



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

Issued by the Chief Inspector

Name of designated centre:	CareChoice Macroom
Name of provider:	Carechoice (Macroom) Limited
Address of centre:	Gurteenroe, Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	05 September 2023
Centre ID:	OSV-0000209
Fieldwork ID:	MON-0041053

About the designated centre

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

Carechoice Macrooom is set in the heart of Macrooom and was established as a residential centre in 2013. The centre provides long term care and respite care to older people. It is registered to provide nursing care to a maximum of 62 residents whose care dependency level range from supporting independent living to high dependency care. The premises has four floors, three of which are occupied by residents. Each floor is named after a location in the Macrooom area. There are 42 single bedrooms and 10 twin bedrooms, the majority of which have en suite facilities. The centre has an elevator in the centre of the building. There are three dining rooms, three sitting rooms, an activities room and external courtyards off some of the communal spaces. CareChoice Macrooom provides care primarily for dependent older persons, male and female, aged 65 years or over. The centre also provides care for dependent residents, male and female, under 65 years and over 18 years, this includes convalescent, dementia, palliative, and respite care. Care is provided by a team of nursing and care staff covering day and night shifts.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	53
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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
Tuesday 5 September 2023	10:00hrs to 17:40hrs	Ella Ferriter	Lead
Wednesday 6 September 2023	07:45hrs to 15:45hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

Overall, findings of this inspection were that residents were content living in CareChoice Macrooom and their rights were promoted and respected. Residents spoken with were complimentary about the health and social care they received. The inspector spent time observing residents' daily lives and care practices, in order to gain insight into the experience of those living there. The inspector saw warm and respectful interactions between staff and residents, throughout the two days of this unannounced inspection.

Following an opening meeting, on day one of the inspection, the inspector was guided on a tour of the premises by the assistant director of nursing. The inspector was informed that the person in charge was on planned leave. During the walk around of the centre and over the course of the two days, the inspector spent time observing the care provided to residents, talking to residents and staff, and observing the care environment. Overall, there was a calm and relaxed atmosphere in the centre and staff were seen to engage well with residents. The inspector overheard polite and respectful conversation between staff and residents.

Carechoice Macrooom provides care for both male and female adults, with a range of dependencies and needs. The centre can accommodate 62 residents and there were 52 residents living in the centre on the day of this inspection. It is a four storey facility, three floors allocated to residents, and the basement houses laundry and storage facilities. The centre is divided into four named wings, Bealick (ground floor), Gearagh North and South (first floor) and Mount Massey (second floor). The names of these floors depict local places around the Macrooom countryside. Bedroom accommodation consists of 42 single and 10 twin bedrooms, with the majority of residents accommodated on the second floor of the centre.

The inspector saw that majority of bedrooms in the centre had en-suite facilities with the exception of five bedrooms on Gearagh North and four of the residents on Mount Massey had shared bathroom facilities, between two people. There was access to a television in all bedrooms. Bedroom size in the centre varied. For some residents there was sufficient space for residents to live comfortably, including adequate space to store personal belongings. However, the inspector saw that in some twin bedrooms and in one single bedroom there was inadequate space for residents personal clothing as there was single wardrobes. From discussions with staff it was evident that in these bedrooms residents were limited in what they could store in their rooms and as a result one residents family had been requested to take a residents clothes home, this is actioned under regulation 12; personal possessions. The layout of some twin bedrooms was also found not to allow for residents to have a comfortable chair at the bedside, this is further detailed under regulation 17; premises.

Residents were observed over the two days to have a pleasant dining experience in the centre, which had been enhanced following the previous inspection. The two

dining rooms in the centre were observed to be nicely decorated and replicated old kitchens. Tables were nicely set with tablecloths and nice crockery and menus were available for residents. Residents were observed having breakfast in the main dining room of the centre on both days. The inspector saw that there was a member of staff available in this dining area from 8- 11 am and they interacted well with residents and knew their personal preferences. Residents were encouraged and supported to come to breakfast when they would like and their breakfast was then prepared for them, and music played in the background. Residents told the inspector they enjoyed their morning routine and looked forward to having a chat with staff and reading the paper over breakfast.

