

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	CareChoice Clonakilty
<b>Centre ID:</b>	ORG-0000230
<b>Centre address:</b>	Clogheen, Clonakilty, Cork.
<b>Telephone number:</b>	023 883 6300
<b>Email address:</b>	clonakilty@carechoice.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	CareChoice Clonakilty Limited
<b>Provider Nominee:</b>	Aisling Lane
<b>Person in charge:</b>	Maureen O'Donovan
<b>Lead inspector:</b>	Breeda Desmond
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	50
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- to carry out thematic inspections in respect of specific outcomes
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or wellbeing of residents.

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. In contrast, thematic inspections focus in detail on one or more outcomes. This focused approach facilitates services to continuously improve and achieve improved outcomes for residents of designated centres.

**Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) 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 inform a registration renewal decision. This monitoring inspection was announced and took place over 2 day(s).

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

From:	To:
25 February 2014 10:30	25 February 2014 19:00
26 February 2014 08:00	26 February 2014 18:00

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

Outcome 01: Statement of Purpose
Outcome 02: Contract for the Provision of Services
Outcome 03: Suitable Person in Charge
Outcome 04: Records and documentation to be kept at a designated centre
Outcome 05: Absence of the person in charge
Outcome 06: Safeguarding and Safety
Outcome 07: Health and Safety and Risk Management
Outcome 08: Medication Management
Outcome 09: Notification of Incidents
Outcome 10: Reviewing and improving the quality and safety of care
Outcome 11: Health and Social Care Needs
Outcome 12: Safe and Suitable Premises
Outcome 13: Complaints procedures
Outcome 14: End of Life Care
Outcome 15: Food and Nutrition
Outcome 16: Residents Rights, Dignity and Consultation
Outcome 17: Residents clothing and personal property and possessions
Outcome 18: Suitable Staffing

**Summary of findings from this inspection**

This report sets out the findings of an announced registration renewal inspection and it was the fifth inspection undertaken by the Authority. The providers applied to renew their registration which will expire on 14 July 2014. This inspection took place over two days. As part of the inspection the inspector met with the providers, Person in Charge, and the recently appointed Clinical Nurse Manager (CNM), residents, relatives, and staff members. The inspector observed practices and reviewed all governance, clinical and operational documentation.

In accordance with the Authority's protocol, the new key senior manager was interviewed during the inspection.

The provider (Aisling Lane) and person in charge displayed an excellent knowledge of the Standards and regulatory requirements and were found to be committed to providing quality person-centred evidence-based care for the residents. They were proactive in response to the actions required from the previous inspection and the inspector viewed a number of improvements throughout the inspection which are discussed throughout the report.

A number of questionnaires which had been distributed to relatives and residents prior to the inspection were reviewed and the inspector spoke with many residents and relatives during the inspection. The collective feedback from residents and relatives was one of satisfaction with the service and care provided. Family involvement was encouraged and this was observed throughout the inspection.

Overall, the inspector found that residents' wellbeing was central to service provision in the nursing home. There was evidence of good care practices in meeting the day-to-day needs of residents. Staff were kind and respectful to residents and demonstrated good knowledge of residents and intervention necessary for those with divergent needs. Visitors interviewed concurred with this and gave positive feedback regarding care. The activity staff provided a wide variety of social and recreational activities as well as community involvement.

All staff had received training in elder abuse prevention and protection to safeguard residents in their care. Staff levels and skill-mix were adequate to meet the assessed needs of residents. Residents were encouraged to exercise choice and personal autonomy on a daily basis. Their views were sought informally on a daily basis and formally in the residents' committee, which were held monthly.

The physical environment was suitable for its stated purpose and was comfortable, homely, bright, and well maintained with many areas newly decorated. Independence of residents was promoted and many were observed mobilising throughout the centre and outside.

All staff had received training in fire safety and evacuation.

