date bed rail restraint nursing care plans that detail the safe use of the restraint for each resident
- floor covering kept in a good state of repair
- adequate ventilation in the smoking room in Currabinny Unit
- necessary measures to avoid a draught coming in through the window in an identified resident's bedroom
- external grounds which are suitable for, and safe for use by residents
- the required staff records.

The inspection reports from all of the above mentioned inspections can be viewed on the Authority's website, [www.hiqa.ie](http://www.hiqa.ie), using centre identification number 0253.

During this inspection, Inspectors met with some of the residents, relatives and staff members and reviewed the premises, observed practices and documentation such as residents' nursing care plans, residents' medical records, accident and incident logs, policies and procedures and some records maintained on staff files.

There was evidence that the majority of required actions from the previous inspection had been completed, residents received a good standard of care and were treated with dignity and respect. The action plans at the end of this report identify areas where improvements are needed to fully meet the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

A written statement of purpose had been submitted to the Authority as part of the application to renew the registration as a designated centre for dependent persons. The document had been reviewed by the provider, it was readily available in the centre, it accurately described the service and the care that is provided and it contained all of the information that is required as per Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Written contracts of care were in place that were signed either by a resident or their representative and the documents included detail of the overall services that were to be provided as well as the fees to be charged.

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The nominated person in charge holds a full-time post in the centre, she is a registered nurse, holds current registration with the nursing professional body and she has the required experience. There were six clinical nurse managers (CNMs) in post to support the person in charge in her role and they are identified as key senior managers.

Based on information supplied to the Authority as part of the application, there was evidence that the person in charge has a commitment to her own continued professional development as she had attended relevant education sessions and training updates. During this inspection she was not present, however, during the previous inspection in February 2013 she demonstrated to inspectors that she had the necessary clinical knowledge and she had a good understanding of her responsibilities in regard to the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There were copies of a Residents' Guide available which included all of the required information as did the Directory of Resident's. There was substantial compliance in regard to maintaining records in relation to residents (Schedule 3), general records (Schedule 4), staffing records and medical records. All of the required operating policies and procedures as per Schedule 5 were available and there was documented evidence of appropriate insurance cover being in place.

**Outcome 05: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The nominated person in charge had been absent for a period of time longer than 28 days and as required by the Regulations, this had been notified to the Chief Inspector and suitable governance arrangements had been put in place to cover her absence. The inspectors formed the view, based on observations in the centre that the acting person in charge could manage the centre in the absence of the person in charge. She demonstrated throughout the two days of inspection a thorough understanding of her responsibilities in regard to the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Outcome 06: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There was a written policy on residents' personal property and possessions and an inspector reviewed a sample of the records kept of handling residents' monies and valuables and appropriate procedures and documentation were in place to manage residents' finances.

There was evidence available to the inspectors that appropriate procedures were in place in the event of an allegation of abuse in the centre. There was a written policy and procedures for the prevention, detection and response to abuse and records indicated that staff had been provided with training in the signs and symptoms of abuse and their responsibilities with regard to reporting an allegation of abuse. This was also confirmed by staff and records maintained on staff files indicated that all staff had been appropriately vetted.

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors found that since the previous inspection in February 2013 the outstanding actions had been completed:

- the written risk management policy had been updated to include the arrangements for the identification, recording, investigation and learning from serious or untoward incidents or adverse events involving residents
- appropriate measures were in place for the storage of wet mops and the cleaning of urinals, commode pans and the floors
- clinical waste bins were placed in the proper locations and sluice facilities were uncluttered and tidy
- residents who smoked had written assessments in place that identified potential risk of injury to themselves or others and it was noted that measures were in place to ensure that any identified hazards were controlled.

