



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

Issued by the Chief Inspector

Name of designated centre:	Carechoice Montenotte
Name of provider:	Carechoice Montenotte Limited
Address of centre:	Middle Glanmire Road, Montenotte, Cork
Type of inspection:	Unannounced
Date of inspection:	28 November 2023
Centre ID:	OSV-0000253
Fieldwork ID:	MON-0041903

About the designated centre

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

Carechoice Montenotte has been in operation as a designated centre since 2003 and is registered to accommodate 111 residents. There are four floors each named after a point in Cork Harbour which can be viewed from the centre - Camden, Carlisle, Currabinney and Roches Point. Each of the floors is a self contained unit provided with day rooms, kitchenette, dining room, staff areas, sluice rooms, assisted bathrooms and storage rooms, a treatment room and a nurse's office. The centre is serviced by stairs and a fully functioning lift between all floors. Resident accommodation is provided in 67 single en-suite bedrooms and 22 twin bedrooms. There is a large Oratory on the ground floor, a sitting room with internet access, a visitors canteen and on the third floor there is an activity room which are all available for residents and relatives use. There is a an outdoor seating area at the front of the centre and a secure garden area which enables residents to walk around an enclosed garden and enjoy safe walkways and seating. The centre provides residential care predominately to people over the age of 65 but also caters for younger people over the age of 18. It is a mixed gender facility catering from low dependency to maximum dependency needs. It offers care to long-term residents and to short-term residents requiring transitional, convalescent and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	103
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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 28 November 2023	09:30hrs to 16:30hrs	Kathryn Hanly	Lead

What residents told us and what inspectors observed

There was a relaxed atmosphere within the centre as evidenced by residents moving freely and unrestricted throughout the centre. The inspector spoke with two visitors and four residents living in the centre. All were very complimentary in their feedback and expressed satisfaction about the standard of care provided. The four residents spoken with were happy with the standard of environmental hygiene. Those residents who could not communicate their needs appeared comfortable and content.

Staff were observed to be kind and compassionate when providing care and support in a respectful and unhurried manner. The inspector observed that staff were familiar with residents' needs and preferences and that staff greeted residents by name. Residents appeared to be relaxed and enjoying being in the company of staff. On the day of the inspection, staff were assembling and decorating the christmas trees throughout the centre which added colour and festive cheer.

The inspector was informed that inter-generational bonds were fostered between the residents and pupils from a local school. For example, on the day of the inspection a resident from the centre had visited a nearby school to discuss football tactics with the children.

The imposing detached twenty-four bay three-storey former convent building built in 1882 dominated the street-scape of Middle Glanmire Road in Cork City. The centre provided suitable accommodation for residents and met residents' individual and collective needs in a comfortable and homely way. Residents had access to a patio area to the front of the building with additional access to a secure south facing garden area, overlooking the city & River Lee. Residents and staff were observed walking outside during the course of the inspection.

Operationally, the centre was divided into four distinct units, each named after a point in Cork Harbour: Camden, Carlisle, Currabinny and Roches Point. Bedroom accommodation in the centre was over four floors, and comprised 67 single rooms and 22 twin rooms.

There was adequate communal space including a sitting room and dining room for residents in the centre on each floor. The main activities room was located on Carlisle floor. The inspector observed mass taking place here on the day of the inspection. The oratory on Camden floor provided a tranquil space for quiet contemplation and prayer.

The ancillary facilities generally supported effective infection prevention and control. The infrastructure of the on-site laundry supported the functional separation of the clean and dirty phases of the laundering process. There was a dedicated treatment room for the storage and preparation of medications, clean and sterile supplies and dressing trolleys on each unit. Staff on each unit also had access to a dedicated

housekeeping room for storage and preparation of cleaning trolleys and equipment and a sluice room for the reprocessing of bedpans, urinals and commodes. These areas were well-ventilated, clean and tidy.

While the centre generally provided a homely environment for residents, improvements were required in respect of premises and infection prevention and control, which are interdependent. For example, the décor in the centre was showing signs of minor wear and tear. Surfaces and finishes including wall paintwork, wood finishes and flooring in some resident rooms were worn and as such did not facilitate effective cleaning. However, the provider was endeavouring to improve existing facilities and physical infrastructure at the centre through ongoing maintenance and painting.

Equipment viewed was also generally clean and well maintained with some exceptions. For example, several comodes were rusty and two pressure relieving cushions were worn and did not facilitate easy cleaning. Blood staining was observed on three sharps trays. Findings in this regard are further discussed under regulation 27.

