



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

## Issued by the Chief Inspector

Name of designated centre:	CareChoice Clonakilty
Name of provider:	CareChoice Clonakilty Limited
Address of centre:	Clogheen, Clonakilty, Cork
Type of inspection:	Announced
Date of inspection:	08 October 2019
Centre ID:	OSV-0000230
Fieldwork ID:	MON-0022761

## About the designated centre

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

CareChoice Clonakilty was established as a residential centre in 2002 and provides long stay and respite care to older people. It is registered for the care of 50 residents . The premises is a purpose-built centre with three wings which are all on ground level. There are two dining rooms and two day rooms, an additional lounge for private use, an activities room, hair salon, kitchen, laundry and staff facilities. Residents are accommodated in 42 single bedrooms and four twin-bedded rooms. All bedrooms have en suite toilet, wash hand-basin and shower facilities. In addition, there are six assisted toilets and one assisted spa relaxation bathroom.

The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring transitional, convalescent and respite care. 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:	50
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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
08 October 2019	10:15hrs to 18:30hrs	Caroline Connelly	Lead
09 October 2019	08:30hrs to 17:00hrs	Caroline Connelly	Lead

## What residents told us and what inspectors observed

The inspector met and spoke with the majority of the residents present on the days of the inspection and also met a number of visitors throughout the inspection. Feedback was also received from a number of residents and relatives via questionnaires issued to the centre by the chief inspector for distribution to residents and relatives for completion. Residents said they felt well cared for and knew the person in charge and staff well, whom they considered to be very approachable and helpful. One resident said the person in charge is so kind she would give you her heart. Residents spoke of their privacy being protected and of having choice about when they get up in the morning, retire at night and where to eat their meals. One resident spoke of enjoying her own bedroom that contained furniture and photos she brought in from home. She said she was encouraged to do this by the staff. Another spoke of the privacy her own room afforded her especially when she had visitors.

Feedback from residents and relatives was consistently positive about care and communication with staff at the centre. Residents were very complimentary about staff, saying staff were excellent at their job and they go over and beyond. One resident said staff make me feel cared for and I class them as my friends. Relatives said staff were very welcoming when they visited. One relative said staff had a great balance of professionalism and friendliness towards residents and relatives.

Residents were particularly complimentary about the activities and the activity co-ordinator. They said there was always something to do and something to look forward to. A number said they enjoyed the group activities and others preferred the one-to-one activities. Residents and relatives spoke of the varied activities and loved the magic table which has brought a great sense of fun when in use. Some residents were complimentary about the frequency of the religious services in the centre and enjoyed mass on a Sunday and rosary daily. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

All of the residents spoken with reported satisfaction with the food and said choices were offered at mealtimes and staff always ensured they had enough. There was a snack menu and plenty of drinks rounds took place during the day and evening.

## Capacity and capability

There were very effective management systems in this centre, ensuring high quality person centred care was delivered to the residents. The management team were proactive in response to issues as they arose and improvements required from the previous inspection had been addressed and rectified. A few improvements were

required on this inspection in relation to staff recruitment and the premises.

The centre is one of a number of centres owned and operated by the CareChoice group. There had been a number of changes in the overall group since the previous inspection with a new Chief Executive Officer (CEO) and a new Chief Operations Officer (COO) who is the Registered Provider Representative (RPR). There is a senior management team which consists of the CEO, the RPR, the head of Human Resources (HR), a director of quality and compliance, a director of development ad projects and a Chief Financial Officer (CFO) who provide support to the person in charge along with a regional team of HR, quality and compliance, support and finance. The inspector saw that there was a clearly defined management structure in the centre that outlined the lines of authority and accountability. The centre was managed on a daily basis by a person in charge responsible for the direction of care. She is a very experienced nurse and manager who has managed the centre for numerous years. The person in charge was supported in her role by an Assistant Director of Nursing (ADON) who was new to the role and to the centre and by a Clinical Nurse Manager (CNM). There were regular management meetings held in the centre that were attended by the person in charge and members of the senior and regional team. Minutes of the monthly management team meetings were reviewed and these demonstrated oversight of clinical and non-clinical matters and issues highlighted were followed up in subsequent meetings. Minutes of the Quality and Safety committee meetings showed that this was a national meeting where senior management and persons in charge from the CareChoice group came together to discuss key performance indicators to facilitate learning and improve practice throughout the group. The person in charge met formally with nursing staff, care staff, catering and household staff and also informally on a daily basis and minutes of staff meetings were seen. Staff reported that the person in charge and management team were approachable and supportive.

