



# 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:	23 September 2021
Centre ID:	OSV-0000209
Fieldwork ID:	MON-0034118

## 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 and was established as a residential centre in 2013. 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 centre employs the services of physiotherapist and occupational therapy in-house. Medical and other allied healthcare professionals provide ongoing healthcare for residents on a very regular basis.

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

Number of residents on the date of inspection:	51
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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
Thursday 23 September 2021	08:00hrs to 17:30hrs	Ella Ferriter	Lead
Friday 24 September 2021	08:30hrs to 15:30hrs	Ella Ferriter	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with a number of residents over this two day inspection of Carechoice Macroom. Overall, residents were extremely complementary about the staff caring for them, stating that they were very kind, pleasant and nice. Residents told the Inspector that staff always answered when they called, and that they were treated very well. Residents stated they were happy living in the centre, however, some residents told the inspector there was not much to do during the day, and the inspector observed that there were limited activities available for residents over this two day unannounced inspection.

The inspector arrived to the centre at 8:00 am, and was guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Following an opening meeting, with the person in charge, the inspector was accompanied on a tour of the premises. At this time residents were observed in their rooms having breakfast, or some were receiving morning care from staff. The Inspector observed that there were three teams of healthcare staff, one allocated to each floor, comprising of a nurse and care staff. This had a positive impact on resident care, as observation of the inspector were that residents were responded to promptly when they called for staff.

Carechoice Macroom is laid out over four floors, and is registered to accommodate 62 residents. Three of these floors are allocated to residents, whereas the basement houses the laundry facilities and additional storage. The centre is divided into four named wings, Bealick (ground floor), Gearagh North and South (first floor) and Mount Massey (second floor), the names which depict local places around the Macroom countryside. Bedroom accommodation consists of 42 single and 10 twin bedrooms. All rooms had full en suite facilities, except five bedrooms on Gearagh North. There were 51 residents living in the centre, on day one of this inspection. Two new residents were admitted during the course of this two day inspection. There was adequate communal space in the centre, which was comfortable and nicely decorated. On the second floor, a room previously used for storage, had been converted into a small sitting room with a television, which could accommodate two to three residents.

Overall, the general environment and residents' bedrooms, were found to be visibly clean. There were two cleaners on duty each day. However, cleaning of the clinical rooms and equipment required review, which is detailed under regulation 27. The premises was found to be generally well maintained and comfortably decorated. Issues that required to be addressed following the previous inspection of June 2020, had been actioned by the provider. Water testing was taking place on the second day of this inspection. The inspector met and spoke with the full time maintenance person, who took great pride in the centre, and was committed to ensuring the premises was well maintained and comfortable for residents. Some further issues regarding the premises required to be addressed, which are detailed under

regulation 17.

This inspection took place over two days in September, which were sunny and dry. On day one of this inspection one resident was observed sitting outside in one of the secure courtyards. One day two of this inspection, one further resident was observed sitting outside, enjoying the sun and reading the paper. Outdoor secure space in the centre was limited, considering an occupancy of 62 residents. It comprised of two small external courtyards which could not accommodate all residents living in the centre if required. One of these courtyard, off Gearagh North was in the process of being fitted with a new automatic door. This would allow residents to access this area independently, as the findings on the previous inspection were, that access to the outdoor courtyard was difficult via a large fire door and ramp. One resident told the Inspector that they would like more time outside, as they spent their life farming and wouldn't be used to be staying indoors all day. Another resident told the inspector that staff would always accommodate a request to go outside, however, "it wasn't the usual to be brought outside".

The Inspector spent time observing interactions between residents and staff. These were found to be positive, engaging, patient and respectful at all times. There was a comfortable rapport between residents and staff, and a relaxed atmosphere was evident. The inspector had the opportunity to meet with two visitors over the course of this inspection. They praised the kindness of staff and said they were always approachable and would always facilitate visiting, at a time that suited them.

