

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Carechoice Dungarvan
<b>Centre ID:</b>	OSV-0000231
<b>Centre address:</b>	The Burgery, Dungarvan, Waterford.
<b>Telephone number:</b>	058 40 200
<b>Email address:</b>	dungarvan@carechoice.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Carechoice Dungarvan Limited
<b>Provider Nominee:</b>	Paul Kingston
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	58
<b>Number of vacancies on the date of inspection:</b>	6

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

**Compliance 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 2 day(s).

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

From:	To:
17 May 2016 10:30	17 May 2016 18:30
18 May 2016 09:30	18 May 2016 17:00

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

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Substantially Compliant	Non Compliant - Moderate
Outcome 02: Safeguarding and Safety	Substantially Compliant	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Substantially Compliant	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Substantially Compliant	Substantially Compliant
Outcome 06: Safe and Suitable Premises	Substantially Compliant	Substantially Compliant

**Summary of findings from this inspection**

As part of the thematic inspection process, providers were invited to attend information seminars given by the Authority. In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the person in charge completed the provider self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulation 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the centre's and inspector's rating for each outcome.

The inspector met with residents and staff members during the inspection. She tracked the journey of a number of residents with dementia within the service. She observed care practices and interactions between staff and residents who had dementia using a validated observation tool. Documentation such as care plans, medical records and staff training records were reviewed. The inspector reviewed the self assessment questionnaire and documentation which were submitted by the provider prior to inspection and noted that the relevant policies were in place.

Carechoice Dungarvan Nursing Home is a purpose-built two-storey centre, which provides residential care for 64 people. Approximately 34% of residents have dementia.

Each resident was assessed prior to admission to ensure the service could meet their needs and to determine the suitability of the placement. Following admission, residents had a comprehensive assessment undertaken and care plans were in place to meet their assessed needs. The health needs of residents were met to a high standard. Residents had access to general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. Residents' nutritional needs were met and end of life preferences were recorded.

Improvements relating to medication management practices were required to ensure that each resident was protected by the centre's procedures for medication management.

While the results from the observations were encouraging, additional work is required to ensure that the majority of staff interactions with residents promote positive connective care.

In order to ensure the design and layout of the premises will promote the dignity, well being and independence of residents with a dementia the provider needs to complete the planned actions in relation to the premises.

These are discussed further in the body of the report and the actions required are included in the action plan at the end.

**Compliance with Section 41(1)(c) of the Health Act 2007 and 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 Quality Standards for Residential Care Settings for Older People in Ireland.**

*Outcome 01: Health and Social Care Needs*

**Theme:**

Safe care and support

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

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

**Findings:**

The inspector was satisfied that each resident's wellbeing and welfare was maintained by a high standard of nursing care and appropriate medical and allied health care. Some improvement was required to ensure that each resident was protected by the centre's procedures for medication management.

The inspector reviewed a sample of administration and prescription records and noted that some improvement was required around medication management practices. Some residents required medication as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

Some residents also required their medication to be crushed. However this was not consistently prescribed this way in line with national guidelines.

Otherwise there was evidence of safe practices. A secure fridge was provided for medications that required specific temperature control. The inspector noted that the temperatures were within acceptable limits at the time of inspection. This had been identified as an area for improvement at the previous inspection.

There were appropriate procedures for the handling and disposal of unused and out-of-date medicines.

The inspector saw that there were suitable arrangements in place to meet the health and nursing needs of residents with dementia. The person in charge stated that during her pre-admission assessment of a potential resident she had access to the common summary assessment (CSARs) which was developed in the community prior to admission although a copy was not available in the centre.

Comprehensive assessments were carried out on admission and care plans developed in line with residents' changing needs. The assessment process involved the use of validated tools to assess each resident including risk of malnutrition, falls, their level of cognitive impairment and their skin integrity.

The inspector reviewed the management of clinical issues such as wound care and falls management and found they were well managed and guided by robust policies.

There was documented evidence that residents and their families, where appropriate, were involved in the care planning process, including end of life care plans which reflected the wishes of residents with dementia.

Systems were in place to prevent unnecessary hospital admissions including early detection and screening for infections. Should admission to the acute services be required a detailed transfer form was completed to ease the transition for the resident. The inspector noted that similar information was provided on discharge back to the centre including updates from members of the multidisciplinary team and a discharge summary.

Residents' nutritional needs were met. Validated nutrition assessment tools were used to identify residents at potential risk of malnutrition or dehydration on admission and were regularly reviewed thereafter. Weights were also recorded on a monthly basis or more frequently if required. The inspector saw that records of residents' food intake and fluid balance were accurately completed when required.

