



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

Issued by the Chief Inspector

Name of designated centre:	Carrigoran House
Name of provider:	Carrigoran House
Address of centre:	Carrigoran, Newmarket-on-Fergus, Clare
Type of inspection:	Unannounced
Date of inspection:	29 June 2023
Centre ID:	OSV-0000445
Fieldwork ID:	MON-0040639

About the designated centre

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

Carrigoran House is a two storey purpose built facility located in Newmarket-on-Fergus, Co Clare. Established in 1974 the centre is owned and managed by The Sisters of Charity of the Incarnate Word. The ground and gardens surrounding the home provide opportunity for residents to relax and walk in a safe and secure environment. As per the Statement of Purpose the centre aims to provide a safe, secure and caring environment for persons requiring residential care in the catchment area. The centre is registered to accommodate 109 residents in single and double bedrooms. The centre is divided into four units. St Joseph's and St Oliver's unit are located on the first floor and St Theresa's and St Mary's are located on the ground floor. Each unit is staffed separately and has a nursing station, kitchenette, sitting room and dining space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	107
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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 29 June 2023	09:00hrs to 19:30hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

On the day of inspection, the inspector found that residents living in this centre were provided with a good standard of care in a supportive environment. A lot of good practice was observed during the inspection, with good regulatory compliance across the majority of regulations reviewed. Residents told the inspector that they felt safe. The majority of the residents told the inspector that they were satisfied with the activities held and that there was choice on how to pass the day. One resident described the service as "A-one". The only source of dissatisfaction voiced to the inspector, was that multiple residents were not satisfied with the food choices on offer and the frequency of assisted showers.

Following an introductory meeting, the inspector walked through the premises meeting with residents and staff. The atmosphere was observed to be open and friendly. The centre was a purpose built facility. The living and accommodation areas were spread out over four units on two floors, St. Oliver's, St Joseph's, St Mary's and St Theresa's. The decor was age appropriate and the centre was appropriately furnished to create a homely environment. On entering the building there was a large open reception area. There were multiple notice boards with information for residents and visitors. The building was found to be well laid out to meet the needs of residents, and to encourage and aid independence. For example; St Theres'a unit is a dementia specific unit. The unit is built to meet the needs of residents. There was a large circular corridor that allows residents continuously walk unrestricted. This circular corridor actively encourages residents' to mobilise independently. In addition, there was free unrestricted access to enclosed gardens that were seen in use by residents throughout the day.

Resident bedroom and living accommodation was over two floors with lift and stair access between each floor. The inspector observed that many residents had personalised their bedrooms with items of personal significance, including their photographs, artwork and ornaments. Residents had adequate wardrobe and storage space for their clothes and personal belongings. The inspector was informed that there was an ongoing maintenance programme in place. For example; the damaged floor surfaces that were not amenable to being effectively cleaned identified on the last inspection were near completion. In addition, there had been a recent purchase of resident shower chairs.

There were a variety of communal areas for residents to use including a large oratory. The inspector observed a number of smaller spacious sitting rooms which were in constant use by residents throughout the inspection. There was a large dining area where residents meet to have their main meals. The area was spacious with sufficient seating for resident comfort. Residents who spoke with the inspector were complimentary of the quality and quantity of the meals provided. However, multiple resident stated that they were not happy with the food choice. Comments included that the menu is "predictable" and there was "no variety". The inspector looked at the menu over a period of three consecutive weeks and noted that chicken

was on offer six days a week and there was two fish choices on the seventh day. In addition, a resident told the inspector, while laughing, they should be called "Mr Sandwich" when referring to the evening meals.

Residents expressed dissatisfaction with the frequency of showers. As a guideline, residents are informed on admission that assisted showers are had on a weekly basis. Multiple residents told the inspector that they would like to have showers more frequently, but were of the understanding this was not an option.

Visiting was facilitated in line with national guidelines, and the inspector observed a number of visitors coming and going throughout the day of the inspection.