The inspector observed that all areas of the centre were very clean and there were adequate cleaning staff employed in the centre. There was evidence of ongoing maintenance of the centre and a full time maintenance person employed. Painting work to the centre had taken place since the last inspection, which included coloured walls in some residents bedrooms and on corridors. The inspector was informed that this redecoration work was ongoing throughout the centre, to make it more homely and comfortable for residents. However, some areas of the centre required attention such as flooring in two bedrooms, which was observed to be damaged, as actioned under regulation 17.

The inspector observed that communal rooms in the centre were nicely decorated with soft furnishings, wallpaper and comfortable seating. Communal space on the top floor of the centre, which accommodated 13 residents was minimal and comprised of a small sitting area that could accommodate 2-3 people with a television. Therefore, the majority of residents living in Mount Massey were observed to come downstairs for the day to the Gearagh floor. Communal space on this floor had recently been reconfigured, with two dining areas amalgamated into one large dining room. The inspector saw that this had resulted in only one sitting area being available to residents as the remaining room was being used for storage of kitchen trolleys and although there were a few seats available for residents use at one end, this was not a welcoming homely area for residents. This is actioned under regulation 17. The inspector saw that over the two days the main sitting room was overcrowded at times of the day, storage in this area also required to be addressed as there was staff equipment stored in residents areas, therefore limiting space.

Throughout the days of this inspection residents were observed in the various areas of the centre and were seen to be happy and content as they went about their daily lives. It was evident that staff knew residents well and all interactions by staff with residents were seen to be respectful and kind. There was a very busy schedule of activities available to residents which included bingo, games, mass on site and one-to ones. The centre employed two full time activity coordinator to provide a range of activities throughout the week. The daily schedule of activities was displayed in a prominent places throughout the centre, and residents were also supplied with individual copies in their bedrooms. From discussions with staff allocated to activities it was evident that they strove to ensure residents enjoyed their days. For example; one staff member told the inspector how they were committed to planning days out of the centre and had recently travelled to Bantry House with ten residents for afternoon tea via taxi. Residents were also accompanied to the local pub for a drink

with staff. A staff member's dog attended the centre a few days a week and residents were delighted to interact with the dog and told the inspector they loved to see the dog coming.

This inspection took place over two sunny days in September where temperatures were above average at over 20 degrees Celsius. Residents were observed sitting in the enclosed courtyard and they told the inspector that they had enjoyed the day sitting out in the sunshine. Staff were observed ensuring residents had sunscreen, sunhats and drinks. The inspector met two residents in the garden who stated that they couldn't speak highly enough of the centre and said that "staff would do anything for us" and it was a "great place". The inspector saw that furniture was minimal in this area, when considering the amount of residents residing in the centre. The inspector was informed that there were plans for redecoration of this area as a temporary shed had been put in place for visiting during COVID-19, which was no longer required and occupied a large portion of the garden. Some residents were observed smoking in this area throughout the day, however, there were not facilities in place in the event of an emergency such as protective equipment, to ensure residents' safety while smoking, which is actioned under regulation 28, fire precautions.

The residents' dining experience over the two days, was observed to be a social and pleasant experience for residents. The dining room was appropriately laid out, and was comfortable and homely for residents. Condiments, cutlery, and drinks were placed on the tables for each resident. Staff were attentive to residents' requests for assistance, and were observed to engage with residents, adding to the social experience for residents. All residents were offered a choice from the menu which was on display. Staff were also observed attending to residents in their bedrooms to provide support during mealtimes. However, the timing of residents' meals was found to be early, for example residents were observed being brought out to the dining room at 12:15am on day one and having their supper at 4:15pm in one dining room and at 4:30pm in the second dining room. Two residents told the inspector they were not very hungry at this time and would prefer this to be served at a later time. The quality of food was observed to be good and residents had a choice of home-cooked meals and snacks. Residents spoken with expressed satisfaction with the quality, quantity and variety of food. This was supported by the observations of the inspector. Food was attractively presented and residents requiring assistance were assisted appropriately.

