



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

Issued by the Chief Inspector

Name of designated centre:	Carechoice Dungarvan
Name of provider:	Carechoice Dungarvan Limited
Address of centre:	The Burgery, Dungarvan, Waterford
Type of inspection:	Unannounced
Date of inspection:	05 September 2023
Centre ID:	OSV-0000231
Fieldwork ID:	MON-0039384

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	105
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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	09:00hrs to 17:30hrs	Mary Veale	Lead
Wednesday 6 September 2023	09:00hrs to 16:15hrs	Mary Veale	Lead

What residents told us and what inspectors observed

This was an unannounced inspection which took place over two days. Based on the observations of the inspector, and discussions with residents, staff and visitors, Carechoice Dungarvan was a nice place to live. Residents appeared to enjoy a good quality of life and had many opportunities for social engagement and meaningful activities and they were supported by a kind and dedicated team of staff. The inspector spoke with 3 visitors and 12 residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided.

On arrival the inspector was met by a member of the centres administration team and signed the centres visitors' book. Following an opening meeting with the person in charge and assistant director of nursing to discuss the format of the inspection, the general manager accompanied the inspector on a walkabout of the premises on the first day. The inspector spoke with and observed residents in communal areas and their bedrooms.

Carechoice Dungarvan is a purpose built two storey designated centre registered to provide care for 109 residents on the outskirts of the seaside town of Dungarvan, in County Waterford. There were 101 residents living in the centre and four residents were in hospital on the days of this inspection.

The design and layout of the premises met the individual and communal needs of the residents'. The centre was bright, homely, appeared clean and well maintained to a high standard. The atmosphere in the centre was calm and relaxed. The centre had a large reception area decorated with a piano, information board, activities board and suitable seating. There was a choice of communal spaces on all floors. For example; there were two dining rooms, two day rooms, two private sitting rooms, and two general practitioner (GP) rooms on both floors. The ground floor had a conservatory with access to an enclosed garden area with a smoking area for residents who smoked. The first floor had a large communal area, a sensory room, a hairdressing room, smoking room, and an oratory. The centre had been carefully and beautifully decorated with memorabilia, photographs, and pictures local to the surrounding areas. Alcohol hand gels were available throughout the centre to promote good hand hygiene practices. Residents' accessed the first floor using two passenger lifts. Residents were seen to use the communal rooms throughout the days of the inspection and the layout of the building allowed for residents to walk safely through these areas. There were assistive handrails in all corridor areas. The inspector observed appropriate seating in both communal areas and bedrooms. There was an on-going schedule of works in place to maintain the premises.

The ground floor of the building contained the centres kitchen, staff canteen, staff changing areas, administration offices, and store rooms. The first floor of the building contained the centres laundry and linen store room.

The residents' bedroom accommodation comprised of 109 single rooms with en-suite toilet, shower, and wash hand basin facilities. Bedrooms were personalised and decorated in accordance with the resident's wishes. Lockable locker storage space was available for all residents and personal storage space comprised of double wardrobes and drawers. Residents were supported to bring their preferred or sentimental items from home. Pressure relieving specialist mattresses, low to floor beds and other supportive equipment was seen in residents' bedrooms.

Residents had access to garden areas from the main entrance door and had access to a secure garden area from the ground floor day room. The gardens had level paving, comfortable seating, tables, mature shrubs and raised flower beds. The garden wrapped around the rear of the centre and had level designated walk ways. The inspector observed residents and visitors sitting in the garden areas and outside the main entrance door enjoying the good weather over the two days of inspection. The inspector was informed that residents were encouraged to use the garden spaces.

The inspectors spoke with residents and visitors in detail, over the course of the inspection days and the feedback was very positive. Residents very complimentary of the person in charge, staff and services they received. Residents who spoke with inspector said that staff were good to them and treated them very well. Residents' said they felt safe and trusted staff. A number of residents were living with a cognitive impairment and were unable to fully express their opinions to the inspector. These residents appeared to be content, appropriately dressed and well-groomed. The inspector spent time in communal areas observing resident and staff interactions and found that staff were kind and caring towards residents at all times.

Visitors whom the inspector spoke with were complimentary of the care and attention received by their loved one. Visitors were observed attending the centre throughout the days of the inspection. Visits took place in communal areas, residents bedrooms and garden areas where appropriate. There was no booking system for visits and the residents who spoke to the inspector confirmed that their relatives and friends could visits anytime.