Good governance was evident through the regular review of the service through a comprehensive auditing process and the collection of key performance indicators in areas such as falls, infections, medication errors, wounds and restraint. Residents and relatives views were elicited through the residents committee and through surveys conducted throughout 2018 and were commenced again for 2019. All of the findings from the above were detailed in a very comprehensive annual review of the quality and safety of care for 2018 which had been completed. This report summarised the quality data gathered during the year and also set out goals and objectives against the national standards for completion in the coming year. The management systems in place demonstrated that the service provided was monitored to ensure that care was appropriate to the assessed needs of the residents.

The service was appropriately resourced with staffing levels in line with that described in the statement of purpose. Staffing levels had increased in the evening as required on the previous inspection and both staff and residents identified this as a positive step. Increased staff at this time ensured further activities took place in the evening and there was supervision of the day room. A sample of rosters were reviewed and staff and residents confirmed that there were adequate staff on duty. The person in charge worked Monday to Friday and there were generally three

nurses on duty in the morning reducing to two nurses for the evening and night time. Senior care staff, care staff and household staff provided all other additional support. Staff reported it to be a very good place to work. Staff meetings and shift handovers ensured information on residents' changing needs was communicated effectively. There was evidence that staff received training appropriate to their roles and staff reported easy access and encouragement to attend training and to keep their knowledge and skills up to date.

Good systems of information governance were in place and the records required by the regulations were generally maintained effectively. Copies of the standards and regulations were available and accessible by staff. Maintenance records were in place for equipment such as fire-fighting equipment. Records and documentation as required by Schedule 3 and 4 of the regulations were securely controlled, maintained in good order and easily retrievable for monitoring purposes. Records such as a complaints log, records of notifications, fire checks and a directory of visitors were also readily available and effectively maintained.

The centre employed the services of a regional human resources manager and a HR generalist who was responsible for a number of different centers. The human resource policy was company specific and included details for the recruitment, selection and vetting of staff. A number of staff were interviewed regarding their, induction, and on-going professional development. Current registration with regulatory professional bodies was in place for all nurses. Some improvements were required to ensure robust recruitment procedures were in place. A sample of staff files reviewed showed deficits in vetting of staff via a reference system that was not fully effective. Some references were not from the last employer or not from a person with a senior position in the organisation to be able to comment on the staff members performance. Therefore they did not meet the requirements of legislation.

There were systems in place to manage critical incidents and risk in the centre and accidents and incidents in the centre were recorded, appropriate action was taken and they were followed up on and reviewed. The RPR, person in charge and staff demonstrated a commitment to on-going improvement and quality assurance. There was evidence of quality improvement strategies and monitoring of the service resulting in continuous improvements in the quality of life and quality of care for the residents.

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

The application for registration renewal was submitted to the Chief

Inspector and included the information set out in Schedule 1 of the registration regulations.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was a very experienced nurse and manager. She had the required experience in order to manage the service and meet its stated purpose, aims and objectives. She had been the person in charge of the centre for numerous years and staff, residents and relatives identified her as the person responsible for the service and were very complimentary regarding her openness and availability to them.

The person in charge was knowledgeable regarding the regulations, HIQA standards and her statutory responsibilities and demonstrated a commitment to providing person centred care to the residents.

Judgment: Compliant

### Regulation 15: Staffing

Residents and relatives spoke very positively of staff and indicated that staff were caring, responsive to their needs and treated them with respect and dignity. Good interactions were seen between residents and staff.