The inspector spoke with several of the residents and the general feedback was that it was a pleasant place to live and that they felt safe and well cared for by staff. Residents stated that staff and management were responsive to their needs and they never waited long for their call bell to be answered. Residents were highly complimentary of all staff in the centre. The inspector observed a pleasant, relaxed atmosphere throughout the day and saw many examples of kind person-centered interactions.

There was evidence to show that residents were offered choice in many aspects of their care, such as what meals they would like to eat and their individual choices around what items of clothing they wished to wear and when to get up in the

morning. Residents appeared very well groomed and dressed. The inspector had the opportunity to meet with four visitors who all stated that they were happy with the care and the staff. Residents indicated that they felt safe and that they could raise concerns, if they felt the need to do so.

Residents' told the inspector that life in the centre was generally good and they were happy with the quality of the service provided. The inspector observed that staff provided care and support in a respectful and unhurried manner. Staff were observed to be kind and were familiar with residents' preferences and choices. Residents who were unable to speak with the inspector were observed to be content and comfortable in their surroundings. The inspector saw that residents were provided with additional means of communications such as white boards, picture boards and one resident had an electronic tablet to assist them as English was not their first language. Visitors were observed in the centre during the day and one two visitors took the time to speak with the inspector. They stated they were assured that their relative was being well cared for and that they had built up a good relationship with staff and management.

The following sections of this report details the findings with regard to the capacity and capability of the centre and how this supports the quality and safety of the service being provided to residents.

Capacity and capability

This was an unannounced risk inspection to monitor the centre's compliance with the care and welfare regulations and follow up on the previous inspection of the centre, which found a lack of comprehensive management systems and poor regulatory compliance, in a number of regulations inspected. Findings of this inspection were that the provider had implemented and enhanced monitoring systems, to ensure residents received a safe and quality service in CareChoice Macrooom. It was evident that commitments given in the compliance plan response had been implemented by the provider in relation to training of staff, care planning, and the monitoring of residents healthcare and nutrition. The inspector found that some further action was required with regards to fire precautions, training and staff development and the premises and these will be detailed under the relevant regulations.

CareChoice Macrooom is a designated centre for older people, operated by Carechoice Macrooom Limited, who is the registered provider. The designated centre is part of the CareChoice group, who nationally operate 13 other designated centres in Ireland. The organisational structure comprises of a board of directors, a chief executive officer (CEO) and a senior management team. The CEO is the nominated person representing the registered provider. The centre benefits from access to centralised departments, such as human resources, quality and innovation, finance and facilities.

Within the centre care is directed by the person in charge. There had been a change in the internal management structure since the previous inspection of the centre. Two new persons in charge had been appointed since the previous inspection, the most recent being appointed at the end of April 2023, therefore, this person was in post just over four months at the time of this inspection. They were supported by a newly appointed assistant director of nursing, in the role for the last month, who was deputising in their absence. The inspector was informed that the provider was actively recruiting for a clinical nurse manager, which was an appointment that was currently not filled. The provider also employed an experienced nurse manager to support the person in charge and they attended the centre one to two days per week.

The person in charge reported directly to the CEO of the company and there was evidence that the CEO was available to the centre on a daily basis and visited the centre in person, at a minimum of every two months, to provide oversight and governance support to the management team. The person in charge is supported by nurses, healthcare assistants, catering, domestic, activities, maintenance staff and administration staff. A member of the HR team was also on site two days per week and had good oversight of staff training and recruitment.

On the day of the inspection there were adequate resources to ensure the effective delivery of care in accordance with the statement of purpose, and to meet residents' individual needs. A review of staff training records evidenced that all staff had up-to-date mandatory training, pertinent to providing residents with safe quality care and there was good oversight of training, with the support of HR department. Staff demonstrated an awareness of their training with regard to the safeguarding of vulnerable people, supporting residents living with dementia and restrictive practices. However, the inspector found that the nurse induction process was found not to be completed in line with the centres policy, which posed a risk to care delivery, as detailed under regulation 16.