The inspector observed a calm and content atmosphere in the centre throughout the days of the inspection. It was evident that residents' choices was respected. For example; some residents got up from bed early while others chose to remain in bed until mid-morning. Throughout the days of the inspection, the inspector observed residents attending activities and spending their day moving freely through the centre from their bedrooms to the communal spaces and the reception area. Residents were observed engaging in a positive manner with staff and fellow residents throughout the days and it was evident that residents had good relationships with staff. Many residents had build up friendships with each other and were observed sitting together and engaging in conversations with each other. There were many occasions throughout the days of inspection in which the inspector observed laughter and banter between staff and residents.

All residents whom the inspector spoke with were very complimentary of the home cooked food and the dining experience in the centre. The daily menu was displayed

outside both dining rooms. There was a choice of two options available for the main meal. The inspector observed the dining experience for residents on the first floor on the second day of inspection. The meal time experience was quiet and was not rushed. Staff were observed to be respectful and discreetly assisted the residents during the meal times. The inspector was informed by residents that drinks and snacks were available anytime outside of meal times.

Residents' spoken with said they were very happy with the activities programme in the centre and some preferred their own company but were not bored as they had access to newspapers, books, radios and televisions. The weekly activities programme was displayed on notice boards throughout the centre and in the resident's bedrooms. Some residents told the inspector that they could leave the centre to go into the local town with their families if they wished. The inspector observed residents reading newspapers, watching television, listening to the radio, singing and engaging in conversation. Residents, were observed to enjoy friendships with peers throughout the days. On the first day of inspection, a large number of residents were observed attending the rosary and bingo on the second day residents were observed attending the rosary and a live music session in the afternoon. The inspector observed residents attending the hairdresser in the hair salon on the first day of the inspection. Residents told the inspector that the centre had recently purchased a bus and they had enjoyed trips into Dungarvan town and the seaside. Residents' views and opinions were sought through resident meetings and satisfaction surveys and residents' felt they could approach any member of staff if they had any issue or problem to be solved.

The centre provided a laundry service for residents. All residents' and visitors whom the inspector spoke with on the days of inspection were happy with the laundry service and there were no reports of items of clothing missing.

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

This was an unannounced risk inspection carried out to monitor ongoing compliance with the regulations and standards. The inspector found that this was a well-managed centre where the residents were supported and facilitated to have a good quality of life. The provider had progressed the compliance plan following the previous inspection in September 2022, and improvements were found in Regulation 21: records and Regulation 27: infection prevention and control. On this inspection, the inspector found that actions was required by the registered provider to address areas of Regulation 5: individual assessment and care planning, Regulation 27: infection prevention and control, and Regulation 34: complaints procedure.

CareChoice, Dungarvan is a residential care centre operated by CareChoice

Dungarvan Limited. Nationally, the organisational structure comprises of a board of directors, and a chief executive officer (CEO). The CEO is the registered provider representative who has a support office with departments for quality and innovation, human resources, property development and finance. There was a clearly defined management structure in the centre, and staff and residents were familiar with staff roles and their responsibilities. The governance structure operating the day to day running of the centre consisted of a person in charge who was supported by a general manager, an assistant director of nursing, four clinical nurse managers, a team of registered nurses and health care assistants, activities staff, catering, housekeeping, laundry, administration, and maintenance staff. Out of hours on call for emergencies was provided on a rotational basis by the person in charge and assistant director of nursing.

There were sufficient staff on duty to meet the needs of residents living in the centre on the days of inspection. Staff turnover was low. Many staff had worked in the centre since it opened and were proud to work there. Staff were supported to perform their respective roles and were knowledgeable of the needs of older persons in their care and respectful of their wishes and preferences.

There was an ongoing schedule of training in the centre and management had good oversight of mandatory training needs. An extensive suite of mandatory training was available to all staff in the centre and training was up to date. There was a high level of staff attendance at training in areas such as fire safety, safeguarding vulnerable adults, management of responsive behaviour, manual handling, and infection prevention and control. Staff with whom the inspector spoke with, were knowledgeable regarding fire evacuation procedures and safe guarding procedures. The person in charge, general manager, assistant director of nursing, and clinical nurse manager provided support and supervision for staff.

