



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

Issued by the Chief Inspector

Name of designated centre:	Cahereen Residential Care Centre
Name of provider:	Cahereen Residential Care Centre
Address of centre:	Codrum, Macroom, Cork
Type of inspection:	Unannounced
Date of inspection:	10 May 2023
Centre ID:	OSV-0000208
Fieldwork ID:	MON-0040127

About the designated centre

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

Cahereen Care Centre is a purpose built 27-bedded care facility with 18 bedrooms which was taken over as a nursing home and further developed by the current owners in 2003. The bedroom accommodation is laid out in nine single en-suite bedrooms, three double en-suite bedrooms, and six other double bedrooms, with adjacent shower and toilet facilities. All bedrooms are situated on the ground floor. In addition to the bedroom accommodation there is a large day lounge, conservatory, and a large dining room for residents' use. There is a suitable, spacious enclosed back garden and front garden area with adequate outdoor seating. The management and governance of Cahereen Care Centre is directed by a team of dedicated and committed members of staff who continually strive to raise standards of care. There is a nurse in the centre on a 24-hour basis. Cahereen Care Centre caters for individuals requiring long or short term nursing or personal care, male and female, predominately over the age of 65 (although this can be altered if we feel we have the capacity to provide appropriate care for a younger individual).

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	26
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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
Wednesday 10 May 2023	09:30hrs to 17:30hrs	Mary O'Mahony	Lead

What residents told us and what inspectors observed

According to residents and relatives Cahereen care centre was a good place to live where residents were facilitated to avail of comfortable accommodation and maintain their independence. On arrival at the centre the inspector observed that some residents were having breakfast in the dining room where a staff member was supporting those who required additional supervision. There was a warm and welcoming atmosphere in Cahereen which was immediately apparent to the inspector. During the day, the inspector spoke with six residents in detail and spent time observing residents' daily lives and care practices in order to gain insight into life in the centre. Residents reported that they felt very well cared for by staff who they felt were committed to their care. One resident informed the inspector that staff were "kind and respectful". All residents were observed by the inspector to be content and well cared for.

This inspection was unannounced. Having undertaken the infection prevention and control measures on entry, the inspector attended an opening meeting with the person in charge. Following this, the inspector was accompanied on a tour of the premises. There was a busy morning atmosphere apparent with residents walking independently or being accompanied from their bedrooms to the communal rooms. Residents and staff were seen to chat together in a familiar and easy manner.

Twenty six residents were living in the centre on the day of inspection, with one vacant bed. On the morning of inspection a number of residents were sitting in the large comfortable sitting room which was the hub of the home. The inspector observed that this area was decorated in a personalised manner, with pictures of inspirational sayings, plants, suitable furniture and a large flat screen television. This space had natural lighting provided by the double height large windows. It opened onto a easily accessible large conservatory which in turn opened out onto the garden and patio area. This country, scenic setting lent a peaceful, meditative air to the surroundings which residents commented on. The centre was homely and nicely decorated. The well furnished entrance foyer was popular with residents who liked a quiet space or private visit. One gentleman sitting there said he was happy to look out at the rural landscape through the front patio doors. His previous occupation had been farming and he was happy to be "close to the land". There were a number of hand sanitisers in each hallway and staff and visitors were seen to use these regularly throughout the day. Residents' bedroom accommodation was comprised of single and double bedrooms. A number of bedrooms had en suite toilet and wash hand basin while other residents shared communal showers and toilets. Bedrooms had been decorated with personal items from residents' homes such as pictures, personal bed linen and books. Resident said they were happy with their accommodation and felt they had adequate privacy.

The inspector observed that the rights of residents were respected in how staff addressed residents and organised their seating arrangements for the day. A number of family members who were visiting at various times throughout the day

also praised the care, the management and the staff. The person in charge stated that new residents visited the centre in advance of admission. The inspector met with one such new resident and a family member during the inspection, who stated that they had received an orientation walkabout and a great welcome. These people were seen to be offered tea and scones on arrival and to be facilitated to spend as much time as they wanted together, getting used to the new surroundings and familiarising themselves with staff.

Residents meetings were held at intervals and the minutes of these were reviewed. At each meeting a range of issues, such as food choices, events, visits and staffing were discussed with them. In a small sample of survey results reviewed the inspector saw that residents felt their rights were respected in relation to their daily choices and residents had been consulted about relevant issues. Comments such as "I have a sense of freedom" and "staff are quick to respond to my wishes" were expressed to the inspector. Residents said that staff spoke with them daily to answer their questions and provide daily community news.