Changes to staff starting and finishing times had been introduced since the previous inspection to ensure greater cover of the centre up until 22.00 hours at night. Residents reported this to allow them more access to staff and activities during the evening and allowed supervision of the day room.

Judgment: Compliant

### Regulation 16: Training and staff development

The centre provided in-house training or training in other centres in the group in the areas of fire safety, dementia, responsive behaviours, manual handling, infection control, safeguarding, CPR, restraint, end of life, chemical training, wound care, care planning. Online training included food safety and medication management.

Management engaged with staff regularly and staff said management were always

available for support. A comprehensive induction and orientation was provided. A comprehensive induction booklet was completed and a copy of same was kept on file. Probationary reviews took place at one month, three months and six months. Staff meetings were scheduled frequently where management communicated current issues or highlighted auditing trends.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was well maintained and contained all the requirements of legislation.

Judgment: Compliant

### Regulation 21: Records

The centre had continued to use a paper-lite system. Most medical records were stored electronically, in addition to policies, procedures, complaints and incident logs. A number of bins were available for secure shredding and there was an awareness raising campaign about General Data Protection Regulation (GDPR) legislation.

Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

A selection of electronic staff files were reviewed by the inspector. Gardai vetting was in place for all staff and HR and the management team provided assurance to the inspector that all staff had Garda vetting in place prior to commencing employment in the centre. Generally the requirements of schedule 2 were maintained in staff files however improvements were required in the attainment of references. References for a new employee were attained via the national HR team rather than devolved locally. The inspector found that in one file references were not from the last employer and that further ratification of references was required to ensure they were from the last employer at a senior level to ensure appropriate information was received. Issues with robust recruitment and attaining appropriate references has been an ongoing non-compliance.

Judgment: Not compliant

### Regulation 22: Insurance

The provider had an up to date contract of insurance in place against injury to residents and protection of residents property.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was satisfied that there was a clearly defined management structure in place that identified the lines of authority and accountability. The person in charge was supported by a newly recruited ADON an experienced CNM and administration staff. There were senior care staff responsible for the induction and day to day supervision of care staff. Staff said they were aware of the reporting structure and felt supported by managerial systems in place.

A comprehensive annual review of the quality and safety of care delivered to residents in the centre for the previous year was completed, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care. Comprehensive management systems and oversight by the senior management team provided assurance that the service is consistently and effectively monitored.

Judgment: Compliant

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

Contracts for the provision of care were in place which clearly outlined the room the resident occupied. The inspector viewed a number of contracts of care and, although they did contain details of the service to be provided and the fee to be paid. Other additional services not included in the fee were outlined such as hairdresser, chiropody and other services. However, there was a charge of 50 euro a week called a supplement, it was not clearly outlined what the supplement was for or what extras it covered. This needs to be clearly outlined to be in line with the

requirements of legislation and with guidance issued by the competition and consumer protection commission.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The Statement of purpose contained all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The aims, objectives and ethos of care were clearly outlined. Facilities and services available to residents, and the size and layout of the premises were accurately described.

Both the Statement of Purpose and Residents' Guide were available in large print near the entrance to the building.

Judgment: Compliant

### Regulation 30: Volunteers

There was a volunteer in the centre during the inspection who assisted with activities in the centre. Garda Vetting was in place, roles and responsibilities were set out in writing as required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

All incidents and allegations had been reported in writing to the Chief Inspector as required under the regulations within the required time period.

Judgment: Compliant

### Regulation 32: Notification of absence

There had been no absence of the person in charge of 28 days or more and the management team were aware of the requirement to notify the Chief Inspector of any such absence.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a complaints management system in place with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome documented. Oversight of complaints was signed off by the person in charge and included lessons learnt and improvements to practices following on from complaints.

Judgment: Compliant

### Regulation 4: Written policies and procedures

A comprehensive system of policies and procedures was in place and all the required policies and procedures were in place as required by schedule 5.

Judgment: Compliant

### Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre

There was a new ADON in post who will act up in the absence of the person in charge.