Records showed that some residents had been referred for dietetic review. Medication records showed that supplements were prescribed by a doctor and administered appropriately. The inspector saw that residents had been reviewed by a speech and language therapist when required. The inspector observed practices and saw that staff were using appropriate feeding techniques as recommended.

The menu provided a varied choice of meals to residents. Residents who required support at mealtimes were provided with timely assistance from staff. The inspector saw that residents' likes, dislikes and special diets were all recorded. These were known by both care and catering staff.

The inspector saw that individual preferences and habits around mealtimes were recorded. Residents were supported to enjoy the social aspects of dining. The inspector noted that all tables were nicely laid and condiments were available. Staff told the inspector that they had recently changed to transparent salt and pepper cellars so that residents could easily see the difference between salt and pepper.

The inspector spoke with the chef who outlined his plans to further improve the choices available for residents who required their meal in a modified consistency.

The inspector was satisfied that caring for a resident at end-of-life was regarded as an integral part of the care service provided. There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Previous initiatives relating to end of life care continued. The person in charge stated that the centre received support and advice from the local palliative care team.

The centre was currently part of an advance care planning initiative and additional

training had been provided to staff to assist with implementing this.

Staff discussed with the inspector other initiatives that were underway within the centre. Staff had linked with the hospice friendly hospital (HfH) initiatives such as the use of the spiral symbol to alert others to be respectful whenever a resident was dying. The person in charge and staff had developed an information leaflet to assist bereaved relatives.

Staff spoken with confirmed that meals and refreshments were made available to relatives and facilities were set aside if relatives wished to stay overnight. An annual remembrance mass was held and bereaved relatives were invited to attend.

A number of different GPs provided medical services to the residents. Residents generally had the choice whether or not to remain with their own GP. GPs visited routinely and there was a responsive out-of-hours service available to residents seven days per week. Evidence of access to allied health professionals was found with documented visits, assessments and recommendations by dieticians, speech and language therapists, physiotherapists and occupational therapists. A full range of other services were available on request including chiropody, optical and dental services.

**Judgment:**

Non Compliant - Moderate

***Outcome 02: Safeguarding and Safety***

**Theme:**

Safe care and support

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that measures were in place to protect residents from harm or suffering abuse and to respond to allegations, disclosures and suspicions of abuse.

There was a policy in place covering the prevention, detection, reporting and investigation of allegations or suspicion of abuse. It was currently being updated to incorporate the national policy on safeguarding vulnerable persons at risk of abuse. Staff spoken with by the inspector confirmed that they had received training on recognising abuse and were familiar with the reporting structures in place.

There were policies in place about managing behaviour that challenges. Policies were seen to give clear instruction to guide staff practice. The use of psychotropic and night sedative medication was audited on a regular basis.

The inspector saw that restraint use was in line with national guidelines. A comprehensive assessment was undertaken and regular safety checks were completed when in use. Additional equipment was available to reduce the need for restraint

including as low beds and crash mats.

Some residents showed behavioural and psychological signs of dementia (BPSD). The inspector saw that specific details such as possible triggers and appropriate interventions were recorded in their care plans. Staff spoken with were very familiar with appropriate interventions to use. During the inspection staff approached residents with behaviour that challenged in a sensitive and appropriate manner and the residents responded positively to the techniques used by staff.

Administration and nursing staff managed monies on behalf of some residents. The inspector reviewed this process and found that it was sufficiently robust. Balances checked were correct.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

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

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

**Findings:**

The inspector was satisfied that residents were consulted on the organisation of the centre, and that their privacy and dignity was respected.

Rights, privacy and dignity were respected with personal care delivered in their own bedroom or in bathrooms. There were no restrictions to visiting in the centre and many residents were observed spending time with family or friends in the large open plan areas and in particular in the front reception area. During the day residents were observed to move around the centre freely. Staff were observed to interact with residents in a warm and personal manner.

As part of the inspection, the inspector spent a period of time observing staff interactions with residents. The observations took place in the day rooms and the dining rooms at lunch time. Observations of the quality of interactions between residents and staff indicated that 46% of interactions demonstrated positive connective care, 33% reflected task orientated care while 21% indicated neutral care. These results were shared with the staff who attended the feedback meeting and the areas for improvement were discussed.