In summary, the inspector was satisfied that the centre was generally operating in compliance with the current conditions of registration granted to the centre. The inspector identified aspects of the service requiring improvement to enhance the findings of good practice on this inspection. These improvements include:

- 1) some policies required amendments to review dates
- 2) time allocated for staff hand-over at shift change
- 3) aspects of food hygiene in the kitchen
- 4) aspects of storage in the kitchen
- 5) flooring in the kitchen
- 6) aspects of management of complaints.

The action plan at the end of this report sets out the actions necessary to ensure compliance with the Health Act 2007 (Care and Welfare of Residents in Designated

Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

**Section 41(1)(c) of the Health Act 2007 Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.**

**Outcome 01: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service that is provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The statement of purpose (SOP) was reviewed and updated in January 2014. It described a service which aimed at providing individualised care for all residents. The inspector observed that care was delivered in a relaxed homely atmosphere that reflected the individuality of each resident. Services and facilities were described accurately. All items listed in Schedule 1 of the Regulations were detailed in the statement of purpose. A copy of the SOP was given to residents on admission and a copy was displayed at main reception. Previously it was identified that the conditions of registration were not included in the statement of purpose, and this was remedied whereby the conditions of registration were now listed. The statement of purpose was reviewed annually.

**Outcome 02: Contract for the Provision of Services**

*Each resident has an agreed written contract which includes details of the services to be provided for that resident and the fees to be charged.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Contracts of care were securely maintained by administration staff. The contracts detailed fees to be charged as well as additional fees. Samples of contracts of care for residents were examined. Those examined by the inspector were signed and dated by either the resident or their next of kin in line with best practice.

**Outcome 03: Suitable Person in Charge**

*The designated centre is managed by a suitably qualified and experienced nurse with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The post of the person in charge was full time and held by a registered nurse with the required experience of nursing dependant people. She demonstrated excellent knowledge and understanding of the Regulations and National Standards as well as clinical knowledge to ensure suitable and safe care. Clear management and accountability structures were in place. The person in charge was engaged in governance, operational management and administration associated with her role and responsibilities. There was evidence that the PIC had a commitment to her own continued professional development and had completed many courses such as dementia mapping, person-centred care, and leadership and management. A diverse range of clinical audits were ongoing to inform practice and improve quality of service and safety of residents. The person in charge along with support staff demonstrated a clear commitment to delivering quality care to residents, continually striving for excellence.

**Outcome 04: Records and documentation to be kept at a designated centre**

*The records listed in Part 6 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended).*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the records required in Schedule 2 (staff files), Schedule 3 (residents' records), Schedule 4 (general records), Regulation 25 (medical records), Regulation 21 (provision of information to residents) of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. However, many of the policies relating to Schedule 5 (operating policies and procedures) required attention as their review date was four years rather than three years. The register of residents was reviewed and while it contained most of the information required by legislation, the cause of death was not documented here; a record of the cause of death of a resident was part of the individual reports submitted to the coroner. This was remedied during the inspection, whereby the cause of death was recorded in the register of residents. Overall records were seen to be maintained and stored in line with best practice and legislative requirements.

**Outcome 05: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designed centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The PIC was aware of her responsibilities relating to Regulation 37 and 38 regarding notification to the Authority should the occasion arise. Appropriate deputising arrangements were in place to ensure care and welfare of residents, whereby the CNM assumed responsibility when the PIC was on annual leave. Senior nurses were part of the staff complement to support the PIC and CNM and take charge of the centre in the absence of the management team. As part of Regulatory requirements, the inspector interviewed the recently appointed CNM. She demonstrated a good awareness of her regulatory responsibilities as well as excellent clinical knowledge.

**Outcome 06: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse.*

**Theme:**

Safe Care and Support

**Judgement:**

Non Compliant - Minor

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

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Measures were in place to protect residents from being harmed or suffering abuse. The training matrix detailed completed training for staff as well as alerts for those whose training was due to expire. Staff spoken with demonstrated their knowledge of protection of residents in their care and actions to be taken if care was untoward.