There was evidence of good risk management procedures as per the centre's own up-to-date risk management policy and appropriate measures being in place in regard to ensuring the health and safety of residents, visitors and staff as:

- an up-to-date health and safety statement was in place and potential hazards were identified as well as the required controls
- there was evidence that potential environmental risks were frequently monitored and appropriate actions were taken as required



- there was adequate supply of protective personal equipment for staff such as disposal aprons and gloves as well as anti-microbial hand gel dispensers
- appropriate infection control measures had been implemented in regard to overall cleaning practices as well as laundry and waste management
- written confirmation from a competent person that all the requirements of the statutory fire authority had been complied with had been forwarded to the Authority
- records confirmed that fire equipment, fire prevention and suppression system checks were up-to-date
- mandatory training in fire safety and moving and handling was up-to-date for all staff
- records indicated that equipment throughout the centre was checked and maintained regularly
- lighting was sufficient, hand and grab rails were in the required places and corridors and escape routes were unobstructed.

### **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Inspectors reviewed a sample of residents' individual medicine prescription charts and they were all clearly labelled, they had photographic identification of each resident and they were legible. There was evidence that residents' medicine prescriptions were reviewed at least every three months by a medical practitioner.

There was an up-to-date and centre-specific written medication management policy and procedures for the ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out of date medicines. Review of records and observation of practices indicated substantial compliance by nursing staff in adhering to professional guidelines and regulatory requirements in regard to storage and administration of medicines.

### **Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

An inspector reviewed the records maintained of any incidents and accidents occurring in the centre and there was appropriate documentation in place that clearly outlined any event and the management of same. Notifications as required by the Regulations had been forwarded to the Authority.

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There was robust evidence that the quality of care and experience of the residents was monitored and developed on an ongoing basis and there was a culture of continuous improvement. Records maintained of senior management and staff meetings indicated that evaluation of the service and care that was provided was made a priority and was undertaken in a structured manner. An extensive range of quality improvement actions were assigned to various staff members and there was evidence that the completion of same was followed up by the provider.

An inspector reviewed records of audits of practice that had been undertaken since the previous inspection in February 2013 and they included, medication management, restraint procedures, wound care, urinary continence promotion and end of life care.

Residents and relatives informed inspectors that the provider, person in charge and the CNMs frequently asked them for feedback regarding the service based on their own experiences. Residents and/or their representatives had also been given opportunities to formally provide feedback as they had completed questionnaires about their satisfaction with the service and care that was provided.

**Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Staff were observed providing care in a respectable and sensitive manner, it was obvious to inspectors that they knew residents' needs well and both residents and relatives confirmed their confidence in staff.

The recreational interests of residents were well known and personalised social and recreation plans were in place for each resident that took into consideration individual preferences and capacities. Residents were provided with a range of appropriate group and one-to-one activities, many of which were dementia specific to meet the particular needs of residents.

Records indicated that residents had access to, and frequent assessment by general medical practitioners, and if required they also had access to specialist medical care as well as a full range of allied health services. There was also evidence that staff provided care in accordance with any specific recommendations made by medical and allied health professionals.

The acting person in charge informed inspectors that since the previous inspection in February 2103 a quality improvement project had been undertaken that involved introduction of a new template for written nursing care plans. Inspectors found there was a high standard of nursing documentation in place. In the sample of nursing records that were reviewed by inspectors, comprehensive nursing assessments of residents had been undertaken and residents' clinical risks were identified and there was evidence that appropriate care was planned and provided. The nursing care plans were concise and they clearly detailed the care that needed to be provided to individual residents and they were frequently reviewed by nursing staff.

Residents' progress was closely monitored and subsequently recorded and the daily nursing notes outlined the health, condition and treatments given for each resident and they were in accordance with relevant professional guidelines. A procedure was in place

whereby individual residents or their representatives were offered an opportunity to read the written nursing care plans and sign to indicate that they had been involved. There was evidence they were offered this at least every three months.

## **Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

### **Theme:**

Effective Care and Support

### **Judgement:**

Non Compliant - Major

### **Outstanding requirement(s) from previous inspection:**

Some action(s) required from the previous inspection were not satisfactorily implemented.