Judgment: Compliant

## Quality and safety

The inspector found that residents were supported and encouraged to have a good quality of life which was respectful of their wishes and choices. Residents' needs were being met through good access to healthcare services, opportunities for social engagement and premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day which they said they looked forward to. The inspectors found that an ethos of respect for residents was evident and residents appeared to be very well cared for. Residents and relatives gave very positive feedback regarding many aspects of life and care in the centre. Improvements were required in infection control.

There were a number of local general practitioners (GP) providing medical services to the centre who visited weekly and as required. Out-of-hours medical cover was also available. Specialist medical services were also available when required. Reviews and ongoing medical interventions as well as laboratory results were evidenced. Residents in the centre also had access to psychiatry of older life and attendance at outpatient services was facilitated. There was evidence of reviews by the psychiatrist and by a psychologist in the centre. The centre provided in-house physiotherapy provided by an external provider and residents were reviewed on admission and regularly thereafter by the physiotherapist team who also provided exercise classes for residents. The multidisciplinary team had been further enhanced by the addition of an occupational therapist who works one day per month providing seating assessments, restraint reviews and involvement in responsive behaviour plans and activities. The dietitian visited the centre and reviewed residents routinely. There was evidence that residents had access to other allied healthcare professionals including, speech and language therapy, dental, chiropody and ophthalmology services. Residents and relatives expressed satisfaction with the medical care provided and the inspector was satisfied that residents' healthcare needs were well met.

The inspector viewed a number of residents' records and found that care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Care plans were developed based on the resident's assessed needs and regularly reviewed and updated. Overall, care plans were found to be very comprehensive and very person centred. Discussions with staff reflected a holistic picture of the person to enable better outcomes for their care.

The staff demonstrated good communication strategies for people with complex communication needs. The activities programme for the centre was provided by the activities co-ordinators and a number of external providers such as musicians and fit for life therapists. There was a full and varied programme which included, baking, games, quizzes, music sessions, gardening, laughing yoga, flower arranging, lyric board, karaoke, exercises, reminiscence, movies and pet therapy. The programme of activities was resident-led and people chose whether to attend a particular activity. The programme was displayed widely and in each resident's bedroom. One-to-one sessions were facilitated with residents in their bedrooms in accordance with their preferences, for example, poetry reading, hand massage and reminiscence. The centre had recently acquired a magic table which residents really

enjoyed using and created great discussion and involvement. There were numerous photographs displayed of residents, staff and families participating and enjoying different activities, Christmas and summer parties. Residents told the inspector how they looked forward to trips out they have including a day at the seaside

The management team ensured that the rights and diversity of residents were generally respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Advocacy services were available via an external advocate. Residents' meetings were held frequently and were well attended. Numerous issues were discussed and information related to all kinds of news was relayed to residents.

The premises were homely, warm, very clean and comfortable, with plenty of communal space in a variety of settings. The main day room was a hive of activity where people liked to gather, meet their friends and chat. Other quieter day rooms were available where residents liked to read their newspapers, chat and watch television or receive visitors. There is a patio and two courtyards that contain a number of raised beds with a variety of interesting and colourful plants, and there are well maintained walkways around the external grounds. The courtyard contained plenty of seating for residents and relatives use and was home to hens and a hen house which residents told the inspector they enjoyed watching. Some residents were interested in gardening and horticulture and this was facilitated. There was easy access to the garden areas from the centre and the recent addition of two rabbits were a great source of entertainment for the residents. The garden spaces were picturesque and were seen to be used and enjoyed by residents and one included the smoking area for the centre. Flooring in some of the bedrooms required repair or replacement and the person in charge told the inspector they were in the middle of a maintenance programme to have them all replaced the inspector saw evidence of same. The centre was seen to be very clean and there were good policies and procedures in place in relation to infection control. However, the inspector did identify that the layout of the laundry was not conducive to appropriate separation of clean and dirty linen.

Certification was evidenced regarding fire safety equipment; daily and weekly fire safety checks were comprehensive. Advisory signage for visitors was displayed in the event of a fire. Fire safety training was up to date for all staff. Improvements in the provision of fire drills was seen since the previous inspection and there was evidence that evacuations were completed cognisant of night time staff levels; these were timed and issues were discussed and analysed to improve learning.