The communication needs of residents were assessed and care plans put in place to address them. The inspector also observed during a period of observation that the staff knew the residents well and connected with each resident on a personal level. Staff were observed to interact with residents in a warm and personal manner, using touch

eye contact and calm reassuring tones of voice to engage with those who became anxious restless or agitated. Landline phones were available in each bedroom and access to the internet was available with Skype to help those with relatives abroad to keep in touch.

The inspector was satisfied that residents were consulted about how the centre was run and were enabled to make choices about how to live their lives. There was a residents' committee and meetings were held on regular basis. The inspector read the minutes of some of these meetings and saw that suggestions made by the residents had been taken on board. For example, a resident had requested a change to the menu and this had been facilitated. The inspector also noted that at the end of each meeting time was set aside for any resident who wished to individually make a comment or suggestion and did not like to speak in the group setting.

Residents were facilitated to exercise their civil, political and religious rights. Residents confirmed that they were offered the opportunity to vote in recent elections. In house voting was organised or some residents returned home. Choice was respected and residents were asked if they wished to attend Mass or Rosary or religious services or whether they wished to stay in their room or spend time with others in the communal rooms.

There was evidence that there were designated personnel to act as advocates for residents on this committee. An appropriately experienced relative also acted as an internal advocate for residents with dementia.

There was evidence that feedback was sought from residents with dementia on the services provided. Resident and relative satisfaction surveys were completed on an ongoing basis. These indicated overall satisfaction with the service provided. Where required action plans had been put in place and actions were completed.

There were activity leaders employed in the centre and a programme of events was on display. This included arts and crafts, exercise, bingo, beauty treatments, baking and music. Care staff were also involved on a daily basis in the provision of activities. Newspapers and magazines were available.

The inspector saw that there was ongoing development work in relation to residents with dementia. Residents' life stories were currently being collated by staff. The activities leader spoken with also informed the inspector that one to one time was scheduled for residents with more severe dementia or cognitive impairment who could not participate in the group activities, and that this time was used for sensory stimulation such as providing hand massages. Other dementia relevant activities were included in the programme such as reminiscence and Sonas (a therapeutic communication activity primarily for older people, which focuses on sensory stimulation).

Community involvement was encouraged and the centre itself was actively seeking to foster links with various community groups.

**Judgment:**  
Compliant

#### ***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

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

No actions were required from the previous inspection.

**Findings:**

A complaints process was in place to ensure the complaints of residents including those with dementia, their families or next of kin were listened to and acted upon. The process included an appeals procedure. The complaints procedure which was displayed in the front hall met the regulatory requirements.

New documentation for recording complaints had recently been introduced. Records reviewed showed that complaints made to date were dealt with promptly and the outcome and satisfaction of the complainant was recorded.

**Judgment:**

Compliant

#### ***Outcome 05: Suitable Staffing***

**Theme:**

Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents including residents with dementia. All staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. Improvement was required to ensure that the required documentation for volunteers was in place.

Several volunteers and outsourced service providers attended the centre and provided very valuable social activities and services which the residents said they thoroughly enjoyed and appreciated. These had been vetted appropriate to their role. However their roles and responsibilities were not set out in writing as required by the regulations.

A recruitment policy in line with the requirements of the regulations was implemented in practice. The inspector examined a sample of staff files and found that all were complete. A checklist was in place to ensure that all staff files met the requirements of

the regulations.

Up to date registration numbers were in place for nursing staff. An actual and planned roster was maintained in the centre with any changes clearly indicated. The inspector reviewed the roster which reflected the staff on duty.

There was a varied programme of training for staff. Records read confirmed all staff had completed mandatory training in areas such as safeguarding and prevention of abuse, moving and handling and fire safety. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. This included training in dementia. A staff member was currently undertaking a dementia champions course to assist residents with dementia.

A comprehensive induction plan was in place and the inspector saw two new staff members undertaking this programme on the days of inspection. An induction workbook was developed outlining the required competencies to be achieved. This included specific competencies for dementia care including use of gestures, connecting and communicating with the resident and managing behaviours that challenge.

The inspector noted that regular meetings took place for nursing and care staff. Topics discussed include shift patterns, infection prevention and control, medication management and training.

Staff were supervised appropriate to their role and a formal system of annual appraisal was in place.

**Judgment:**  
Substantially Compliant

### *Outcome 06: Safe and Suitable Premises*

**Theme:**  
Effective care and support

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

No actions were required from the previous inspection.

**Findings:**

As described in previous inspection reports, Carechoice Dungarvan provides residential services for 64 older people. This is a two-storey building set in a large complex along with bungalows and apartments designed for more independent living.