There was evidence of a comprehensive and ongoing schedule of audits in the centre, for example; falls prevention, restrictive practice, infection prevention and control, medication management and observation of care practices. Audits were objective and identified improvements. There was evident of trending of audit results for example; quarterly audit of resident incidents of falls identified contributing factors such as the location of falls and times when resident falls occurred the most. The centre had an extensive suite of meetings such as governance management meetings, and staff meetings. Local meetings took place quarterly in the centre and more often if required. Records of management meetings showed evident of actions required from audits completed which provided a structure to drive improvement. Monthly governance meeting took place with agenda items such as training, complaints, activities, audits, antibiotic usage and KPI's (key performance indicators). There was a comprehensive annual review of the quality and safety of care delivered to residents completed for 2022 with an associated quality improvement plan for 2023. The review was undertaken against the National Standards.

Records and documentation, both manual and electronic were well presented, organised and supported effective care and management systems in the centre. All requested documents were readily available to the inspector throughout the days of

inspection. Staff files reviewed contained all the requirements under Schedule 2 of the regulations. Garda vetting disclosures in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 were available in the designated centre for each member of staff.

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector of Social Services 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.

The registered provider had integrated the update to the regulations (S.I 298 of 2022), which came into effect on 1 March 2023, into the centre's complaints policy. The management team had a good understanding of their responsibility in this regard. The inspector reviewed the records of complaints raised by residents and relatives in 2023. Details of the investigation completed, communication with the complainant and their level of satisfaction with the outcome were included. The complaints procedure was made available in the main entrance hall and prominent areas in the centre. Residents spoken with were aware of how and whom to make a complaint to. Improvements were required to the centres complaints procedures, this is discussed further in this report under Regulation 34: complaints procedure.

Regulation 14: Persons in charge

The person in charge worked full time in the centre and displayed a good knowledge of the residents' needs and had good oversight of the service. The person in charge was well known to residents and their families and there was evidence of her commitment to continuous professional development.

Judgment: Compliant

Regulation 15: Staffing

Staffing was found to be sufficient to meet the needs of the residents on the days of the inspection. The registered provider ensured that the number and skill-mix of staff was appropriate, to meet the needs of the residents. There were a minimum of four registered nurses in the centre day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in fire safety, safe guarding vulnerable adults, the management of behaviours that are challenging, and infection prevention and control. There was an ongoing schedule of training in place to ensure all staff had relevant and up to date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles.

Judgment: Compliant

Regulation 21: Records

All records as set out in schedules 2, 3 & 4 were available to the inspector. Retention periods were in line with the centres' policy and records were stored in a safe and accessible manner.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were effectively monitoring quality and safety in the centre. Clinical audits were routinely completed and scheduled, for example; falls, restrictive practice, and quality of care. These audits informed ongoing quality and safety improvements in the centre. There was a proactive management approach in the centre which was evident by the ongoing action plans in place to improve safety and quality of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Residents had a written contract and statement of terms and conditions agreed with the registered provider of the centre. These clearly outlined the room the resident occupied and additional charges, if any.

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 34: Complaints procedure

Improvements were required in the centres complaints procedure; for example:

- The complaints procedure did not provide details of the nominated complaints and review officer.
- Nominated persons had not received suitable training to deal with complaints.

Judgment: Substantially compliant

Quality and safety

The findings of this inspection evidenced that the management and staff strived to provide a good quality of life for the residents living in Carechoice Dungarvan. Residents health, social care and spiritual needs were well catered for. Improvements were required in relation to Regulation 5: individual assessment and care planning, and Regulation 27: infection prevention and control.

Residents were supported to access appropriate health care services in accordance with their assessed need and preference. General Practitioners (GP's) attended the centre and residents had regular medical reviews. The inspector observed an occupational therapist and nurse specialist visiting the centre on the first day of the inspection and a GP on the morning of the second day of the inspection. Residents had access to a consultant geriatrician, a psychiatric team, nurse specialists and palliative home care services. A range of allied health professionals were accessible to residents as required in accordance with their assessed needs, for example, physiotherapist, speech and language therapist, occupational therapist, dietician and chiropodist. Residents had recently been provided with access to a mobile x-ray service in the home. Residents had access to local dental and optician services. Residents who were eligible for national screening programmes were also supported and encouraged to access these.

The provider continued to manage the ongoing risk of infection from COVID-19 and other infections while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them. Visitors were reminded not to come to the centre if they were showing signs and symptoms of

infection. At the time of inspection the centre was experiencing a small outbreak of COVID-19. Residents who were diagnosed with COVID-19 could have visits from their nominated visitor. For all the other residents in the centre there were no restriction to visits. Residents could receive visitors in their bedrooms where appropriate, the centres communal areas or outside areas. Visitors could visit at any time and there was no booking system for visiting.