On day one of this inspection the inspector noted there was a lack of activities for residents. Many residents, over the three floors spent a large proportion of their day in their bedrooms. Others were brought to the sitting rooms, however, there was minimal stimulating activity. The activities schedule available to inform residents of daily activities composed of a calendar with pictures of things, such as baking, bingo, and paper reading. However, some calendars in rooms were found to be from the month previous, there was no indication of times these activities would take place. Residents spoken with did not know when or where activities were available. The Inspector requested documentation pertaining to activities that took place over the past three months, however, this was not maintained. In the afternoon of day one there was a movie shown in the sitting room in Gearagh South, where seven residents attended. The provider had recently employed a new activities coordinator, who the inspector met over the course of this inspection. However, this person was new to the post and was in the process of reviewing the activities programme and assessing individual resident preferences and abilities. Improvements were seen on day two, where a sing song with residents took place in the morning and decorating cakes in the evening. This inspection found that the programme of activities and staff allocated to activities required review, to ensure that all residents were afforded the opportunity to participate in a social programme, which they also paid a weekly fee for.

On day one of this inspection the inspector was informed by the management team that they were currently reviewing the dining experience for residents. New menu boards had just arrived to the centre and new dinnerware and cutlery were awaited. This had been initiated by residents, via feedback at meetings. They had made

suggestions regarding improvements they would like. Some residents were observed eating their dinner in the centres dining rooms on Gearagh South and Bealick. From conversations with residents and staff it was evident that many residents ate in their bedrooms, and the dining experience for residents had been impacted by the COVID-19 restrictions. The management team were committed to obtaining feedback from residents, via residents meetings that took place every three months. A review of these records indicated that the team in Carechoice Macroom addressed areas for improvement as identified by residents, at these meetings such as suggestions regarding food choice and home baking.

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 by an inspector of social services, to monitor compliance with the regulations, and to follow up on the actions from the previous inspection of June, 2020. Overall, this inspection found that the health care needs of the residents were met to a very high standard in CareChoice Macroom, and were in compliance with the regulations. However, this inspection identified that there were limited opportunities for residents to participate in meaningful social engagement, appropriate to their interests and abilities, which is discussed further under regulation 9. Improvements were also required in relation to fire precautions, infection control and the management of behaviours that challenge. The inspector reviewed the actions required from the previous inspection, and found that they had been predominately addressed. The provider was committed to a process of quality improvement, and was responsive to feedback on the findings of this inspection.

Carechoice Macroom is a designated centre for older people registered operated by Carechoice (Macroom) Limited. There was a clearly defined management structure in place, with clear lines of authority and accountability. The organisational structure within the centre had changed since the previous inspection, with the appointment of a new person in charge and new assistant director of nursing. At operational level, support was provided by the Chief Executive Officer, an Operations Manager, a quality department and a human resource department. There was evidence that regular management meetings took place, where topics such as risk, human resources, COVID-19, complaints and incidents were discussed. A review of minutes of these management meetings evidenced that the provider maintained good oversight of service.

Clinical audits were routinely completed and scheduled, in areas such as, falls, nutrition and medication management. Findings of these audits informed ongoing quality and safety improvements in the centre. The centre had a comprehensive complaints policy and procedure, which clearly outlined the process of raising a

complaint or a concern. A record of incidents occurring in the centre was well maintained electronically, with evidence of oversight by management. All incidents and allegations had been reported in writing to the Chief Inspector, as required under the regulations.

The inspector acknowledges that residents and staff, living and working in centre had been through a challenging time due to the global pandemic. The centre was subject to two outbreaks of COVID-19, one in April 2020 and the other in February 2021, both of which were well managed. Contingency plans were in place should the centre experience another outbreak.

Overall, the staffing number and skill mix on the day of inspection was appropriate to meet the care needs of the residents, and staff were observed to have the required competencies and experience to fulfil their roles and duties. However, there was not adequate staff allocated to the social and recreational programme for residents, which is further discussed under regulation 9. The centre had a policy on staff recruitment, however, improvements were required in monitoring of the process of staff induction, which is discussed under regulation 16. The inspector reviewed five staff records and there was evidence of a robust recruitment process by the registered provider, which had improved since the previous inspection.

There was a strong emphasis on staff training in the designated centre, and all mandatory training was up to date. There was regular in-house training sessions for staff also. This included infection prevention and control training. As a result, staff were aware of their responsibility to keep the residents safe and demonstrated good practices in infection prevention and control during the course of this two day inspection.