The centre had established and strengthened management systems to monitor the quality and safety of the service provided to residents. The inspector found that these had been sustained, over this seven month period, however, they would require ongoing development and review, to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Key aspects of the quality of resident care were collected and reviewed by the person in charge and included information in relation to falls, weight loss, nutrition, complaints, medication, and other significant events. There was evidence that this information was trended and analysed to identify areas for quality improvements and communicated to the Director of Quality. There was a schedule of weekly and monthly audits that were completed by the clinical management team and systems were effectively monitoring the quality and safety of care to residents. However, further oversight was required pertaining to fire precautions and the induction process for newly appointed staff, as detailed under regulation 16 & 28.

Policies and procedures were available which provided staff with guidance about how to deliver safe care to the residents. The inspector reviewed the policies

required by the regulations and found that all policies were up-to-date. Incidents occurring in the centre were being recorded and monitored by the management team. All incidents were reported to the Chief Inspector as required by the regulations.

Regulation 14: Persons in charge

The person in charge is a registered nurse, works full-time in the centre and has the required qualifications and experience as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose. There was sufficient nursing staff on duty at all times, and they were supported by a team of healthcare and activities staff. The staffing complement also included catering, laundry, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector was not assured that staff were always appropriately inducted, as per the centres policy. From a review of induction documentation and from discussions with staff the inspector found that a newly appointed nurse had not been signed off as competent in all clinical areas required, however, they were working independently. There was also not evidence that management had oversight of this area and this had been delegated to a registered nurse working in the centre. This was contrary to the centres own policy on induction which stated that this is the responsibility of the line manager.

Judgment: Substantially compliant

Regulation 22: Insurance

The provider had an up-to-date contract of insurance against injury to residents and

protection of residents property, as per regulatory requirements.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to monitor the quality of the service required further action to ensure the service provided to residents was safe, appropriate, consistent and effectively monitored. For example:

- the system in place for oversight of fire precautions in the centre required action, to ensure the safety of residents. This is further outlined under regulation 28.
- arrangements in place for management to induct and orientate staff, and to support staff to provided safe and effective care to residents, were found not to be robust. The registered providers providers policy was not followed in practice. This posed a risk to the delivery of care to residents, as detailed under regulation 16.

Although there was a defined management structure in place, there was a gap in this management structure with the absence of a clinical nurse manager. The inspector acknowledges that the provider was actively recruiting for this position at the time of this inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

A detailed statement of purpose was available to staff, residents and relatives. This contained a statement of the designated centre's vision, mission and values. It accurately described the facilities and services available to residents, and the size and layout of the premises.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector, within the required time frames. The inspector followed up on incidents that were notified and found these were managed in accordance with the

centre's policies.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in Schedule 5 were in place and available to all staff in the centre. They were updated at a minimum of three yearly, as per regulatory requirements.

Judgment: Compliant

Quality and safety

The inspector found that residents living in CareChoice Macroom received care and support that was of an good standard. The provider had strengthened management systems and enhanced oversight of residents healthcare and nutrition requirements, since the previous inspection. This had resulted in improvements in the quality and safety of care delivery for residents. Some action was required pertaining to fire precautions, the premises, personal possessions and food and nutrition, as per the findings of this inspection. These will be detailed under the relevant regulations.

Residents were provided with appropriate access to medical care, and a very good social and recreational programme. From a review of residents' records and from discussion with nursing staff it was 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 such as dietitians, tissue viability nurses, and speech and language therapists, for further assessment. A physiotherapist was employed by the provider to attend the centre four days per week.

Pre-admission assessments were completed to ensure that the centre could adequately meet the needs of prospective residents. A sample of residents' assessments and care plan records were reviewed. Residents physical, psychological and social care needs were comprehensively assessed on admission to the centre using validated assessment tools. The outcome of the assessments informed the development of care plans which provided guidance to staff on the appropriate delivery of care to residents.

Improvements were noted in the assessment and oversight of residents nutritional care needs. Arrangements were in place to monitor residents nutritional intake. Residents weights were monitored on a monthly basis, or more frequently if

indicated. 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. There was evidence that the dietary needs of residents, as prescribed by dietetic staff, were implemented, to ensure best outcomes for residents. As highlighted in the first section of this report, the time of meals, were found to be served early to residents and this is actioned under regulation 18.