The person in charge was continually in the centre and the provider attended the centre at least once a week. The PIC spoke with residents on a daily basis and with relatives also; management reviewed practices and supervised staff as part of ensuring the safety of residents. Feedback from residents was positive and many stated they felt safe, secure, and very content in the centre. Relatives' questionnaires stated that the utmost respect was shown to their relative; they were welcome to visit any time and that great attention was given to their relatives needs regarding health and comfort.

Photographic identification is required for each resident as part of safe medication management, unexplained absence of a resident and other legislative requirements. Consent for such photographs was necessary and was obtained from residents.

Residents' finances were discussed with management. Most residents maintain control of their own petty cash in the secure cupboard in their bedrooms. One resident has their own safe in the bedroom. Petty cash was securely maintained in line with best practice for three residents.

While there was an up-to-date policy for adult protection, it did not contain the information as stipulated in Regulation 36 regarding immediate notification of an allegation of abuse. The policy fell short of the knowledge and practice demonstrated by management in practice.

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Safe Care and Support



**Judgement:**

Non Compliant - Moderate

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

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

**Findings:**

The risk management policy contained comprehensive details on the identification and prevention of risks in conjunction with the recording, investigation and learning from serious or untoward incidents or adverse events. The emergency plan was available with alternative accommodation detailed, should the need arise. As part of the continuous monitoring of safety of services, the health and safety committee met once a month and members included heads of each department. A comprehensive health and safety checklist audit was undertaken each month for the protection of residents and staff.

Responsibilities were assigned for each issue identified in the audits and these were followed up in the subsequent meeting.

There was a current policy in place for infection prevention and control. Advisory signage for best practice hand washing was displayed over hand wash sinks. There were hand hygiene gel dispensers available in each resident's bedroom. Advisory signage for best practice use of hand hygiene gels was displayed and the inspector observed that opportunities for hand hygiene were taken by staff. Staff, including cleaning staff, had completed training in infection prevention and control. The designated areas for storage of chemicals were secure to prevent unauthorised access.

A fire safety register was in place which demonstrated that daily, weekly and monthly checks were completed to ensure fire safety precautions. All staff had completed their mandatory fire training. Fire drills were completed six-monthly and this was evidenced by fire training records reviewed. Current relevant fire certification for maintenance and servicing was evidenced.

All staff had completed their mandatory moving and handling of residents.

A current insurance policy was in place which included residents' personal property.

A record was maintained of incidents and accidents and these were reviewed by the inspector. They correlated with notifications submitted to the Authority and residents' care plans were reflective of interventions documented in the incidents and accident forms completed.

The laundry staff described best practice regarding safe handling of unclean and clean laundry and work-flows to prevent cross contamination with appropriate use of protective equipment such as disposable plastic aprons and gloves.

The inspector noted that the kitchen did not contain advisory signage indicating designated areas for preparation of different foods to ensure safe food preparation practices and mitigate risk of cross contamination. Placement of food in the fridge was

not compliant with food safety and this was brought to the immediate attention of kitchen staff. There were boxes stored on the ground of the dry goods store room, making effective cleaning impossible. The area underneath the shelving here was unclean. The vegetable store room required de-cluttering as several pieces of obsolete equipment were stored here, depleting valuable storage space. There were several sweeping brushes in the sluice room behind the kitchen, however, just two of the brushes were stored appropriately on attachments provided, the remainder were on the ground, partially obstructing the sluice sink. The kitchen flooring required replacement. The provider outlined that the kitchen was a priority in their quality improvement plan for 2014 and this would rectify some of the issues identified.

Previously it was identified that the smoking policy required attention as it did not provide guidance in relation to how staff should manage residents' cigarette lighters and matches or observation of residents who wished to smoke. This was remedied and the policy included guidance relating to these.

### **Outcome 08: Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

There was a centre-specific up-to-date medication management policy detailing procedures for safe ordering, prescribing, storing and administration of medicines and handling and disposal of unused or out-of-date medicines. Nursing staff with whom the inspector spoke, demonstrated best practice regarding administration of medicines. Photographic identification was in place for all residents as part of their prescription/drug administration record chart. Controlled drugs were maintained in line with best practice professional guidelines. Medication trolleys were securely maintained within the secure nurses' station.