The provider had systems in place to manage risks and ensure that the health and safety of all people using the service was promoted. The health and safety statement was reviewed regularly. An emergency plan was in place with an appropriate response for all emergency situations. There is a comprehensive procedure in place in response to a missing person and a missing person response bag was available in case of the requirements of search team.

Measures were in place to protect residents from being harmed or suffering abuse. Staff demonstrated their knowledge of protecting residents in their care and the

actions to be taken if there were suspicions of abuse. There was an up-to-date adult protection policy in place and the person in charge was aware of her legal obligations to report issues. Issues had been notified to HIQA as required and appropriate actions taken. There were generally robust systems in place to safeguard residents' money.

The centre did not have any bedrail restraint and were actively working towards a restraint free environment.

### Regulation 10: Communication difficulties

There was evidence that residents who had communication difficulties, were communicated with in an effective manner and these methods were outlined in their care plans.

Judgment: Compliant

### Regulation 11: Visits

There was evidence that there was an open visiting policy and that residents could receive visitors in any of the communal areas, the quiet sitting room and in residents bedrooms. The inspector saw and a resident told her that extra chairs were made available in her room so that she could receive visitors there. The inspector saw numerous visitors coming in and out during the inspection who confirmed that they were welcome to visit at any time and found the staff very welcoming and friendly. Many visitors took their relative out for a walk in the garden to visit the hens and rabbits.

Judgment: Compliant

### Regulation 12: Personal possessions

There was plenty of storage space to store personal possessions including a locked storage space available in residents bedrooms if the residents requested same. Many bedrooms were seen to be very personalised with furniture including chairs and a couch from home. There was shelving and other storage areas in bedrooms which residents used to display photos or store their books and personal possessions.

Judgment: Compliant

### Regulation 13: End of life

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. The inspector saw that residents and their family members were supported and end-of-life care is provided in accordance with the residents and their families' wishes as outlined in an end-of-life care plan. The resident's general practitioner and community palliative care services are available as required and provide a good support for the residential care staff team. Care plans were found to outline residents' wishes at end of life including the religious needs, social and spiritual needs of each resident. Individual religious and cultural practices were facilitated and mass was held regularly in the centre. Church of Ireland services were held monthly and ministers from other denominations visited residents regularly and as required.

Judgment: Compliant

### Regulation 17: Premises

The premises was seen to be of a high standard and met residents individual and collective needs in a homely manner. The design and layout promoted the dignity, independence and well being of residents with plenty of walkways and access to quiet areas along the corridors to sit and relax. The centre was well maintained and service records showed all required services were up to date. There were beautiful outdoor spaces and well maintained grounds and gardens. Bedrooms were seen to be personalised with furnishings brought in from home. The centre had recently been repainted and lovely pictures and memorabilia adorned the walls and shelves. Signage had improved since the previous inspection to assist residents with perceptual difficulties to locate communal and bedroom areas.

The inspector found there were a few of areas where improvements were required in the premises

- the layout of the laundry room required review to ensure appropriate segregation of clean and dirty linen.
- flooring in a number of bedrooms required repair or replacement, the person in charge said there was a plan in place to address this and replacement of a number of floors had commenced which the inspector saw.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Residents' needs in relation to nutrition were well met, meals and meal times were observed to be an enjoyable experience. Meals were served in bright dining rooms in an unhurried and enjoyable social manner. Residents were all very complimentary about the food, choice and its presentation including the modified and special diets. Assistance was offered in a discreet and dignified manner where required.

Judgment: Compliant

### Regulation 20: Information for residents

Information was made readily available for residents and relatives via the numerous notice boards available throughout the centre. There was a comprehensive statement of purpose and residents guide available in large print. There were a number of posters and leaflets advising on events taking place in the community. There were also a number of advisory leaflets in relation to areas like falls activities etc available for residents and relatives perusal.

Judgment: Compliant

### Regulation 25: Temporary absence or discharge of residents

The inspector was informed that when residents are temporarily absent from the centre for example transferred to the acute hospital a transfer letter accompanies them with all relevant information about the resident. A discharge letter is received on return to the centre and a medication reconciliation is undertaken.