### **Findings:**

The premises was generally maintained to a high standard with paintwork in a good condition and the fittings, fixtures, curtains and furniture were of good quality. However, some of the vinyl floor covering required replacing as it was damaged. The nominated provider informed the inspectors that since the previous inspection in February 2013 work had been undertaken on selecting a suitable solution to fixing the damaged flooring. It was planned to have the floor covering replaced shortly after the inspection following testing of products.

The environment was bright with light decorative colours used and it was visibly clean. Residents and relatives confirmed that from their experience the centre was always in a very clean condition. Since the previous inspection the smoking room had been changed from Currabinny Unit to a room on another floor of the centre and inspectors noted that the mechanical ventilation system provided adequate ventilation.

The necessary assistive equipment was available such as commodes, hoists, wheelchairs and specialised seating and records indicated that equipment was well maintained and serviced frequently. The provider and a maintenance staff member confirmed that since the previous inspection work had been undertaken on an identified resident's bedroom window in order to prevent a wind draught coming in through the window.

There were appropriate beds and mattresses to meet residents' needs and in shared bedrooms there was adequate screening curtaining. In the majority of bedrooms the design of the rooms provided suitable space for each resident. However, the size and layout of four identified twin bedrooms did not provide sufficient space around and between each of the beds for the use of hoists, specialised seating and wheelchairs. The provider and the acting person in charge informed inspectors that at the time of

inspection the current residents living in the identified bedrooms did not require maximum assistance with mobility.

There were communal dining areas, seating and living spaces as well as places for residents to meet visitors that were separate to private bedroom accommodation. Since the previous inspection in February 2013 an additional facility on the ground floor had been developed for residents to meet their visitors and was finished and decorated to a high standard.

There were a sufficient number of toilet, washing, sluice and cleaning facilities and they were tidy and uncluttered.

There was an outdoor area for residents to walk that included a concrete path with a handrail on one side and there were also seating areas. However, the external grounds were not suitable and safe for use by all residents as access to the walkway and seated area was through the car park.

### **Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

A written complaints policy was available in the centre and the written procedures for making a complaint were easily accessible for residents and/or their representatives. It was hung in prominent places and there were also information pamphlets made available. Residents also had access to an independent complaints appeals process.

An inspector reviewed the complaints log and the records that were maintained detailed any complaint, the on-going management and complainants' levels of satisfaction.

### **Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There was an up-to-date written policy and procedures in place for staff in regard to providing end of life care and training records indicated staff had received training in end of life care. Upon referral specialised community palliative care services were available for residents if required. There was an oratory in the centre with pastoral care available if requested and there were facilities for relatives to stay overnight.

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Inspectors observed that residents were provided with food and drink at times and in quantities adequate for their needs, they were offered choice and menus indicated there was a variety of food. Residents' individual preferences and dietary requirements were communicated to the catering staff and residents had access to fresh drinking water and hot drinks and snacks.

Residents were provided with opportunities to eat their meals while seated at dining tables in communal dining areas and/or in communal sitting rooms and they were also facilitated to eat in their bedroom accommodation if they wished. Residents who needed assistance with eating their meals and drinking were assisted by staff using appropriate techniques in a respectful manner and staff were observed making every effort for dining time to be social and relaxed.

There was evidence in residents' records that their body weights were taken regularly, a well-recognised nutritional assessment tool was used frequently to monitor each resident's nutritional status and residents that required it were closely observed for their daily food and fluid intake. If required referrals were made to dietician services and there was documented evidence of communication of any special instructions and

evidence of implementation by nursing staff of same.

**Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

There was evidence available that indicated residents were consulted with and participated in the organisation of the centre as residents had been provided with opportunities to join the residents' committee meetings. Residents and their relatives were provided with opportunities to provide feedback via satisfaction questionnaires and advocacy services were available for residents. Inspectors observed residents' privacy and dignity being respected by staff as well as staff promoting residents' independence.