Medication management audits were completed six-monthly in conjunction with the pharmacist and these were evidenced during inspection. The PIC reported to the inspector that the pharmacist is easily accessible regarding advice relating to drug interactions, dosages, crushing of medicines and possible alternatives in prescriptions and regularly liaised with the relevant GPs regarding prescriptions.

---

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Notifications received by the Authority were reviewed upon submission and prior to the inspection. Notifiable incidents and quarterly returns submitted to the Authority were timely and comprehensive. A record was maintained of incidents occurring in the centre and these correlated with residents' care plans. Appropriate interventions were documented and evidenced, to support the notifications.

**Outcome 10: Reviewing and improving the quality and safety of care**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Residents were consulted on a daily basis and their input into the daily running of the centre was encouraged. This was evidenced during both days of inspection where a culture of openness and transparency was observed in a relaxed atmosphere. Relatives spoken with also gave positive feedback regarding communication and involvement with their relative's care and welfare and the ease of access to staff to discuss matters.

The inspector spoke with the activities director and the activities coordinator who outlined the extensive programme. This was reviewed on a monthly basis and the feedback from the residents' committee inform this programme. The activities coordinator colour prints the weekly schedule of activities for each resident which was then displayed in their bedrooms. One resident showed it to the inspector and explained

that it was a 'great reminder' as 'things get forgotten'. The inspector joined the card playing session in the large sitting room and later joined the baking and decorating in the smaller dining room where there was lively social engagement between residents.

There was a centre minibus which enabled residents to be taken on excursions, for example, to the theatre in Rossmore, open garden days and going to Clonakilty for shopping and coffee, to promote involvement in the community. There was a retirement village within the grounds of the centre. The activities coordinator regularly invited retirees into the centre to have supper with their friends in the centre to enable friendships to be maintained.

The inspector viewed dining room experience surveys both from the chef's perspective and that of the residents. Feedback from the residents was positive overall, but several mentioned that the dining room could be 'noisy initially' and then the 'noise level would settle down'. This feedback was reviewed by management, staff and kitchen staff and interventions were put in place to reduce the noise level. Feedback regarding meals included 'the food was perfectly cooked, very flavoursome, beautifully presented and hot'.

The auditing programme was well established with key performance indicators (KPIs) reviewed monthly. These included all aspects of clinical care to inform quality improvement initiatives, for example, all bed were now replaced with profiling beds and many were 'low-low' beds with crash mattresses alongside rather than bedrails; mattress were replaced to high-risk mattresses to maximise comfort and mitigate the development of pressure areas, to mention a few.

### **Outcome 11: Health and Social Care Needs**

*Each residents wellbeing and welfare is maintained by a high standard of evidence-based nursing care and appropriate medical and allied health care. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each residents assessed needs are set out in an individual care plan, that reflect his/her needs, interests and capacities, are drawn up with the involvement of the resident and reflect his/her changing needs and circumstances.*

**Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

Residents had timely access to GP services and allied health services including physiotherapy, dietician, speech and language therapy, optician, dentist and chiropody

services. The provider and PIC discussed care plans with the inspector as audits completed in relation to these plans demonstrated that they were not a dynamic document. The inspector reviewed a sample of care plans with associated risk assessments of residents which were completed on admission and three-monthly and more frequent if their condition required. The information documented in the plan of care was resident-centred and reflected an in-depth knowledge of each individual. Residents' weights and other observations were completed on a monthly basis and more frequent if their clinical condition warranted and there was evidence of this. A daily activities flow chart and narrative was maintained on each resident documenting progress. The assessment tool for bed rails included assessment of the resident as well as the environment aspect; consent was obtained from the resident or in the case of those with cognitive impairment, discussion with their next of kin. As this care planning record was relatively new, some residents had signed their care plans but some were still outstanding. Resident and relative feedback forms indicated that care planning was discussed with them and that care plans were easily accessible to them.