Judgment: Compliant

### Regulation 26: Risk management

Risks were identified and recorded in a risk identification form. These were added to a daily risk register, which included the date the risk was identified, controls in

place, additional control measures, where and when the risk was discussed, and the person responsible for managing and mitigating the risk. Recent and ongoing risks were raised at Health and Safety committee meetings held every two months. A general risk register identified the level of risk and controls in place for internal and external premises issues, resident specific falls and clinical issues.

The risk management policy outlined how risks were identified and prioritised, and described additional controls in place for operational risks required under Regulation 26. A comprehensive safety statement was available for the centre. A falls prevention statement was also prominently displayed on the wall near reception. An incident log was maintained electronically and had some overlap with risk alert notification forms. Specific trends were highlighted during staff meetings.

Judgment: Compliant

### Regulation 27: Infection control

The centre was observed to be very clean and there were adequate cleaning staff on duty during the inspection. Appropriate infection control procedures and equipment were in place with each bedroom having a hand sanitiser. Staff were observed to abide by best practice in infection control and good hand hygiene.

Issues in relation to the segregation of clean and dirty linen to be compliant with best practice in infection control is actioned under Regulation 17 Premises.

Judgment: Compliant

### Regulation 28: Fire precautions

The centre had adequate fire safety management precautions in place. Procedures to be followed in the event of a fire were displayed prominently throughout the centre. Fire training was scheduled with an external provider six times throughout the year and included simulated fire evacuation drills and the use of fire equipment. Drills were timed and learning discussed in debriefing sessions. All staff had received training within the last year and staff spoken with were aware of their role in the event of a fire. Personal Emergency Evacuation Plans (PEEPS) for residents were updated regularly. This identified the different evacuation methods applicable to individual residents for day and night evacuations.

Inspectors saw evidence that in-house fire checks were taking place. Daily checks

included escape routes, emergency lighting and a health and safety walk about. A manual call point was activated on a weekly basis and door release mechanisms examined. Quarterly servicing of the fire alarm system and emergency lighting was documented in addition to annual fire equipment maintenance.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

An electronic prescribing and recording system was in the process of being introduced into the centre and was currently being trailed by staff. The inspector viewed a sample of prescriptions and there was concordance with the medication administration record. Administration practice was in compliance with relevant guidance and medications were stored appropriately. There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector contained appropriate identifying information. Medications requiring refrigeration were stored in a fridge and the temperature was monitored and recorded daily. Regular audits of medication management took place and changes to practice were seen in response to the results of previous audits.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans viewed by the inspectors were generally personalised and sufficiently detailed to direct care. Assessments were completed using a range of validated tools and were updated on a regular basis and as required. Comprehensive care plans were seen to be in place for residents with cognitive impairment, communication difficulties, responsive behaviours and end of life. Improvements were seen following the previous inspection in the documentation of residents and relatives involvement in their assessment and care planning.

Judgment: Compliant

## Regulation 6: Health care

The health needs of residents were reviewed and they had access to a range of health and social care services. All residents had access to a general practitioner (GP) services five days per week and local GP practices provided a weekly visit to the centre to review residents as required. There was an out-of-hours GP service available if a resident required review at night time or during the weekend. A full range of other services was available including speech and language therapy (SALT), physiotherapy, occupational therapy (OT), dietetic, psychiatry of later life services and clinical psychology services. Chiropody and optical services were also provided.

Wound care was reviewed and there was a low incidence of pressure sore formation in the centre. Once a sore was identified they were well managed and treated in accordance with professional guidelines and evidenced based care. Nursing staff had received training in wound care and had easy access to the services of a tissue viability specialist nurse for advise as required.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

From discussion with the person in charge and staff and observations of the inspector there was evidence that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. This was reflected in some of responsive behaviour care plans seen.

There was no resident using bedrails as a restraint at the time of the inspection and only two residents using a wander guard system which was only used following a full assessment. This was seen as a least restrictive alternative and was found to be effective allowing residents freedom to wander around the building and gardens.