### Regulation 14: Persons in charge

There was a new person in charge since the previous inspection of this centre. They had been in post since July 2020, and worked full time. They had the required experience in nursing and in management as per the regulatory requirements. The person in charge had responsibility and authority for the day to day running of the service. The person in charge demonstrated a good knowledge of their regulatory responsibilities and a commitment to providing a safe and high quality service for the residents.

Judgment: Compliant

### Regulation 15: Staffing

The number and skill mix of care staff on duty was appropriate, for the number of residents living in the centre. However, when considering the size and layout of the



building, the number of staff allocated to activities was not adequate, which resulted in some residents not having access to a social programme. This is discussed further and action required is detailed under regulation 9.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had good access to training and staff were up to date in all mandatory training requirements. Staff were supervised in their work and received regular feedback from management, which included an annual appraisal. Under performance was managed through the centre's performance management processes and further training provided if required. However, one member of staff was found not to have had an appropriate induction, in line with the centres policy.

Judgment: Substantially compliant

### Regulation 21: Records

Improvements were noted in staff records since the previous inspection. The inspector reviewed five recently recruited staffs files. All contained the requirements of Schedule 2 of the regulations. All records as requested during the inspection were well maintained and made available to the inspector.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems were in place for monitoring quality and safety in the centre. However, the inspector found that the management systems in place required improvement to monitor the safety of care provided to residents. In particular, the systems in place with regard to managing behaviours that challenge and infection prevention and control, which are detailed under the relevant regulations. The social programme for residents also required review.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The provider had prepared a statement of purpose which described the services and facilities provided by the designated centre. This document contained all information required under Schedule 1 of the regulations.

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

Complaints were well managed in the centre. There was a comprehensive complaints policy in place and this was displayed at the entrance to the designated centre. The inspector reviewed all complaints since the previous inspection. Complaints were appropriately recorded and followed up. The record of each complaint included the complainants level of satisfaction with the outcome. Where changes needed to be made to resolve the issue and to prevent it happening again this was communicated to the relevant staff.

Judgment: Compliant

### Regulation 4: Written policies and procedures

Policies and procedures in accordance with Schedule 5 of the regulations were in place and were updated in accordance with changing guidance.

Judgment: Compliant

## Quality and safety

Residents living in Carechoice Macroom were generally satisfied with the quality of the service they received, and stated they felt safe in the centre. Overall, there were good standards of care provided and the healthcare needs of residents were well met. Nonetheless, this inspection found that improvements were required in relation to monitoring the use of restraints and infection control practices. Residents quality of life could also be enhanced through increased access to activities in the centre.

The centre had an electronic resident care record system. Residents were assessed using standard assessment tools, and care plans were developed to meet residents identified needs. The inspector reviewed five care plans during this inspection. Overall, these care plans were person centred, periodically reviewed and updated at least every four months, as per the regulation. Residents had good access to general practitioners and there was evidence of regular reviews. Dietetic services were provided by a private nutritional company. There was access to weekly physiotherapy and occupational therapy services. Residents also had access to specialist services including speech and language therapy, podiatry, palliative care and old age psychiatry when required. These multidisciplinary team's inputs were evident in sample care plans reviewed by the inspector.

Improvements were acknowledged in the prevention of pressure ulcers within the centre, since the previous inspection. Although wound care practices in the centre were generally good, some further improvements were required, which is discussed under regulation 6. This inspection found that the monitoring and oversight of restrictive practices required review, which is detailed under regulation 7. The management team had taken measures to safeguard residents from being harmed or suffering abuse. Staff spoken with demonstrated that they had the knowledge and the skills to recognise the signs of abuse and or neglect, and the actions required to protect residents from harm.

There was a preventive maintenance schedule of fire safety equipment, the fire alarm and emergency lighting in accordance with the recommended frequency. However, further fire safety issues, one in which the provider was issued an immediate action for, required to be addressed which is detailed under regulation 28.

Records indicated that there was system in place for daily COVID-19 risk assessment for all residents. Wall-mounted alcohol hand sanitizers were appropriately located throughout the centre. Staff members with whom inspector spoke were knowledgeable of recommended infection prevention and control practices and were compliant in the use of personal protective equipment.