Residents had opportunities to participate in meaningful activities appropriate to their interests and needs. The activities coordinator completed a social history hobbies and interests social assessment for each resident and this formed part of the resident's overall plan of care which facilitated all staff involvement to ensure a holistic approach to care. It included past hobbies, present interests and then planned activities, which was signed by the resident. The inspector observed residents reading the daily newspaper, knitting, card playing, cupcake decorating, and enjoying hand massage. The massage therapist visited once a week and residents told the inspector how much they enjoyed massage and felt so relaxed after it. A computer was available for residents in a designated room and one resident regularly used it. Residents' art, poetry and photographs were viewed throughout. One assisted bathroom was redecorated to a spa therapy bathroom with soft lighting, candles, music and aromatherapy. Staff reported that residents, especially those with restricted movement found this bath time very relaxing.

Some residents were interested in gardening and horticulture. There were two enclosed gardens to enhance outdoor activities. Residents informed the inspector that a chicken coop with four chickens and rabbit hutch with two black rabbits (Murphy and Guinness) were new acquisitions for Christmas. A further enclosed courtyard was being developed to include raised vegetable beds. The director of facilities outlined that another enclosed garden was being further developed to include extra seating, walkways and shrubbery.

### **Outcome 12: Safe and Suitable Premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

#### **Theme:**

Effective Care and Support

**Judgement:**

Compliant

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

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

**Findings:**

The design and layout of the centre fitted with the aims and objectives set out in the statement of purpose and the residents' profile. It promoted residents' independence, dignity, and well-being. The premises was purpose-built and could accommodate a maximum of 50 residents. Residents' accommodation comprised 42 single and four twin bedrooms, all with toilet, shower and hand-wash basin en suite facilities. Other rooms consisted of two dining rooms, three sitting rooms, seating area by main reception as well as occasional seating areas throughout, kitchen, activities room, staff facilities, hair salon, computer room, and additional assisted toilets throughout as well a spa relaxation bathroom. Many of the areas throughout had been recently redecorated and were bright, clean, well maintained and safe. Issues identified regarding décor during the previous inspection were remedied. Safe secure outdoor spaces were provided for residents enjoyment and these were well maintained with level walkways and seating.

**Outcome 13: Complaints procedures**

*The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Person-centred care and support

**Judgement:**

Non Compliant - Minor

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

No actions were required from the previous inspection.

**Findings:**

A synopsis of the complaints procedure was displayed prominently at main reception. The inspector noted that recourse to the Office of the Chief Inspector for routine complaints was included here. This was brought to the attention of the PIC who removed those details from the complaints process. The PIC monitored complaints and endeavoured to resolve issues as soon as they arise. The complaints policy was up-to-date and detailed the complaints officer as well as the independent appeals process. Complaints were reviewed and comprehensive documentation was evidenced including whether the complainant was satisfied or not with the outcome. Documentation relating to one complaint demonstrated that the complainant was inappropriately referred to the Chief Inspector rather than to their independent appeals process. This was highlighted to management.

**Outcome 14: End of Life Care**

*Each resident receives care at the end of his/her life which meets his/her physical, emotional, social and spiritual needs and respects his/her dignity and autonomy.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

While there was no one in the centre receiving end of life care during the inspection, care practices observed and the layout of the centre would ensure residents received end of life care in a way that met their individual needs, wishes and preferences with respect for individual's autonomy. Religious observance for all denominations was facilitated. Residents have access to palliative care homecare as well as the hospice services. Staff had completed professional development regarding end of life care. The PIC and provider had completed the thematic self-assessment relating to end of life care and nutrition for submission to the Authority.

