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Report of an inspection of a Designated Centre for Older People

Issued by the Chief Inspector

Name of designated centre:	Carechoice Dungarvan
Name of provider:	Carechoice Dungarvan Limited
Address of centre:	The Burgery, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	25 September 2019
Centre ID:	OSV-0000231
Fieldwork ID:	MON-0023471

About the designated centre

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

CareChoice Dungarvan is situated in a rural setting on the outskirts of the town of Dungarvan. The nursing home is purpose built and is adjacent to housing for supported independent living accommodation. It is a two-storey building with lift access between floors. Residents' accommodation comprises single bedrooms with en-suite shower, toilet and hand-wash facilities, sun rooms, lounges, a coffee dock, quiet prayer room, day rooms, dining rooms and comfortable seating areas throughout. There is a secure outdoor garden with paved walkways, seating areas and raised flowerbeds and residents have easy access to this. Other accommodation comprises staff facilities, laundry and secure clinical rooms. CareChoice Dungarvan caters for people requiring long-term residential care, respite and convalescence care with low to maximum dependency assessed needs. The nursing home provides full-time nursing care primarily for older people, male and female, but can also accommodate people under 65yrs with specific care needs. Care is provided for people with a cognitive impairment, frailty and general palliative needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	64
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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
25 September 2019	10:00hrs to 18:00hrs	John Greaney	Lead
26 September 2019	08:30hrs to 14:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

The inspector met with residents over the course of the two days of the inspection. Residents spoken with were satisfied with the service and spoke very highly of the staff describing them as kind and caring.

Throughout the inspection, residents were seen to be treated with dignity and respect and choices were being respected. Residents said they were happy with their rooms and felt their privacy was respected.

Residents reported satisfaction with the food and said choices were offered at meal times. Many said they enjoyed going to the dining room for the atmosphere and meeting other residents. Residents told the inspector how much they enjoyed some of the activities.

Capacity and capability

This was a well managed service. There was a governance structure in place that supported the delivery of a safe and effective service. Some minor improvements were required in the areas of the submission of notifications, the maintenance of records required by Schedule 2 of the regulations and staff training.

CareChoice Dungarvan is part of the CareChoice group, which owns and operates a number of other nursing homes throughout the country. The management team in CareChoice Dungarvan is supported by a national and regional team of managers. Oversight of the centre is facilitated through regularly scheduled meetings with members of local and regional management. Issues discussed at these meetings included key performance indicators, resources, accidents and incidents and staffing.

The person in charge was recently appointed to the role but had previously worked in a managerial capacity in the centre as an assistant director of nursing and prior to that as a clinical nurse manager. The person in charge demonstrated a good knowledge of her role and responsibilities throughout the two days of the inspection. The person in charge is supported by an assistant director of nursing and two clinical nurse managers. Locally, there were quarterly clinical governance meetings attended by the person in charge, assistant director and clinical nurse managers. There were also quarterly health and safety meetings that, in addition to clinical managers, were attended by maintenance, housekeeping and a representative from healthcare assistants.

The quality and safety of the service is monitored through a programme of audits that were scheduled over the course of the year. The findings of audits were

used to support quality improvement. There was also an annual review of the quality and safety of care to ensure that such care was in accordance with relevant standards.

The person in charge held meetings with nursing staff, care staff, catering staff, and housekeeping staff on a regular basis. Staff members spoken with by the inspector were knowledgeable of individual residents needs. All interactions by staff with residents were observed to be caring and conducted in a respectful manner. A review of the roster and the observations of the inspector indicated that there were adequate numbers and skill mix of staff to meet the needs of residents on the days of the inspection. Staff were provided with training and ongoing development opportunities, appropriate to their roles, to ensure that they had the necessary skills to deliver safe and effective care to residents. Most staff had attended training in mandatory areas, such as safeguarding residents from abuse, manual and people handling, responsive behaviour and fire safety, however, a small number of staff were overdue attendance at these training sessions.

There was an effective recruitment procedure. A review of a sample of personnel records indicated that all staff were Garda vetted prior to commencing employment. However, of the sample of files reviewed, not all had comprehensive employment histories and not all contained photographic identification.

Residents were consulted through regularly schedule residents' meetings and any issues raised were addressed. There were also annual residents' questionnaires and feedback from these was analysed to support service improvement. There was an effective complaints procedure and this was on prominent display. Complaints were logged, investigated and addressed.

Regulation 14: Persons in charge

The person in charge was recently appointed to the role. She is a registered nurse and has the required experience in care of the older person. Residents and visitors were familiar with the person in charge and it was clearly evident that she was involved in the the day to day operational management of the centre.

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed needs of residents and to support the safe delivery of services. Staff were familiar with residents and residents appeared comfortable in the presence of staff. All interactions observed by the inspector between staff and

residents were conducted in a respectful and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supported and facilitated to attend training relevant to their role. There was a comprehensive programme of training and most staff had attending mandatory training in the areas of responsive behaviour, safeguarding and fire safety, however, a small number of staff were overdue attendance at this training.