A detailed individual nursing assessment was completed prior to admission, to ensure the centre could meet residents' needs. Residents' needs were comprehensively assessed by validated risk assessment tools. Care planning documentation was available for each resident in the centre. Further improvements were required to residents care plans which is discussed under Regulation 5: individual assessment and care planning.

There were effective systems in place for the maintenance of the fire detection, alarm systems, and emergency lighting. All doors to bedrooms and compartment doors had automated closing devices. All fire doors were checked on the days of inspection and were in working order. All emergency lighting was checked on the days of inspection and were all working. Fire training had been completed by all staff. There was evidence that fire drills took place quarterly and when a new employee was employed in the centre. There was evidence of fire drills taking place in each compartment with simulated night time drill taking place in the centres largest compartment. Fire drills records were detailed containing the number of residents evacuated, how long the evacuation took, and learning identified to inform future drills. There was a system for daily and weekly checking, of means of escape, fire safety equipment, and fire doors. All fire safety equipment service records were up to date. All escape routes were assessable, free from obstructions and the assembly point was accessible. The centre had an L1 fire alarm system. Each resident had a personal emergency evacuation plan (PEEP) in place which were up to date. Fire evacuation maps were displayed in all compartments and behind all resident bedroom doors throughout the centre. Staff spoken with were familiar with the centres evacuation procedure. There was evidence that fire safety was on the agenda at meetings in the centre. On the days of the inspection there were six residents who smoked and detailed smoking risk assessments were available for these residents. A call bell, fire blanket, fire apron, fire extinguisher and fire retardant ash tray were in place in the centre's indoor smoking room and outdoor smoking area.

The centre was clean to a high standard and tidy. The overall premises were designed and laid out to meet the needs of the residents. A schedule of maintenance works was ongoing and areas of the centre had been painted since the previous inspection. Service records for equipment such as beds, hoists and passenger lifts was up to date. Alcohol hand gel was available in all communal corridors and bedrooms. Bedrooms were personalised and residents had sufficient space for their belongings. Overall the premises supported the privacy and comfort of residents. Residents had access to call bells in their bedrooms, en-suite bathrooms and all communal rooms. Grab rails were available in all corridor areas, toilets and en-suite bathrooms.

Improvements were found in the centres infection prevention and control procedures since the previous inspection. Residents personal wash basins were stored correctly and a laminated cleaning process for basins was displayed in residents en-suite areas detailing the correct decontamination procedure with pictorial instructions. At the time of inspection the centre was experiencing an outbreak of COVID-19. Staff were observed to have good hygiene practices and correct use of personal protective equipment (PPE). Sufficient housekeeping resources were in place on the days of inspection. Housekeeping staff were knowledgeable of correct cleaning and infection control procedures. The cleaning schedules and records were viewed on inspection. Intensive cleaning schedules had been incorporated into the regular weekly cleaning programme in the centre. Used laundry was segregated in line with best practice guidelines and the centres laundry had a work way flow for dirty to clean laundry which prevented a risk of cross contamination. Risk assessments had been completed for actual and potential risks associated with COVID-19 and the provider had put in place many controls to minimise the risk of harm to residents and staff. There was a high uptake of COVID-19 vaccination among residents and staff and procedures were in place to facilitate testing and isolation of residents should the need arise. There was evidence that infection prevention control (IPC) was an agenda item on the minutes of the centres staff meetings. IPC audits included the environment and COVID 19 were evident and actions required were discussed at the centres staff meetings. There was an up to date IPC manual which included multi-drug resistant organism (MDRO) infections. There was a separate policy for the management of influenza and COVID-19. Further improvements were required in infection prevention and control, this is discussed further under Regulation 27: infection prevention and control.

The centre was an agent for a number of the resident's pension. Residents had access to and control over their monies. Residents who were unable to manage their finances were assisted by a care representative or family member. An electronic database was maintained for resident's transactions and all transactions viewed were accounted for and signed by the resident or representative and a staff member. There was ample storage in bedrooms for residents' personal clothing and belongings. Laundry was provided in the centre for residents and some residents chose to have their clothing laundered at home.