The next two sections of the report will present the findings in relation to governance and management in the centre and how this impacts on the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed under the relevant regulations.

Capacity and capability

Overall, the inspector found that this was a well-managed centre where residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of an appropriate standard and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents who lived in the centre. The provider had taken a proactive approach to address areas of known non-compliance and was in the process of completing the fire safety works and replacement of damaged flooring to bring the centre into full compliance with the regulations. This is discussed further in the quality and safety section of the report.

This was a one day, unannounced risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended). There were 107 residents accommodated in the centre on the day of the inspection and two vacancies.

Carrigoran House is the registered provider of this centre. There was a clearly defined management structure in place with identified lines of authority and accountability. The director of nursing, who was the person in charge, facilitated this inspection. They demonstrated an understanding of their role and responsibility and were a visible presence in the centre. They were supported in this role by a supervisory assistant director of nursing, a team of clinical nurse managers and a full complement of staff including nursing and care staff, activities, housekeeping, catering and administrative staff.

The governance and management of the designated centre was well-organised and the centre was sufficiently resourced to ensure residents were supported to have a

good quality of life. On the day of the inspection there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The assistant director of nursing and clinical nurse managers provided clinical supervision and support to all the staff. The dedicated supervisory hours for the role of the clinical nurse managers were not clearly identified as they worked both in a management capacity and as a registered nurse on duty. The team providing direct care to residents consisted of at least one registered nurse on duty at all times in each unit and a team of health care assistants. Staff had the required skills, competencies and experience to fulfil their roles. Communal areas were supervised and staff were observed to be interacting in a positive and meaningful way with residents.

The provider had systems in place to monitor and review the quality of the service provided for the residents. A range of audits had been completed which reviewed practices such as care planning, use of restraint, falls analyses and infection prevention and control practices. Where areas for improvement were identified, action plans were developed and completed. There was an annual review of the quality of the service provided for 2022.

Staff had access to education and training appropriate to their role. This included fire safety, manual handling, safeguarding, and infection prevention and control training. There was an induction programme in place which was completed by all staff. A sample of four staff files were reviewed by the inspector and found to have all the required information as set out in Schedule 2 of the regulations.

There were policies and procedures available to guide and support staff in the safe delivery of care. There was evidence of effective communication with staff in the centre. Regular quality and safety meetings had taken place. Minutes of meetings reviewed by the inspector showed that a range of relevant topics were discussed. There was a risk register which identified risks in the centre and the controls required to mitigate those risks. Notifiable incidents, as detailed under Schedule 4 of the regulations, were notified to the Chief Inspector of Social Services within the required time-frame.

Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was sufficient staff on duty with appropriate skill mix to meet the needs of all residents, taking into account the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to appropriate training, and for the most part, was up-to-date. A training schedule was in place and training was booked to address any gaps.

Staff were appropriately supervised in their roles to ensure residents received safe, quality care. Staff demonstrated a good awareness of individual residents' needs.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were appropriate governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was monitored. An annual review of the service was completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The total staffing compliment for the designated centre with the management and nursing compliments as required needed clarity. For example, the statement of purpose for the centre described that 3.6 full time clinical nurse managers were employed in the centre. However, the proportion of these hours that were worked delivering direct nursing care was not clear. This meant that it was not clear how many staff were available for the delivery of both supervisory management and direct nursing care.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge was aware of the requirement to submit notifications to the Chief Inspector.

Judgment: Compliant

Quality and safety

The inspector found that residents living in the centre received care and support that was of an appropriate standard. Residents were provided with appropriate access to medical care, and a social and recreational programme. The provider was proactive in relation to fire safety including the completion of an independent external fire risk assessment of the premises in March 2022. This assessment had areas of fire safety risks that were in the process of being addressed, with a completion date scheduled for August 2023. In relation to the premises, some action was also required to ensure that damaged flooring, identified on a previous inspection, was replaced as it was not amenable to cleaning, which was an infection prevention and control risk.