Risk management systems were underpinned by the centre risk management policy. The policy detailed the systems in place to identify, record and manage risks that may impact on the safety and welfare of the residents. As part of the risk management systems, a risk register was maintained to record and categorise risks according to their level of risk, and priority. Where risks to residents were identified, controls were put in place to minimise the risk impacting on residents.

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. 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 and staff. However, there were gaps in some of the weekly checks. A number of other areas required action in relation to fire safety, as per the findings of this inspection such as personal evacuation plans for residents and evacuations of compartments. These will be detailed under regulation 28 of this report.

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 reported that staff made them feel at home in the centre and that they were treated with dignity and respect. The provider acted as a pension agent for five residents and there were robust arrangements in place in the management of these finances. The processes in place for return of residents money, to their estate required strengthening and the process for ensuring pharmacy charges were detailed, as actioned under regulation 8.

Residents were facilitated to access a varied and inclusive activity programme in the centre. Residents were engaged in activities on a daily basis and residents confirmed to the inspector that they were satisfied with the activities programme and enjoyed their day. Opportunities for residents' feedback and to ask questions were in place, via residents meetings and there was evidence that these were acted on by the provider. Residents had access to the services of an advocate.

Regulation 10: Communication difficulties

The registered provider ensured that residents who had communication difficulties in the centre were facilitated to communicate freely via picture boards, writing boards and electronic devices.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place to facilitate residents to receive visitors in either their private accommodation or in a designated visiting area. Visits to residents were not restricted.

Judgment: Compliant

Regulation 12: Personal possessions

The wardrobe space available for two twin room bedrooms and one single bedroom was found to be limited. Specifically residents only had a single wardrobe available to them, which is not sufficient wardrobe space for long stay residents. As a result residents in these bedrooms could not store all their clothes and families were requested to take them home.

Judgment: Substantially compliant

Regulation 17: Premises

The following required to be addressed to conform with Schedule 6 of the regulations:

- the storage of kitchen equipment and staff equipment in residents personal communal space.
- layout of twin rooms to ensure residents had availability of a chair beside their bed.
- the layout of twin rooms to ensure that curtains were aligned and residents were afforded privacy.
- flooring in two bedrooms required replacement or repair as it was observed to be torn.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Meals on the first day of this inspection were not found to be served at reasonable times, as they were earlier than planned. Residents reported to the inspector that they were often not hungry at 12:15 pm for lunch as they may have had their breakfast at 10am. The inspector was informed that this was not usual practice, and this would be reviewed.

Judgment: Substantially compliant

Regulation 20: Information for residents

The registered provider had prepared and made available to residents a guide in respect of the designated centre. The guide included all information, such as the arrangements for visits and a summary of services in the centre, as required by the regulations.

Judgment: Compliant

Regulation 26: Risk management

The provider had an up-to-date risk management policy that met the requirements of the regulation. An emergency plan was also available for staff in the centre. The risk register had recently been updated and was being monitored by the management team.

Judgment: Compliant

Regulation 27: Infection control

The care environment was not managed in a way that minimised the risk of transmitting a healthcare-associated infection. There were limited number of clinical hand was sinks available for staff use. Sinks within residents rooms were dual purpose used by both residents and staff. This practice increased the risk of cross infection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required by the provider in order to comply with the requirements of Regulation 28: Fire precautions. Findings of this inspection were:

- while simulated evacuation drills were taking place, the drills did not simulate the evacuation of the largest compartment where 13 residents resided. Assurances were required that residents could be evacuated to a place of safety, at a time when staffing levels are at their lowest, in the event of an emergency.
- the inspector was informed that the simulation of a compartment that involved an external stairway had not been tested, which required to be addressed.
- some residents personal emergency evacuation plans (PEEPS), were found to be inaccurate. For example; a resident assessed as requiring three people to assist them to mobilise and transfer had this documented as two people on their PEEP. Therefore, evacuation could be delayed, in the event of an emergency.
- there were some gaps in records of weekly checks of the fire alarm panel.
- three residents were observed to be smoking in the external courtyard off Gearah North. However, this was not a defined smoking facility with equipment such as a call bell, extinguisher and fire blanket, to protect residents in the event of a fire.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Significant improvements in compliance were found in individual assessment and care planning. The sample of 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. Care plans were regularly reviewed and updated, as required by the regulation.