## Regulation 11: Visits

Visits were managed in line with the current HPSC guidance (COVID-19 Guidance on visits to Long Term Residential Care Facilities). The provider had ensured that there were suitable private and communal areas available for the residents to receive their

visitors. Visitors were appropriately risk assessed on entering the centre.

Judgment: Compliant

### Regulation 17: Premises

Improvements pertaining to the premises following the previous inspection, had been addressed by the provider, however, some further areas required attention:

- some bedrooms, corridors and door frames required painting, the inspector was informed that this was planned in the coming months.
- on accessing the external garden, residents were required to navigate a ramp. This area required adaptation to ensure this facility could be safely accessed for residents.
- Some of the outdoor garden furniture was broken, and required to be removed and replaced.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents had a choice of menu at meal times. Residents were provided with adequate quantities of wholesome and nutritious food and drinks. Residents who required specialist assessment and advice for their dietary needs were supported through dietitian and Speech and Language services. There was adequate number of staff available to assist residents at meal times.

Judgment: Compliant

### Regulation 26: Risk management

Risks identified on the previous inspection had been addressed by the provider. The centre's risk management policy set out the risks identified in Schedule 5. There were appropriate arrangements in place in relation to the management of risks in the centre. Incidents such as falls, were tracked and trended to facilitate the identification of areas for improvement.

Judgment: Compliant

## Regulation 27: Infection control

Improvements were required in the following areas:

- ensuring that equipment such as hoists were cleaned effectively. The inspector observed hoists had been signed off as cleaned, however, were visibly not clean. This was also a finding on the previous inspection of this centre.
- ensuring that the procedure with regards cleaning of the two clinical rooms was reviewed, floors in both rooms were visibly not clean on both days of this inspection. The process for deep cleaning these rooms did not involve the removal of furniture and equipment. The risk was also increased as these rooms were poorly ventilated, as they did not have windows.
- ensuring the drug trolleys were cleaned, as one was visibly not clean on day two of this inspection.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

An immediate action was issued to the provider in relation to fire precautions. From a review of fire drill reports in the centre and assessment of staff knowledge, the inspector was not assured that residents could be safely evacuated at all times, during the day and night by staff. The provider submitted records of fire drills post the inspection, which provided assurances regarding compartment evacuations. However, ongoing drills are required so the provider is assured that all staff are competent in fire evacuations of the largest compartments, simulating minimal staffing levels. This is to ensure that residents can be evacuated in a timely and safe manner.

Judgment: Substantially compliant

## Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service and adequate systems in place to prescribe, order, store and administer medicines for residents. There were also adequate system in place to segregate unused or out of date medicines, and the return to the pharmacy for safe disposal. Medication management practices within the centre were being audited by management. A review of the procedure in place prior to the administration of psychotropic medication was required, which is discussed under regulation 7. Medication administration charts and controlled drugs

records were maintained, in line with professional guidelines.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs and their preferences for care and support on admission to the designated centre. Residents' needs were assessed using standard tools, and a person centred care plan was developed, to direct the staff to assist residents to meet those needs. These assessments and care plans were reviewed at least every four monthly. Newly admitted resident's needs were comprehensively assessed using validated tools, within 48 hours of admission, as per the regulation. However, as actioned and discussed under Regulation 6 and Regulation 7, some care plans required updating.

Judgment: Compliant

### Regulation 6: Health care

There was evidence of good access to medical care. Residents had access to a range of other health professionals which had continued throughout the pandemic. There was also good access to local palliative care services and psychiatry of old age. Improvements were acknowledged since the previous inspection pertaining to the amount of residents developing pressure ulcers in the centre. However, some improvements were required pertaining to wound care, namely:

- the inspector saw referral to a tissue viability nurse was not made for one resident when there was evidence that a wound was not healing.
- a wound care plan was not updated to reflect changes in treatment.

Judgment: Substantially compliant

### Regulation 7: Managing behaviour that is challenging

Improvements were required regarding the following:

- the monitoring of restraint within the centre as it was found that the number of residents with bed rails in use was in excess of what was reported. Although the management team reviewed this during the inspection, further training is required to ensure staff are aware of what constitutes a restraint.