Residents care plans and daily nursing notes were recorded on an electronic system. A review of a sample of resident's documentation evidenced that the care plans in place guided the care required. Following admission, a nursing assessment was completed to identify residents individual support needs, their daily routine, and potential risks to residents such as the risk of falls and impaired skin integrity. The outcome of the assessments was used to inform the development of care plans to guide staff on the appropriate care of the residents.

A review of residents' records found that there was regular communication with residents' general practitioners (GP) regarding their healthcare needs, and residents had access to their GP, as requested or required. Arrangements were in place for residents to access the expertise of allied health and social care professionals for further assessment. There was good evidence that advice received had been followed which had a positive impact on residents. For example; wound management advice from a tissue viability nurse specialist had resulted in the healing of wounds.

Residents nutritional care needs were assessed on admission to the centre, and at regular intervals thereafter. Arrangements were in place to monitor residents nutritional intake. Residents weights were monitored. There were appropriate referral pathways in place for the assessment of residents identified as at risk of

malnutrition by dietitian and speech and language services. Advice received was implemented which had resulted in positive outcomes for residents.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of indoor communal and private space available to residents. Residents had access to secure and pleasant garden space that was appropriately maintained.

The inspector found that some action had been taken following the previous inspection, to support effective infection prevention and control measures. This included the purchase of new linen trolleys and the implementation of a revised cleaning schedule. The centre was visibly clean. Notwithstanding the positive findings, the provider had not completed all actions as outlined in the compliance plan submitted by the provider following the previous inspection. For example, the replacement of damaged flooring that was not amenable to cleaning.

A review of fire precautions found that arrangements were in place for the testing and maintenance of the fire alarm system, emergency lighting and fire-fighting equipment. The service records for these systems were up-to-date. The fire register for the centre included in-house maintenance checks, and these were completed by the maintenance team. The provider had taken a proactive approach to fire safety management and a risk assessment completed in March 2022 had identified the requirement for significant works to be completed to bring the centre into regulatory compliance. On the day of inspection, works had been completed in emergency lighting and an upgrade of the fire alarm. Outstanding work in relation to attic upgrades and fire separation was 75% complete, fire doorset installation was 50% complete and gas system upgrade was at 30% complete. All outstanding works was on course to be fully completed by August 2023. On a walk of the premises the inspector observed a number of corridor doors contained gaps between the bottom of the door and the floor, thus risking the effectiveness of the doors as a containment measures in the event of a fire. The inspector acknowledged that the provider was in the process of replacing a number of fire doors. Nonetheless, further action was required to ensure full compliance with Regulation 28, Fire precautions.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training, and detailed their responsibility in recognising and responding to allegations of abuse. Residents privacy was respected. There was a system in place whereby, when a resident was receiving direct care, a notice was placed on the bedroom door that alerted any person wishing to enter to be aware that care was in progress.

The centre promoted a restraint-free environment and there was appropriate oversight and monitoring of the incidence of restrictive practices in the centre. The use of restrictive practices, such as bedrails, were only initiated after an appropriate risk assessment of need.

Residents reported that staff made them feel at home in the centre and that they were treated with dignity and respect. The provider had provided facilities for

residents occupation and recreation, and opportunities to participate in activities in accordance with their interests and capacities. Mass was held three days a week. Residents expressed their satisfaction with the variety of activities on offer. While residents were consulted about their care needs and the overall quality of the service through scheduled resident forum meetings, residents told the inspector that they did not always receive an outcome or response to issues raised at resident meetings. For example; no feedback had been given to the residents on what action would be taken to address the choices of food offered. The inspector noted in the resident meeting notes dated January 2023 and May 2023 that the residents had brought this dissatisfaction to the attention of the chair of the residents meetings and were awaiting a response.

Residents expressed dissatisfaction with the frequency of showers. As a guideline, residents are informed on admission that assisted showers are had on a weekly basis. Multiple residents told the inspector that they would like to have showers more frequently, but were of the understanding this was not an option. The centre has a shower list which identified what day each resident was scheduled to have their weekly shower. While the inspector acknowledges there were a small number of exceptions, the shower records reviewed showed, that the majority of residents were assisted with showers on a named day each week. The provider was not aware of this dissatisfaction and gave a commitment to address this with the current residents.