Judgment: Substantially compliant

Regulation 21: Records

Policies and procedures in accordance with Schedule 5 of the regulations were maintained and reviewed at a minimum of every three years. Records were stored securely and easily retrievable. While most of the requirements of Schedule 2 of the regulations were met, not all employment histories contained in employees personnel files contained a satisfactory explanation for gaps in employment and there was not photographic identification available for all staff.

Judgment: Substantially compliant

Regulation 22: Insurance

There was evidence that the centre had current insurance in place.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure with identified lines of accountability and responsibility for the management of the centre. The person in charge was supported by an assistant director of nursing and two clinical nurse managers.

There was a system in place for monitoring and reporting on the quality and safety

of care delivered in the centre. There was an annual review of quality and safety of care. The review was underpinned by a programme of audits. There was action taken in response to any issues identified through the audit process.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that detailed the services and facilities available to residents in the centre.

Judgment: Compliant

Regulation 30: Volunteers

Appropriate documentation including vetting and training were in place for volunteers. The inspector observed they were supervised appropriately in accordance with best practice.

Judgment: Compliant

Regulation 31: Notification of incidents

A review of records of accidents and incidents indicated that most notifications required to be submitted to the Office of the Chief Inspector were submitted as required. However, the inspector did note that one incident that merited reporting was not submitted as a notification.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedure governing the management of complaints in the centre. There was a notice on display outlining, for residents and visitors, the procedure for making complaints, the person responsible for addressing complaints and an independent appeals process. A review of the complaints log indicated that complaints were recorded and investigated. The log also detailed whether or not the

complainant was satisfied with the outcome of the complaints process.

Judgment: Compliant

Regulation 4: Written policies and procedures

A review was required of the medication management policy to ensure it accurately reflected the new electronic prescription and administration in place in the centre.

Judgment: Substantially compliant

Quality and safety

The design and layout of the centre was suitable for its stated purpose and met residents' individual and collective needs in a comfortable and homely way. The premises is two storey, with bedroom accommodation on both floors. The first floor is accessible through a lift and stairs. There are 64 single bedrooms spread across the two floors and all bedrooms are en suite with toilet, shower and wash hand basin.

Residents' healthcare needs were met to a good standard. Residents were facilitated with access to a general practitioner (GP) of their choice and were reviewed regularly. There was good access to allied health and specialist services such as dietetics, speech and language therapy, physiotherapy, dental and opticians. Residents in the centre also had access to specialist mental health services and were reviewed as required. Overall residents and relatives expressed satisfaction with the healthcare service provided. Improvements were required in relation to the identification of residents that qualified for the various national screening programmes, such as CervicalCheck and BreastCheck.

There was a centre-specific restraint policy, which promoted a restraint free environment and included a direction for staff to consider all other options prior to its use. There was evidence that alternatives, such as low profiling beds and alarm mats were in use to minimise the use of restraint.

Measures were in place to protect residents from being harmed or suffering abuse. Residents spoken with stated that they felt safe in the centre and would have no problems informing staff if they had any concerns. Staff members spoken with by the inspector demonstrated adequate knowledge of what to do in the event of suspicions or allegations of abuse. There was a good level of visitor activity throughout the inspection with visitors saying they felt welcome to visit. The inspector met and spoke with a number of visitors who indicated that they had open

access to visit their relatives. The provider was pension agent for a small number of residents and there were adequate measures in place to safeguard residents' finances and adequate records were maintained.

The rights, privacy and dignity and independence of residents were promoted and protected. Residents were consulted in relation to the day to day operation of the centre, both formally through residents' meetings and surveys, and informally through opportunistic chats. There were two activity coordinators that facilitated both group and one to one activities. Links with the local community were maintained through weekly visits by a small number of residents to local amenities and attractions. Transition year students from the local school and children from a local crèche also visited residents in the centre on a weekly basis.

Residents were facilitated to exercise their civil, political and religious rights. Staff confirmed that residents are facilitated to vote in local and national elections. Residents' religious preferences were ascertained and facilitated.

The centre was bright and clean throughout. Some areas of the centre, particularly around reception required painting as there were scuff marks on the walls. The person in charge was in the process of acquiring various items to decorate the walls. There is communal and dining rooms on both floors. There was an internal courtyard decorated with garden furniture and raised plant beds.

Residents had control over their daily routine such as when to get up in the morning, when to go to bed and where to have their meals. Most residents had all of their meals, including breakfast in the dining room. Meal times were seen to be social occasions and residents interacted with each other throughout the meal. Residents were seen to come to the dining room throughout the morning for their breakfast and a variety of options were available to residents, including a fried breakfast.

Medication management practices were reviewed and these were predominantly in compliance with recommended practice. Some improvements were required to ensure the the recently introduced electronic prescribing and administration records were covered by the centre's medication management policy and also to ensure that prescriptions were signed by a medical practitioner.

There were measures in place for fire safety. Most staff had attended up to date training in fire safety. Staff spoken with by the inspector were knowledgeable of what to do in the event of a fire. A review was required of fire doors to ensure that they would adequately contain smoke and flames in the event of a fire.