- ensuring that residents who had bed rails in place, had this reflected in their care plan, as per the centres policy.
- ensuring that where residents are administered psychotropic, PRN (as required) medication, they were assessed appropriately to identify triggers and develop strategies to de-escalate and prevent further recurrence. Assessments to be used before administration of psychotropic medications were detailed in the centres policy on restraint, however, these were not found to be used in practice. This was also found on the inspection of June 2020.
- ensuring that staff have up to date knowledge and skills to respond to and manage behavior that is challenging, as some staff interviewed were not aware of the assessment process before administration of psychotropic medications.

Judgment: Not compliant

### Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. All staff had Garda Vetting disclosures in place, prior to commencing employment in the centre. The registered provider facilitated staff to attend training in safeguarding of vulnerable persons, and all staff had completed this training. Records reviewed by the inspector provided assurances that any allegations of abuse were reported, addressed and appropriate action taken to protect the resident.

Judgment: Compliant

### Regulation 9: Residents' rights

Findings of this inspection were that there were inadequate facilities for occupation and recreation for residents in the centre. The Inspector was not assured that all residents had opportunities to participate in activities in accordance with their interest and capacities. This finding was supported by observations of the Inspector, feedback from residents and conversations with staff. The management team acknowledged this deficit on the day of this inspection.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially 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 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant



# Compliance Plan for Carechoice Macroom OSV-0000209

Inspection ID: MON-0034118

Date of inspection: 24/09/2021

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>• The PIC continues to appropriately monitor the training needs of the staff and has addressed the item raised by the inspector in this report. The PIC ensures that staff are supervised and supported during their daily activities.</li> <li>• The employee had received induction to include orientation of the building, residents and the expectation of the role. An experienced member of the activity team in another CareChoice home had also attended on 10/09/2021 to deliver training in the use of electronic activity recording systems, care planning, development of the activity calendar and documentation required to be completed as part of the role. As part of the induction of the employee they were scheduled to attend training on 15-10-21 on SONAS activity and this has commenced.</li> </ul> <p>An improved induction book for the activity department is being developed with the support of the Quality and Compliance team and HR department. This will be completed with the team member.</p>	
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"> <li>• The Register Provider and PIC are committed to ensuring that the management systems in the home ensure that the service provided is safe and effectively monitored</li> </ul>	

as referenced in relation to Reg 27 and Reg 7 in this action plan.

- The PIC will ensure that all equipment is cleaned in line with IPC guidelines and local policy. Increased monitoring of cleaning application and records will be conducted by the Clinical Management Team daily. The process and importance of the implementation of cleaning of clinical equipment has been discussed with the nursing team.
- New flooring will be replaced to one of the clinical rooms by 29/10/2021
- The PIC, with the support of the Clinical Management Team, will continue to review all restrictive practice in line with best practice, ensuring documentation and strategies to de-escalate behavior are clearly documented.
- Staff training in restrictive practice to include assessment of resident prior to administering of psychotropic medication will continue, further training is scheduled and all staff will have completed this training by 30th November 2021.

A review of the activity programme is underway and revised to ensure that it provides an increased variety of activities to enhance the quality of activities for residents. This includes increase in outdoor activities and activities related to country lifestyle e.g. farming and related topics.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: <ul style="list-style-type: none"><li>• Quotations have been sourced for decoration of identified corridors and communal areas. Works are due to commence during November 2021.</li><li>• A new handrail had been ordered prior to the inspection to address the ramp in the courtyard as outlined in this report and is due for installation by 3rd November 2021.</li></ul> Broken garden furniture has since been removed and replacement furniture is on order.	
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>• A review of the cleaning records has been conducted. All hoists have been deep cleaned. The nurse on duty monitors the equipment to ensure all areas have been</li></ul>	

attended to. The clinical management team will conduct spot checks of the clinical equipment to ensure compliance.

- The cleaning schedule for the clinical rooms has been reviewed and deep cleaning has been increased. New flooring is scheduled to be replaced to one clinical room. The cleaning records for these areas will be monitored and verified by the clinical management team in the home.
- Medication trolleys have been cleaned with particular attention to the wheels. Cleaning of the medication trolley's has been increased. The cleaning records for clinical equipment will be monitored and verified by the clinical management team in the home.
- Regular IPC auditing will continue and as part of this audit, the clinical equipment and clinical rooms will be inspected by the inhouse IPC nurse. Any items of concern will be raised with the clinical management team and addressed with the relevant staff appropriately as part of safety huddles.
- The quality department will continue to complete biannual IPC audits and trends in the home will continue to be identified. The results of these audits will be relayed to the nursing home management team and reviewed as part of CareChoice quality & safety committee meetings. Staff will be informed in the home of any concerns and trends.