The design and layout of the building was in keeping with the statement of purpose and comfortably met the individual and collective needs of the residents.

As at previous inspections, the inspector found the premises to be visibly clean, well maintained, adequately heated, lighted and ventilated and in good decorative order.

The accommodation provided consists of 32 single rooms with en suite facilities on each floor. There were four assisted toilets and two assisted bathrooms, all with appropriate access and call systems. A lift provided access between both floors.

Residents' rooms had sufficient space for the storage of personal belongings and this included a lockable space. Some residents had personalised their rooms with photographs and memorabilia. The person in charge discussed plans to improve this further for residents with dementia by working with residents and their families.

Separate facilities were available for staff and included an area for changing and storage. The laundry area was well equipped with sufficient space and facilities to manage all laundering processes. Sluice rooms were secure and appropriately equipped.

There was a well equipped kitchen on the ground floor. There was adequate communal space including large and small day rooms on each floor. Other facilities included two dining rooms, an activity room, a sensory room, various offices and treatment rooms, an oratory and a hairdressing salon.

The inspector found that there was adequate appropriate assistive equipment such as profiling beds, hoists, pressure relieving mattresses and cushions, wheelchairs and walking frames. Servicing was up to date. The inspector saw that a hoist weighing scales was on order as the current one had broken.

There was suitable and sufficient storage for equipment. Corridors were wide which enabled residents including wheelchair users' unimpeded access. All walkways were clear and uncluttered to ensure resident's safety when mobilising.

The person in charge and provider discussed plans afoot to further enhance the environment. This included providing contrasting colours in the toilets to aid orientation. Appropriate signage in word and picture format was on order and was to be placed at eye level height throughout the centre. Other planned improvements included replacing some carpet in a day room and refurbishing one of the dining rooms.

Residents had access to a safe well maintained garden. Adequate parking was available at the front and rear of the building.

**Judgment:**  
Substantially Compliant

## **Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

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

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

**Health Information and Quality Authority  
Regulation Directorate**

**Action Plan**



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

<b>Centre name:</b>	Carechoice Dungarvan
<b>Centre ID:</b>	OSV-0000231
<b>Date of inspection:</b>	17/05/2016
<b>Date of response:</b>	29/05/2016

**Requirements**

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Quality Standards for Residential Care Settings for Older People in Ireland.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

**Outcome 01: Health and Social Care Needs**

**Theme:**  
Safe care and support

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

Some residents required medication as and when required (PRN). However the maximum dose that could safely be administered in a 24 hour period was not consistently recorded.

Some residents also required their medication to be crushed. However this was not consistently prescribed this way in line with national guidelines.

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

**1. Action Required:**

Under Regulation 29(5) you are required to: Ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.

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

We are currently working with all our GPs to ensure all PRN "as required" prescribed medicinal products will clearly indicate the maximum dosage in 24 hours.

All residents with known swallowing difficulties that require prescribed medicinal products to be crushed currently have a generic approved general practitioners signature on the current prescription for the approval of crushing medications. Management endeavours to ensure each individual prescribed medicinal product is authorised by the general practitioner.

**Proposed Timescale:** 31/08/2016

**Outcome 05: Suitable Staffing****Theme:**

Workforce

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

The roles and responsibilities of volunteers were not set out in writing.

**2. Action Required:**

Under Regulation 30(a) you are required to: Set out in writing the roles and responsibilities of people involved on a voluntary basis with the designated centre.

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

Each volunteers contract will be reviewed and amended to clearly reflect their role and responsibilities whilst visiting the nursing home.

**Proposed Timescale:**

**Outcome 06: Safe and Suitable Premises****Theme:**

Effective care and support

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

Continue with plans to enhance the environment to ensure the design and layout will promote the dignity, well being and independence of residents with a dementia.

**3. Action Required:**

Under Regulation 17(1) you are required to: Ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.

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

Since January the home has undergone major refurbishment and redecoration throughout the home. This refurbishment is on-going throughout 2016 as we are constantly reviewing our home environment to ensure the design, layout continues to promote the dignity and wellbeing of all our residents.

During the inspection the PIC informed the inspector all the internal signage used within the home will be replaced, we had currently purchased and awaiting delivery of a more dementia friendly signage for all communal areas and facilities used throughout the home. All signage have been received and installed 24/05/16.

Approval has been granted for full replacements of both dayroom flooring and there is scheduled plans for a complete renovation of the first floor dining area and installing a new kitchenette.

**Proposed Timescale:** 31/12/2016