Alcohol-based hand-rub wall mounted dispensers were readily available within resident's bedrooms. However, clinical hand hygiene sinks were not available within easy walking distance of all resident's bedrooms. Staff told the inspector that sinks within residents rooms were dual purpose used by both residents and staff. Details of issues identified are set out under regulation 27.

The next two sections of the report present the findings of this inspection in relation to the governance and management of infection prevention and control in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

Capacity and capability

The provider generally met the requirements of Regulation 27 infection control and the National Standards for infection prevention and control in community services (2018), however further action is required to be fully compliant. Details of issues identified are set out under Regulation 27.

CareChoice Montenotte is a designated centre for older people operated by CareChoice Montenotte Ltd. Nationally, the organisational structure comprises a board of directors, a chief executive officer (CEO), and a regional director of operations. The provider is involved in operating 13 other designated centres in Ireland. The centre had access to and support from centralised departments such as human resources, quality, finance and human resources.

The person in charge was supported in their role by two Assistant Directors of Nursing (ADONs) and a team of nursing staff, administration, care staff,

housekeeping, catering and maintenance staff.

Weekly quality of care indicators, including numbers of infections, were collected to monitor the quality and safety of the service provided to residents. A schedule of infection prevention and control audits was also in place. Infection prevention and control audits were undertaken by the ADoNs and covered a range of topics including staff knowledge, hand hygiene, equipment and environment hygiene, waste and sharps management. Audits were scored, tracked and trended to monitor progress. High levels of compliance had been achieved in recent audits.

However, on the day of the inspection there was no dedicated staff member with the required link practitioner training and protected hours allocated for the role of infection prevention and control link practitioner. The provider informed the inspector that there was a plan to complete link practitioner training in early 2024.

The inspector observed there were sufficient numbers of housekeeping staff to meet the infection prevention and control needs of the centre. The provider had a number of assurance processes in place in relation to the standard of environmental hygiene. These included cleaning specifications and checklists and color coded cloths to reduce the chance of cross infection. Cleaning records viewed confirmed that all areas were cleaned each day. Cleaning carts were equipped with a locked compartment for storage of chemicals and had a physical partition between clean mop heads and soiled cloths.

The inspector identified some examples of good antimicrobial stewardship. For example, the volume, indication and effectiveness of antibiotic use was monitored each month. There was a low level of prophylactic antibiotic use within the centre, which is good practice. Staff also were engaging with the "skip the dip" campaign which aimed to prevent the inappropriate use of dipstick urine testing that can lead to unnecessary antibiotic prescribing which does not benefit the resident and may cause harm including antibiotic resistance. Nursing staff had also completed online antimicrobial stewardship training.

Surveillance of healthcare associated infection (HCAI) was routinely undertaken and recorded. However, accurate surveillance of multi-drug resistant organism (MDRO) colonisation was not routinely undertaken and recorded in line with local infection prevention and control guidelines. As a result accurate information was not recorded in several resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents. Findings in this regard are presented under regulation 27.

The National Transfer Document and Health Profile for Residential Care Facilities was used when residents were transferred to acute care. This document contained details of health-care associated infections and colonisation to support sharing of and access to information within and between services.

Efforts to integrate infection prevention and control guidelines into practice were underpinned by mandatory infection prevention and control education and training. A review of training records indicated that the majority of staff were up to date with mandatory infection prevention and control training. Additional training had been

scheduled for 08 December. Toolbox talks were used to share infection prevention and control information at safety huddles on each unit. Recent topics included antimicrobial stewardship, healthcare associated infections, environmental hygiene and waste management. The goal was to reinforce best practice and ensure that all staff were well informed and vigilant in maintaining a safe environment for residents.

Quality and safety

Overall, the inspector was assured that the quality of service and quality of care received by residents was of a high standard. There was a rights-based approach to care; both staff and management promoted and respected the rights and choices of residents living in the centre. The provider continued to manage the ongoing risk of infection while protecting and respecting the rights of residents to maintain meaningful relationships with people who are important to them.

There were no visiting restrictions in place and public health guidelines on visiting were being followed. Signage reminded visitors not to come to the centre if they were showing signs and symptoms of infection. Visitors told the inspector that visits and social outings were encouraged with practical precautions in place to manage any associated risks. For example, a visitor told the inspector that visits continued to be facilitated while their relative was being cared for in their bedroom as an infection control precaution.