Visiting was found to be unrestricted and residents could receive visitors in either their private accommodation or designated area if they wished.

Regulation 11: Visits

The registered provider had ensured that visiting arrangements were in place, and were not restricted.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to adequate personal storage space in their bedrooms.

Laundry services were on-site, and there were no issues raised by residents regarding laundry.

Judgment: Compliant

Regulation 17: Premises

The premises of the centre was found to be appropriate and well-maintained on the day of the inspection. There was an ongoing maintenance programme in place to ensure that the overall premises were in a good state of repair externally and internally. The non-compliance found with the flooring is actioned under Regulation 27: Infection control.

Judgment: Compliant

Regulation 27: Infection control

Following the last inspection in January 2023 the provider had committed to repair and replace damaged floors that were not amenable to being effectively cleaned by the end of June 2023. This work was ongoing and so was a repeated non-compliance.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Following an external fire risk assessment, work was in progress in relation to attic upgrades and fire separation, fire doorset installation and gas system upgrade. The completion date will be addressed in the compliance plan response.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care plans were developed following an assessment of residents needs, and were reviewed at four month intervals in consultation with the residents and, where appropriate, their relatives.

The care plans reviewed were person-centred, and reflected residents' needs and the interventions in place to manage identified risks such as those associated with impaired skin integrity, risk of falls and risk of malnutrition. There was sufficient information to guide the staff in the provision of health and social care to residents based on residents individual needs and preferences.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment. Residents also had access to a range of allied health care professionals such as physiotherapist, occupational therapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of old age, and palliative care. There was good evidence that advice was followed that ensured positive outcomes for residents. Comprehensive oversight was maintained of residents progress and timely interventions were seen in the sample documentation reviewed.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The provider had systems in place to monitor environmental restrictive practices to ensure that they were appropriate. There was evidence to show that the centre was working towards a restraint-free environment, in line with local and national policy.

Judgment: Compliant

Regulation 8: Protection

Staff had up-to-date training in safeguarding residents in their care. Residents reported that they felt safe living in the centre. The provider did not act as a pension agent for any resident living in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

While residents meetings were held, and residents were offered an opportunity to voice their opinion on the quality of the service they received, the feedback from meetings were not acknowledged or responded to. For example, the resident meetings from January 2023 and May 2023 both made reference to the residents dissatisfaction with the predictability of the food menu and choices available.

On admission to the centre, residents were given an allocated day to have a weekly shower. Multiple residents spoken with on the day of inspection were of the understanding that more frequent showers were not an option. This impacted negatively on resident choice.

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
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially 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	Substantially compliant

Compliance Plan for Carrigoran House OSV-0000445

Inspection ID: MON-0040639

Date of inspection: 29/06/2023

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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The total staffing compliment for the designated centre with the management and nursing compliments as has been clarified and amended Statement of Purpose re-submitted on the 02/08/2023.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>Damaged floors that were not amenable to being effectively cleaned will be repaired and replaced by the 30/11/2023.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The attic upgrade and fire separation, fire door set installation and gas system upgrade will be completed by the 31/10/2023.</p>	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Showers: <ul style="list-style-type: none">• CNM's conducted an audit on their units to establish the resident's individual shower choice• The residents' care plans will be updated to reflect their wishes and choice in relation to the frequency of their shower• CNMs held meetings with the health care teams, to re-emphasizing and educating all staff on residents preferred shower frequency. Food: <ul style="list-style-type: none">• Meeting held with residents on the 06/07/23 to discuss the predictability of the food menu and choices available• Based on the residents feedback, three main dinner choices now offered daily• Menu changed to a six week cycle• Picture to be added to the daily menus so as to aid residents to make informed meal choices.	

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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/11/2023
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	02/08/2023

Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	30/07/2023
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	30/07/2023