IPC issues will continue to be discussed in the nursing home at the clinical governance meetings and IPC committee meetings.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

- Monthly fire drills of the two compartments highlighted by the inspector are being conducted, simulating maximum occupancy of these compartments and with night staffing levels. The frequency of these drills will be reviewed in light of meeting the regulations on an ongoing basis with the PIC in consultation with fire expert.
- Weekly fire drills are being conducted through the rest of the building, ensuring staff competency in fire evacuation.

The efficacy of these drills will be discussed with the H&S officer and at the Health & Safety Committee in the home. Any items raised will be addressed accordingly with the support of an external fire consultant.

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> <li>• The PIC will continue to ensure that the residents have access to the multidisciplinary health care team. With regard to the inspector’s comment on wound care, TVN review was completed on 6th October for the particular resident. Staff will continue to monitor the wound as required in line with the TVN guidelines and any deterioration/changes will be discussed with the TVN. There is a robust system in place to monitor skin integrity of residents, wounds and relevant assessment/careplan documentation.</li> <li>• Resident’s wounds will continue to be reviewed at a minimum of weekly by the DON, ADON and CNM who will provide support and guidance to the nursing team.</li> </ul> <p>All wound care plans have been reviewed to ensure any changes in treatment as guided by the multi-disciplinary team has been updated. There is a system in place for the auditing of residents careplans by the clinical management team. This will ensure a reflection of the residents current needs is maintained.</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>The provider requests that the severity of the compliance be reconsidered based on the following:</p> <ul style="list-style-type: none"> <li>• At the time of inspection, all risk assessments and care plans were in place for all residents with bedrails in use. A review found that there was a deficit on the daily restraint log. The restrictive practice details for this deficit was recorded in the restrictive practice log on the day of inspection. The nursing home has completed a review of restraint practices in the home.</li> <li>• The clinical management team have completed a review of the use of psychotropic medication. Further training and supervision has been provided to the nursing team. Should a resident experience an episode of behaviours that challenge, residents will continue to be assessed prior to administration of PRN psychotropic medication, to include an ABC assessment tool. This will include review of the resident’s specific de-escalation strategies as outlined in their care plan and these will be documented within the ABC assessment. Residents with a history of behaviours that challenge have relevant care plans in place outlining potential behaviours, triggers for such behaviour and care required. One resident was receiving PRN psychotropic medication during the inspection. A psychological and behaviour careplan was in place, an ABC assessment was carried out prior to the administration of the psychotropic medication on the date in question.</li> </ul>	

- Restrictive practice training has been planned for all care staff and will be completed by 30th November.

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The provider requests that the severity of compliance of this regulation to be reviewed based on the following:

- On the day of inspection, a newly appointed activity leader had just completed her induction period. She had been completing one to one activity for residents who had chosen not to attend the communal areas and their preference to be in their bedrooms. This employee commenced pre-arranged SONAs training on 15th October 2021 and was developing an uplifting calendar to include interests for all personalities within the home, to reflect timings and location of activities.
- The nursing home continues to review the activity schedule provided in the nursing home and how the variety of activities are offered throughout the day to meet the varying needs and interests of residents. This includes increase in outdoor activities and activities related to country lifestyle e.g. farming and related topics
- A system for updating residents daily and weekly of planned events and activities is in place to ensure communication of such events to residents and all staff. This will continue to be discussed at handover in the mornings.
- Calendars in all the residents' rooms and communal areas represent the current month and will be altered should there be any changes in the schedule of activities.

All previous calendars of activities and related documentation are maintained within the home and were available for review.

## 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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/12/2021
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	01/02/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	01/12/2021
Regulation 27	The registered provider shall ensure that procedures,	Substantially Compliant	Yellow	01/12/2021

	consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
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.	Substantially Compliant	Yellow	30/09/2021
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time,	Substantially Compliant		01/11/2021



	for a resident.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	01/12/2021
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	01/12/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	01/12/2021