The centre had arrangements in place to protect residents from abuse. There was a site-specific policy on the protection of the resident from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the types and signs of abuse and with the procedures for reporting concerns. All staff spoken with would have no hesitation in reporting any concern regarding residents' safety or welfare to the centre's management team. The centre had procedures in place to ensure staff were Garda vetted prior to employment.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected and promoted. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The residents had access to an independent advocate and SAGE advocacy services. The independent advocate and advocacy service details were displayed near the lift area on both floors. The

activities agenda were displayed on notice boards across the centre. Residents has access to daily national newspapers, weekly local newspapers, WI-FI, books, televisions, and radio's. Mass took place monthly in the centre and was live streamed daily. Residents had access to an oratory on the first floor. For residents who could not attend group activities, one to one activities were provided. An activities room which was decorated as a relaxing space was available for residents. Residents enjoyed daily group activities such as exercise classes, bingo, art classes, and particularly enjoyed live music sessions. Residents were supported and encouraged to maintain links with their families and the wider community through visits and trips out when possible. Satisfaction surveys showed high rates of satisfaction with all aspects of the service.

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications; this was up to date and based on evidence based practice. Medicines were administered in accordance with the prescriber's instructions in a timely manner. Medicines were stored securely in the centre and returned to pharmacy when no longer required as per the centres guidelines. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Regulation 11: Visits

Visiting had resumed in line with the most up to date guidance for residential centres.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had adequate space in their bedrooms to store their clothes and display their possessions. Residents clothes were laundered in the centre and the residents had access and control over their personal possessions and finances.

Judgment: Compliant

Regulation 17: Premises

The premises was appropriate to the needs of the residents and promoted their

privacy and comfort.

Judgment: Compliant

Regulation 27: Infection control

Action were required to ensure the environment was as safe as possible for residents and staff. For example;

- A review of the centres floor sensor safety mats was required as mats observed were secured to the floor using adhesive tape which was dirty and difficult to clean. This practice posed a high risk of contamination and risk of transmission of infection.
- The shower drains in the centres en-suite bathrooms required review as a number were found to be dirty on the days of inspection.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had good oversight of fire safety. Annual training was provided and systems were in place to ensure fire safety was monitored and fire detection and alarms were effective in line with the regulations. Bedroom doors had automatic free swing closing devices so that residents who liked their door open could do so safely. Evacuation drills were regularly practiced based on lowest staffing levels in the centre's largest compartment.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was a comprehensive centre specific policy in place to guide nurses on the safe management of medications. Medicines were administered in accordance with the prescriber's instructions in a timely manner.

Medicines were stored securely in the centre. Controlled drugs balances were checked at each shift change as required by the Misuse of Drugs Regulations 1988 and in line with the centres policy on medication management. A pharmacist was available to residents to advise them on medications they were receiving.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Action was required in individual assessment and care plans to ensure the needs of each resident are assessed and an appropriate care plan is prepared to meet these needs. For example:

- A resident's care plan did not clearly reflect the care and management of their swallow following a swallow assessment.
- A resident's care plan was not updated following an incident of a fall.

Judgment: Substantially compliant

Regulation 6: Health care

There were good standards of evidence based healthcare provided in this centre. GP's routinely attended the centre and were available to residents. Allied health professionals also supported the residents on site where possible and remotely when appropriate. There was evidence of ongoing referral and review by allied health professional as appropriate.

Judgment: Compliant

Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights and choice were promoted and respected within the confines of the centre. Activities were provided in accordance with the needs' and preference of residents and there were daily opportunities for residents to participate in group or individual activities. Facilities promoted privacy and service provision was directed by

the needs of the residents.

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	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carechoice Dungarvan OSV-0000231

Inspection ID: MON-0039384

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints Statement on display will be updated with details (job title) of the nominated complaints' officer and the person who reviews the complaint.</p> <p>Nominated persons will receive suitable training in dealing with complaints.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The adhesive tape used to secure the sensor safety mats to the floor has now been removed and an alternative method is now used to secure the mats in place to comply with infection control practices.</p> <p>A review of all shower drains has now been completed, cleaning schedule in place. Daily oversight by GSM to ensure compliance.</p>	
Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

The two careplans notified during the day of inspection were updated immediately with all relevant information.

Care plans and assessments are audited as a part of the audit schedule, actions assigned to nursing staff with CMT oversight to ensure completion.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/10/2023
Regulation 34(1)(b)	The registered provider shall provide an accessible and effective procedure for dealing with complaints, which includes a review process, and shall display a copy of the complaints procedure in a prominent position in the designated centre, and where the provider has a website, on that	Substantially Compliant	Yellow	31/12/2023

	website.			
Regulation 34(7)(a)	The registered provider shall ensure that (a) nominated complaints officers and review officers receive suitable training to deal with complaints in accordance with the designated centre's complaints procedures.	Not Compliant	Orange	31/12/2023
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/12/2023