Regulation 11: Visits

Other than at mealtimes, there was an open visiting policy, and visitors were seen coming and going in the centre throughout the days of inspection.

Judgment: Compliant

Regulation 17: Premises

In general, on the days of the inspection, the centre was clean and bright throughout. There is adequate communal space that included a dining room and sitting room on both floors. Additional communal space includes a large reception area with seating, a conservatory and an oratory. Generally, the centre is decorated to a high standard with good use of memorabilia. Some improvements were required to address scuff marks on walls, particularly in the reception area and also to address the bare appearance of some walls. This was in the process of being addressed on the days of the inspection. There was an enclosed garden that was accessible to residents and was landscaped to a good standard with a grassed area and raised plant beds.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There were systems in place to ensure residents' nutritional and hydration needs were met. Residents were screened for nutritional risk on admission and reviewed regularly thereafter. Where nutritional risks were identified, referrals had been made to dietetic and/or speech and language services. The inspector reviewed a sample of care plans. Evidence of review by the dietitian and speech and language therapist was noted.

The inspector was satisfied that each resident was provided with food and drinks at times and in quantities adequate for their needs. Food was properly prepared, cooked and served, and was wholesome and nutritious. Assistance was offered to residents in a discreet and sensitive manner. Most residents had their meals in the dining room.

Judgment: Compliant

Regulation 28: Fire precautions

There were procedures in place for fire safety. Staff members spoken with by the inspector were knowledgeable of local fire safety practices and the procedures to be followed in the event of a fire. There were regular fire drills that incorporated the simulated evacuation of residents. The fire alarm and emergency lighting had preventive maintenance completed on a quarterly basis and fire safety equipment

was serviced annually.

Some fire doors had gaps that would compromise their ability to contain smoke and fire in the event of a fire. A review was also required of the fire doors leading to the corridor from the ground floor dining room as these doors did not have smoke or heat seals and these opened on to a potential escape route.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A new electronic medication prescribing and administration record system had recently been introduced. Nursing staff spoken with by the inspector expressed satisfaction with the new system. A review was required to ensure that all electronic prescriptions had been signed by a medical practitioner.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Comprehensive assessments were completed and updated regularly in consultation with residents. Care plans were individualised to residents wishes and needs and supported positive outcomes for residents.

Judgment: Compliant

Regulation 6: Health care

Residents had timely access to medical services. Records demonstrated residents were regularly reviewed by their GP. Residents had access to allied health professionals such as speech and language therapy and dietetics, following referral. There was need to establish a system to ensure that residents that qualified for the various national screening programmes, such as BreastCheck, CervicalCheck and BowelScreen, were facilitated to avail of these programmes.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The inspector observed that staff had the appropriate skills to respond to and manage responsive behaviours to enable positive outcomes for residents. Care plans contained adequate detail with regard to issues that may precipitate responsive behaviour.

Judgment: Compliant

Regulation 8: Protection

Staff spoken to demonstrated the awareness and ability to identify and respond to safeguarding issues. At the time of inspection, the provider was pension agent for two residents and adequate banking arrangements were in place.

There was limited use of bed rails within the centre. All residents using bed rails were risk assessed and the use of alternatives such as low beds, safety mats and sensor alarms were discussed with the residents to reduce the risk of falling.

Judgment: Compliant

Regulation 9: Residents' rights

It was clearly evident that residents had control over their daily routine. Adequate processes were in place for consultation with residents in relation to the day to day operation of the centre. There were regular residents' meetings and annual surveys. Feedback was analysed and efforts made to address required improvements. There was a programme of activities that included group and one to one activities, some of which were facilitated by external providers. The programme of activities had recently been enhanced by the addition of activities in the evening time, which had the added impact of improving supervision with the purpose of reducing the incidence of falls at this time. Outings to local attractions and amenities were also facilitated.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carechoice Dungarvan OSV-0000231

Inspection ID: MON-0023471

Date of inspection: 26/09/2019

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All Staff that were due Mandatory training have now been trained or have dates planned for end of year. New HR director is reviewing how training is managed and recorded.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>HR Resource will now be allocated to home to enhance HR support. All Gaps in records are been reviewed to ensure we meet compliance.</p>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>Medication policy has been updated on the 31/10/2019 to show Electronic Mediation Administration Recording System protocol.</p>	

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Refurbishment plan is in progress all areas in need of upgrade will be completed in the coming months. Communal areas have been repainted.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire doors have been audited and any adjustments required are underway at present.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: All EMARS Kardex's have been reviewed and signed, this will be standard practice and audited weekly.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: National Screening program in place and integrated from the pre assessment stage.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	24/12/2019
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	31/03/2020
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.	Substantially Compliant	Yellow	31/03/2020
Regulation 28(2)(i)	The registered provider shall make adequate	Substantially Compliant	Yellow	31/12/2019

	arrangements for detecting, containing and extinguishing fires.			
Regulation 29(5)	The person in charge shall 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.	Substantially Compliant	Yellow	15/11/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	15/11/2019
Regulation 6(1)	The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of	Substantially Compliant	Yellow	15/11/2019

	evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
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