Judgment: Compliant

Regulation 6: Health care

The inspector found that residents' overall healthcare needs were well met and that they had access to appropriate medical and allied healthcare services. Improvement were noted in residents wound care and monitoring of residents. All residents had a

post fall assessment completed by the physiotherapist. Nursing documentation reviewed supported the care being delivered.

Judgment: Compliant

Regulation 8: Protection

Financial records were maintained electronically, with access to accounts centralised to the registered providers finance offices. Residents and relatives were invoiced on a monthly basis for service fees and additional charges. However, there was not a breakdown pharmacy charges to residents and no oversight by management. This required action, to safeguard residents finances and to ensure that items residents were charged for were received and required.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The provider ensured that there were appropriate facilities for occupation and recreation available to residents, and that opportunities for residents to participate in meaningful group and individual activities were facilitated by appropriately experienced staff. Staff were observed to support residents to exercise choice in how they led their daily lives. Residents had unrestricted access to television, radio, newspapers and telephones.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for CareChoice Macroom OSV-0000209

Inspection ID: MON-0041053

Date of inspection: 06/09/2023

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 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> <ul style="list-style-type: none"> · · The DON will oversee the induction process and ensure all documentation is recorded in real time and the nurses are closely supervised and supported on the floor by the Clinical Management Team. · Post inspection the newly appointed nurse's induction was reviewed, and all outstanding documentation has been signed off in all clinical areas in Oct 2023. Additional supernumerary hours were allocated to new nurses with a senior staff nurse in Oct 2023. · Until a CNM is appointed the DON will provide a senior nurse full time supernumerary hours to support the new nurses. · All support provided will be reflected in the induction and performance review documentation. · All new nurses receive a minimum of 3 days supernumerary training with a senior staff nurse and complete the EMARS competency assessment and the safe administration of drugs prior to commencing as a staff nurse. · If required, the DON allows new nurses to complete additional supernumerary days with senior staff nurses. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

INDUCTION:

- The DON will oversee the induction process and ensure all documentation is recorded in real time and the nurses are closely supervised and supported on the floor by the Clinical Management Team.
- Until a CNM is appointed the DON will provide a senior nurse full time supernumerary hours to support the new nurses.
- All support provided will be reflected in the induction and performance review documentation.
- All new nurses receive a minimum of 3 days supernumerary training with a senior staff nurse and complete the EMARS competency assessment and the safe administration of drugs prior to commencing as a staff nurse.
- If required, the DON allows new nurses to complete additional supernumerary days with senior staff nurses.

FIRE:

- DON will conduct monthly evacuation drills in all compartments including the external stairway commencing with the largest compartment in Oct 2023.
- DON will ensure fire evacuation drills are completed monthly and day and night both day and night drill assimilations are scheduled in Oct and Nov 2023.
- First evacuation drill of the largest fire compartment is scheduled for Oct 2023.
- Fire training is scheduled monthly and evacuation drills and fire Marshall training for several staff is scheduled for Nov 2023 with Apex.
- All resident PEEPS were reviewed and updated in Oct 2023.
- The DON will commence a weekly check of all residents PEEPS to ensure the resident's PEEPS are accurate and up to date.
- DON acknowledges there were two gaps in weekly fire alarm panel checks. To provide reassurance and maintain governance and oversight the DON will commence a weekly check to closely monitor the fire records weekly.
- As agreed with the inspector the necessary equipment and furniture will be accrued to ensure the external courtyard on the second floor in Geragh North will be sufficient area for residents to utilize as a safe designated smoking area. A risk assessment has been completed and recorded in risk register in Oct 2023 and the smoking policy is to be updated in Oct 2023.

Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

- The provider will review furniture and armchairs to allow more space between residents in the double rooms outlined. The provider will install built in wardrobes, review curtains, and accrue small bedside chairs in the two double rooms outlined. The provider will review the furniture and install built-in furniture in the single room outlined.

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Excess trollies and staff equipment will be removed from the residents' communal space. Two small kitchen trolleys are in situ now and neatly stored in the kitchen. The two large hot trolleys are scheduled to be removed from the home. This will improve the available space for residents and family use and is part of the plan for the new family visiting lounge. • The space will be renovated to be warm and welcoming to visitors to spend time with the residents. The plan is for a private space to share time with loved ones in a Café style environment. • The two damaged floors will be replaced. <p>The provider will review furniture and armchairs to allow more space between residents in the double rooms outlined. The provider will install built in wardrobes, review curtains, and accrue small bedside chairs in the two double rooms outlined. The provider will review the furniture and install built in furniture in the single room outlined.</p> <p>.</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> • There was a robust review completed by DON regarding regulation 18. The DON maintains very close supervision of all residents' nutritional status and their dietary requirements and preferences. Residents' preferences re meals and time of meal delivery is encouraged and respected in the home. Some residents' preferences re mealtimes change daily and they eat their meals at different times every day. • DON will ensure staff continue to communicate with residents to ensure information remains up to date to reflect any changes in resident care through daily handovers and safety huddles and all staff are informed to ask residents their preferences re mealtimes and to reflect variations in some resident's mealtime preferences in the residents' care plan and in safety huddles. • DON has held a meeting with staff to ensure communication remains of a high standard and all staff are aware to ask residents' daily re their preferences. • DON will continue to engage with residents re the quality and satisfaction with the care standards in the home and DON will disseminate any gaps or areas to improve with staff in real time. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • A risk assessment was conducted in the home to use the sinks in situ and sanitizers are strategically placed throughout the home to ensure hand hygiene facilities are easily accessible and to prevent cross contamination. An external company was commissioned to ensure the sinks in situ were reviewed and recommendations as per risk assessments were implemented post external review and consultation. The provider will review the sinks in the home in conjunction with the risk assessment in place as per the external IPC consultants' recommendations and in line with regulation 27. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • DON will conduct monthly evacuation drills in all compartments including the external stairway commencing with the largest compartment in Oct 2023. • DON will ensure fire evacuation drills are completed monthly and day and night both day and night drill assimilations are scheduled in Oct and Nov 2023. • First evacuation drill of the largest fire compartment is scheduled for Oct 2023. • Fire training is scheduled monthly and evacuation drills and fire Marshall training for several staff is scheduled for Nov 2023 with Apex. • All resident PEEPS were reviewed and updated in Oct 2023. • The DON will commence a weekly check of all residents PEEPS to ensure the resident's PEEPS are accurate and up to date. • DON acknowledges there were two gaps in weekly fire alarm panel checks. To provide reassurance and maintain governance and oversight the DON will commence a weekly check to closely monitor the fire records weekly. • As agreed with the inspector the necessary equipment and furniture will be accrued to ensure the external courtyard on the second floor in Geragh North will be sufficient area for residents to utilize as a safe designated smoking area. A risk assessment has been completed and recorded in risk register in Oct 2023 and the smoking policy is to be updated in Oct 2023. 	
Regulation 8: Protection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:	

- DON will review all pharmacy invoices monthly and residents and families will receive an itemized invoice bill from pharmacy going forward.

DON will put in place a new robust recording system tracking all orders sent to pharmacy for each resident in conjunction with CMT and senior administration manager in the home.

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/03/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	01/11/2023
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	Substantially Compliant	Yellow	31/03/2024

	the matters set out in Schedule 6.			
Regulation 18(2)	The person in charge shall provide meals, refreshments and snacks at all reasonable times.	Substantially Compliant	Yellow	01/10/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2023
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	31/03/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Not Compliant	Orange	31/03/2024
Regulation	The registered	Not Compliant	Orange	31/10/2023

28(1)(e)	provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Not Compliant	Orange	31/10/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	01/10/2023