**Outcome 15: Food and Nutrition**

*Each resident is provided with food and drink at times and in quantities adequate for his/her needs. Food is properly prepared, cooked and served, and is wholesome and nutritious. Assistance is offered to residents in a discrete and sensitive manner.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

There was a policy in place for risk assessment, monitoring and documentation of nutritional status and residents care plans reflected this whereby diabetic and coeliac diets were documented. Catering staff discussed specialist diets with inspectors and demonstrated their knowledge regarding specialist diets and consistency for residents. Staff had completed training in modified consistency food preparation. Residents' weights were documented on a monthly basis or more often if their clinical condition warranted. Residents had access to fresh water and other fluids throughout the day and

feedback from residents spoken with concurred that meals and meal time was a positive experience. Following feedback from residents, the time of tea was changed to facilitate residents' requests as it was stated that tea time was too close to the 15:00hrs snack. Choice of fluids, meals, snacks was provided. A few residents dined in their own bedroom and the inspector discussed this with residents who stated it was their choice to dine alone. Some residents had their breakfast in their bedrooms while others came to the dining room. The inspector joined residents at breakfast in the dining room and this was a pleasant relaxed experience. A buffet with juices, smoothies, yogurt and cereal was available and residents were asked their choice which included tea, coffee and different types of bread. Residents were assisted in an appropriate manner, respectful of residents' dignity. Lunch time was also pleasant with residents offered choice and menus with large script were displayed on each table in the dining rooms.

### **Outcome 16: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in the organisation of the centre. Each residents privacy and dignity is respected, including receiving visitors in private. He/she is facilitated to communicate and enabled to exercise choice and control over his/her life and to maximise his/her independence.*

#### **Theme:**

Person-centred care and support

#### **Judgement:**

Compliant

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

No actions were required from the previous inspection.

#### **Findings:**

The inspector reviewed minutes of the residents' committee meetings and these meetings were facilitated by the activities coordinator. This committee offered residents the opportunity to participate and engage in the running of the centre; residents made detailed suggestions about meals and mealtimes, activities and outings. There was ample supply of newspapers and magazines which were available throughout the communal areas and residents told inspectors that they listened regularly to the radio and television.

The open visiting policy was observed throughout the inspection. Completed relatives questionnaires commended staff on how welcoming they were to all visitors. The manner in which residents were addressed by staff was seen by inspectors to be appropriate and respectful. The inspector observed the residents' privacy and dignity being respected and promoted by staff in the provision of personal care and screening was used in shared rooms.



**Outcome 17: Residents clothing and personal property and possessions**

*Adequate space is provided for residents personal possessions. Residents can appropriately use and store their own clothes. There are arrangements in place for regular laundering of linen and clothing, and the safe return of clothes to residents.*

**Theme:**

Person-centred care and support

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

Locked storage space was provided for residents to store valuables as required. The inspector saw, and residents confirmed, that residents were encouraged to personalise their rooms. Residents' bedrooms were generally comfortable and many were personalised with residents' own cushions, ornaments, armchairs, pictures and photos. In the majority of the bedrooms plenty of storage space was provided to residents for storage of their clothing and belongings.

There was a policy on residents' personal property and possessions and completed residents' property lists were seen to be completed in residents' notes.

The laundry system was seen by the inspector and found to be satisfactory; many questionnaires completed by residents highlighted the 'excellent laundry service' provided. Clothes were discreetly marked and residents reported that clothes generally did not go missing and were always returned in a timely fashion.

**Outcome 18: Suitable Staffing**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents, and to the size and layout of the designated centre. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Workforce

**Judgement:**

Non Compliant - Minor

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

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

**Findings:**

The numbers and skill-mix of staff was adequate to meet the assessed needs of residents. Staff roster was in place both as hard and soft copy. Staff were supervised appropriate to their role and responsibilities and this was enabled through the CNM, senior nurses and senior carers. The inspector joined the staff for handover on the 2nd day of inspection. This handover report was comprehensive, however, cognisant of the number of residents in the centre, the time allocated for handover reports was inadequate. This was highlighted to management.

Current registration with regulatory professional bodies was in place for all nurses. The staff training matrix examined and demonstrated that mandatory training was undertaken. A needs analysis was completed as well as staff appraisals completed to inform further staff training. Other staff training scheduled for quarter 1 and 2 of 2014 comprised end of life care, manual handling, food safety, cardio-pulmonary resuscitation, infection prevention and control, venepuncture, catheterisation and fire.