Judgment: Compliant

## Regulation 8: Protection

The inspector was satisfied with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Any safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident.

There were robust systems in place to protect residents finances. Financial records were maintained electronically, with access to pension agent accounts centralised to the Dublin finance office. Residents and relatives were invoiced on a monthly basis for service fees and a breakdown of any additional charges, including pharmacy and prescription levies. A receipt book for services such as hairdressing, chiropody and physiotherapy was stored at reception, and double signed by residents and staff, as proof of receipt of services. A safe log book recorded deposits and withdrawals for residents on-site. The inspector was satisfied the deposits on record matched the amount held in the safe. Carechoice finance personnel also conducted an internal audit on a regular basis, while external audits were conducted annually.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis and formal residents' meetings were facilitated. There was evidence that relevant issues were discussed and actioned. A comprehensive programme of appropriate activities were available which residents reported very favourably about. Trips out had taken place to areas of local interest and to the seaside. Advocacy services were available as required. Residents all were given the opportunity to vote in house at local and national elections.

Overall residents and relatives reported that the centre provided person centered care and their rights were upheld.

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
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Not compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of absence	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Regulation 33: Notification of procedures and arrangements for periods when person in charge is absent from the designated centre	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant

Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for CareChoice Clonakilty OSV-0000230

Inspection ID: MON-0022761

Date of inspection: 09/10/2019

## 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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:            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.</p> <p>The Actions taken or are planning to Take:</p> <ul style="list-style-type: none"> <li>• The reference at for one Senior Level staff was received from last employer completed by Acting DON and verified and this is on the staff personnel file on 27/10/2019</li> <li>• The Staff reference for new employee this is requested by Director of Nursing from the last Employer and are awaiting a reply for this reference.</li> <li>• A HR resource person is allocated to the home to enhance the HR support going forward.</li> </ul> <p>Proposed Time Scale : 31/12/2019</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:            Regulation 24(2) (d) The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.</p> <p>The Actions taken or are planning to Take:</p> <ul style="list-style-type: none"> <li>• The Contract of Care: Head Office is currently reviewing the contracts of care and a</li> </ul>	

review will be taken into consideration across the board. The contract of care will include a detailed list to outline the extra charges as stated in the report in line with the legislation and with guidance issued by the competition consumer protection commission.

- CareChoice is currently reviewing its contract of care standard document to meet CCPC criteria which includes listing of all services provided under the additional charge.

Proposed Time Scale : 31/12/2019

Regulation 17: Premises	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:  
 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.

The Actions taken or are planning to Take:

- Improvements were required in infection control. Page 13 of the report this is in relation to the Laundry facility layout. Page 14 of the report. However, the inspector did identify that the layout of the laundry was not conducive to appropriate separation of clean and dirty linen.

The Laundry Room: this will require a full review in 2020 with construction work to include a second entry to the laundry in order to facilitate a separate dirty laundry entry area and a clean laundry exit area. A budget is included for 2020 to carry out this work. When the work is completed this will be in line with the inspection report with outline recommendations and the infection control policy.

- Flooring in a number of bedrooms required repair or replacement, the person in charge said there was a plan in place to address this and replacement of a number of floors had commenced which the inspector saw.

To date 14 bed rooms and ensuite bathrooms are fitted with new flooring this work is now complete . A further 4 bed rooms - the flooring replacement is planned to be complete by early January 2020. A budget and a plan is provided and in place to complete the remaining 28 bed rooms and bathrooms in 2020. During the process of the bed room floor replacement the staff must ensure that there is minimal disruption to the resident daily routine. A time scale of 9 months is proposed to allow for planning and availability of flooring contractors.

Proposed Time Scale : 30/09/2020

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2019
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.	Not Compliant	Orange	30/09/2020
Regulation 24(2)(d)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of any other service	Substantially Compliant	Yellow	31/12/2019

	of which the resident may choose to avail but which is not included in the Nursing Homes Support Scheme or to which the resident is not entitled under any other health entitlement.			
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