There was strong evidence that family and friend contacts were maintained as visitors were welcomed at various times of the day and there were areas for residents to meet their visitors that were separate to bedroom accommodation. Home visits and outings were also facilitated as requested.

Newspapers, televisions and radios were all available for residents and there was evidence that religious needs were facilitated with residents having access to an oratory/prayer area within the centre.

**Outcome 17: Residents clothing and personal property and possessions**

*Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

Each resident had furniture in their bedrooms to store clothing and personal items in their own bedside cabinets and wardrobes.

Laundry facilities were on-site, there were arrangements in place for the regular laundering of linen and clothing and appropriate procedures were in place for the safe return of clothes. Residents and their relatives informed inspectors that clothing was generally well looked after.

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Workforce

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Duty rosters were maintained for all staff, they were available for an inspector to review and during the two days of inspection the inspectors observed that the number and skill-mix of staff working was appropriate to meet the needs of the current residents. This was also confirmed by residents, relatives and staff.

Staff had been provided with mandatory training, as already outlined in outcome seven, and continued opportunities had been provided for staff to attend relevant training, practice updates and information sessions.

An up-to-date and centre-specific recruitment policy and procedures was in place and there was evidence that it was adhered to. An inspector reviewed a sample of the records that are to be maintained for staff, as per Schedule 2 of the Regulations, and there was evidence of substantial compliance as no documents were outstanding.



## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

### ***Report Compiled by:***

Col Conway  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



#### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	Carechoice Montenotte
<b>Centre ID:</b>	ORG-0000253
<b>Date of inspection:</b>	09/10/2013
<b>Date of response:</b>	29/11/2013

#### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 12: Safe and Suitable Premises

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The size and layout of four identified twin bedrooms did not provide sufficient space around each of the beds. There was not adequate space in these shared rooms between and around the beds for the use of hoists, bulky specialised seating and wheelchairs.

**Action Required:**

Under Regulation 19 (3) (e) part 2 you are required to: Provide adequate private accommodation for residents.

**Please state the actions you have taken or are planning to take:**

Historically we have ensured that we have been able to provide for those residents care needs who have been accommodated in the relevant bedrooms. However, we have taken on board the inspectors views and have worked with our engineer to make alterations.

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

The four identified bedrooms will cease to be used as double rooms. For the purposes of the report we will refer to these rooms as A, B, C and D. Rooms B and D will be converted into single occupancy en suite bedrooms and rooms A and C will be converted into a prayer room and additional activities space.

Six new single en suite bedrooms will be created by converting the existing activities room and the existing oratory.

We have begun working to accomplishing this extensive capital project. During this planning and implementation process we will ensure that the existing four twin rooms will only accommodate residents for whom we can provide their care needs.

**Proposed Timescale:** 31/07/2015

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The external grounds were not suitable and safe for use by all residents as access to the walkway and seated area was through the car park.

**Action Required:**

Under Regulation 19 (3) (o) you are required to: Provide and maintain external grounds which are suitable for, and safe for use by residents.

**Please state the actions you have taken or are planning to take:**

We now believe we have a solution that will ensure the safety of all our residents when they are using our external grounds. The existing garden and deck spaces are across a car park and we are planning to install a protected walkway [via the use of railings] from the exit by the east side of the building to a newly constructed enclosed patio area of 155m<sup>2</sup>.

We are also planning on fitting a second handrail to the existing pathway.

**Proposed Timescale:** 31/07/2015

**Theme:** Effective Care and Support

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

Some of the vinyl floor covering required replacing as it was damaged.

**Action Required:**

Under Regulation 19 (3) (b) you are required to: Ensure the premises are of sound construction and kept in a good state of repair externally and internally.

**Please state the actions you have taken or are planning to take:**

We have spent a lot of time coming up with an appropriate solution to the issue of our damaged vinyl flooring. We have carried out repairs on a number of test patches and have decided on which contractor we will employ to complete the work.

**Proposed Timescale:** 31/12/2014