The Director of HR had developed a 'management development programme' for nurses which had gained An Bord Altranais category 1 approval. This programme comprised:

Level 1: Employee relations

Personal effectiveness

Performance management

Communication

Role clarity

Level 2: Managing your care team

Managing change

Managing conflict

Several nurses had completed this course and more were in the process of completing it.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

***Report Compiled by:***

Breda Desmond

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 Clonakilty
<b>Centre ID:</b>	ORG-0000230
<b>Date of inspection:</b>	25/02/2014
<b>Date of response:</b>	09/04/2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 (as amended) and the National Quality Standards for Residential Care Settings for Older People in Ireland.

#### Outcome 04: Records and documentation to be kept at a designated centre

**Theme:** Leadership, Governance and Management

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

The review date of many of the policies relating to Schedule 5 (operating policies and procedures) was four years rather than three years.

**Action Required:**

Under Regulation 27 (2) you are required to: Review all the written operational policies and procedures of the designated centre on the recommendation of the Chief Inspector and at least every three years.

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

These Policies will now be review and re-issued with a three year review date.

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

**Proposed Timescale:** 31/08/2014

### **Outcome 06: Safeguarding and Safety**

**Theme:** Safe Care and Support

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

While there was an up-to-date policy for adult protection, it did not contain the information as stipulated in Regulation 36 regarding immediate notification of an allegation of abuse, as part of the response to abuse.

**Action Required:**

Under Regulation 6 (1) (b) you are required to: Put in place a policy on and procedures for the prevention, detection and response to abuse.

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

As highlighted in the Report the practice of immediate reporting to HIQA of any allegations is in place. This is not adequately highlighted in the written Policy. This Policy will be updated to incorporate this process.

**Proposed Timescale:** 30/04/2014

### **Outcome 07: Health and Safety and Risk Management**

**Theme:** Safe Care and Support

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

Advisory signage indicating designated areas for preparation of different foods was not in place to ensure safe food preparation practices and mitigate risk of cross contamination.

**Action Required:**

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

The two necessary signs are now in place.

**Proposed Timescale:** 27/03/2014

**Theme:** Safe Care and Support

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

Placement of food in the fridge was not compliant with food safety best practice guidelines.

**Action Required:**

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

All items in the fridge are now covered.

Addition Food Hygiene & Nutrition is scheduled for 28/04/14 and 01/05/14.

**Proposed Timescale:** 01/05/2014

**Theme:** Safe Care and Support

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

There were boxes stored on the ground of the 'dry goods' store room, making effective cleaning impossible. The area underneath the shelving here was unclean.

**Action Required:**

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

Boxes that were on the floor are now removed.

**Proposed Timescale:** 27/03/2014

**Theme:** Safe Care and Support

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

There were several sweeping brushes in the sluice room behind the kitchen, however, just two of the brushes were stored appropriately on attachments provided, the remainder were on the ground, partially obstructing the sluice sink.

**Action Required:**

Under Regulation 30 you are required to: Put in place written operational policies and procedures relating to the health and safety, including food safety, of residents, staff and visitors.

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

New storage for these brushes is now in place.

**Proposed Timescale:** 27/03/2014

### **Outcome 13: Complaints procedures**

**Theme:** Person-centred care and support

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

Documentation relating to one complaint demonstrated that the complainant was inappropriately referred to the Chief Inspector rather than to their independent appeals process.

**Action Required:**

Under Regulation 39 (2) you are required to: Ensure the complaints procedure contains an independent appeals process, the operation of which is included in the designated centres policies and procedures.

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

We will ensure to adherence to our Policy and all complaints will be escalated to the Company Director.

**Proposed Timescale:** 27/03/2014

### **Outcome 18: Suitable Staffing**

**Theme:** Workforce

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

Cognisant of the number of residents in the centre, the time allocated for handover reports was inadequate.

**Action Required:**

Under Regulation 16 (1) you are required to: Ensure that the numbers and skill mix of staff are appropriate to the assessed needs of residents, and the size and layout of the designated centre.

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

There is a 15 minute paid handover period in place for each shift. The requirement to extend this is now being reviewed.

**Proposed Timescale:** 30/06/2014