Three residents were being cared for with transmission based precautions in the centre on the day of the inspection. The provider had ensured there were sufficient supplies of personal protective equipment (PPE) available outside isolation rooms with all staff seen to be wearing the appropriate PPE on the day of the inspection. A review of notifications submitted found that outbreaks were generally managed, controlled and documented in a timely and effective manner.

The provider had access to diagnostic microbiology laboratory services and a review of resident files found that clinical samples for culture and sensitivity were sent for laboratory analysis as required. A dedicated specimen fridge for the storage of samples awaiting collection was available.

Laundry was not managed in line with local guidelines and best practice. Laundry was brought from resident bedrooms in plastic trolleys before being decanted and segregated into linen bags on the corridors of each unit and transported to the main laundry for washing. Findings in this regard are presented under regulation 27.

Resident care plans were accessible on a computer based system. However, a review of care plans found that accurate infection prevention and control information was not recorded in resident care plans to effectively guide and direct the care residents that were colonised with an MDRO. Details of issues identified are

set out under regulation 27.

Regulation 27: Infection control

The registered provider had generally ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective antimicrobial stewardship but some action was required to be fully compliant. For example;

- Accurate surveillance of MDRO colonisation was not undertaken. There was some ambiguity among staff and management regarding which residents were colonised with MDROs. As a result accurate information was not recorded in several resident care plans and appropriate infection control and antimicrobial stewardship measures may not have been in place when caring for these residents.

Standard infection control precautions were generally effectively and consistently implemented by staff, however some action was required to be fully compliant. This was evidenced by;

- The detergent in four bedpan washers had expired. This may impact its efficacy.
- Blood was visible on three sharps trays. This posed a risk of cross contamination.
- Barriers to effective staff hand hygiene were identified during the course of this inspection. There was a limited number of dedicated hand wash sinks in the centre and the sinks in the resident's en-suite bathrooms were dual purpose used by residents and staff. Clinical hand wash sinks in some treatment rooms and dirty utility rooms did not comply with recommended specifications.
- Used linen was not segregated into colour-coded bags at the location of use. Additional handling and sorting on the units may pose a risk of cross contamination.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Quality and safety	
Regulation 27: Infection control	Substantially compliant

Compliance Plan for Carechoice Montenotte OSV-0000253

Inspection ID: MON-0041903

Date of inspection: 30/11/2023

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 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"> • The system of maintaining an accurate level of information in relation to MDRO has been reviewed. • The staff will continue to record all infections on Epic which cross populates the Infection KPI and Infection Report • The Nursing team will be reminded on the importance of reflecting all infections and relevant interventions in residents’ care plans • The CMT will continue to review the weekly infection KPI and monthly site report for trending and analysis. • A new line listing document shall be commenced, that will also allow for review, trending and analysis <ul style="list-style-type: none"> • The IPC Link nurse has completed the HSEland IPC courses previously, further training is scheduled for Feb/ March 2024. • An IPC folder is maintained onsite with current HSE IPC guidance, information is disseminated by the DON. • Staff have been educated to check the expiry day of the detergent at their daily Bedpan washer check and record it in the relevant record. • Equipment cleaning records including the sharp trays have been reviewed. • Staff will be reminded to ensure that all items are cleaned and decontaminated. The equipment check list is completed once a week and the relevant record is signed by the allocated Nurse. • An External Clinical Sink Audit was completed in August 2022. <p>A number of corrective actions were highlighted and completed to include:</p> <ul style="list-style-type: none"> - risk assessment & measures actioned where replacement sinks were not in place - risk assessment in place should resident sink use be required, noting hand sanitizers 	

are currently provided in each room.

- clinical sinks installation in all treatment rooms
- a replacement plan in place for sinks with signs of corrosion or damage.
- a plan is to be put in place for installing additional hand washing sinks – DON and Facility Manager to identify suitable locations for the additional sinks, water supply and the need for plumbing will need to be identified.

- The segregation of laundry process has been reviewed and updated. Staff to use linen trolleys at close distance to residents' rooms and segregate laundry directly into them. In high-risk areas - Dementia ward- staff are to complete a risk assessment to minimize potential cross contamination caused by residents who are walking with purpose and would have access to linen trolleys. Alternatives will be reviewed for high-risk areas and where feasible options will be sourced for using individual segregation bags for each resident.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	30/06/2024