The inspector observed that there was a fairly good activities programme in place and residents were aware of each day's programme. There was a staff member allocated to the role of activity coordinator and plans on expanding the programme were well under way in line with expressions of preferences from residents. On the day of inspection residents were seen to be well dressed in their choice of clothes and they said they had access to the hairdresser regularly. In the afternoon the inspector observed them enjoying group activities, such as chair based exercises and music. A snack trolley was brought around to each person on two occasions throughout the day and home baking featured on this. Choice was supported throughout the day; a number of residents said they enjoyed reading the daily newspapers, watching TV and meeting with family members in their bedrooms, as an alternative to the activity session.

The dining room had sufficient space for all residents who wished to dine in the communal setting. Tables were set up for two or more residents to sit together. Residents spoke very positively with regards to the quality of food in the centre. Food was observed to be attractively and carefully presented. Menus were available on all tables and there were a sufficient amount of staff available to assist residents as required. Assistance was seen to be offered in a sensitive way while encouraging independence also. The inspector was informed that the dining experience was reviewed regularly with the aim of enhancing the experience as it was seen as an important social event. Two sittings were arranged for each meal which further improved the experience as there was sufficient space and time afforded to each person. Residents described the food as varied and tasty and said they wanted to thank the chef for the kindness and personal attention they showed to each resident.

The next two sections of the report detail the findings in relation to the capacity and capability of the centre and describes how these arrangements support the quality and safety of the service provided to the residents. The levels of compliance are detailed under the relevant regulations in this report.

Capacity and capability

The inspector found that the governance and management arrangements required by regulation to ensure that the service provided was well resourced, consistent, effectively monitored and safe for residents were well defined. The provider had applied to renew the registration of the centre and had complied with all the requirements of the regulations in relation to this process. A number of areas of good practice were observed: the inspector found that there were comprehensive audit and management systems set up in the centre ensuring that good quality care was delivered to residents.

The registered provider for the centre was Cahereen Nursing Home Limited. A director of the company, who was the owner, acted as the representative of the company for the purposes of regulation. The care team in the centre was comprised of the person in charge, an assistant person in charge who was also involved in training staff, a clinical nurse manager (CNM), a team of nurses and health-care staff, as well as administrative, catering, household and maintenance staff. Complaints management and key performance indicators (KPIs, such as falls, restraint and antibiotic use) were reviewed and discussed at these meetings. The information for the annual review of the quality and safety of care for 2022 had been collated. The audit schedule was set out at the beginning of the year and aspects of residents' care including the judicial use of antibiotics, were audited monthly. Clinical indicators were being monitored in areas such as wounds, infections, and dependency levels. The registered provider had a number of written policies and procedures available to guide care provision, as required under Schedule 5 of the regulations.

The service was generally well resourced. The training matrix indicated that staff received training appropriate to their various roles. External trainers were employed to deliver manual handling training and fire training. Staff handover meetings and staff meetings ensured that information on residents' needs was communicated effectively. Information seen in the daily communication sheet in residents' care plans provided evidence that relevant information was exchanged between day and night staff. Copies of the appropriate standards and regulations were accessible to staff.

The inspector found that records and additional documents required by Schedule 2, 3 and 4 of the regulations were available for review. A sample of staff personnel files reviewed were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012 and 2016, were in place for all staff prior to commencement of employment. There was a comprehensive complaints management system in place.

Registration Regulation 4: Application for registration or renewal of registration

The requirements of the regulator related to renewal of registration were fulfilled.

Judgment: Compliant

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The annual regulatory fees were paid in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was knowledgeable and was seen to be well known to residents and relatives. The person in charge fulfilled the requirements of the relevant regulations and was seen to have gained the required management qualifications.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels on the day of inspection were sufficient to meet the needs of residents.

The skill mix on duty was appropriate and registered nurses were on duty over the 24 hour period.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix indicated that appropriate and mandatory training sessions were undertaken by staff.

Staff supervision was implemented through regular appraisal meetings and daily observation by management staff.

Induction records and probationary meeting records were available in staff files.

Judgment: Compliant

Regulation 21: Records

The records required to be maintained in each centre under Schedule 2, 3 and 4 of the regulations were available to the inspector and they were securely stored.

Staff files were well maintained and contained the regulatory documents.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had a defined governance and management structure in place, with clear lines of authority and accountability established.

Monitoring and oversight systems had been developed to ensure the service provided was safe, appropriate, consistent and effectively monitored.

Quality improvement plans seen provided evidence that there was an ongoing commitment to enhance the quality and safety of the service provided to residents.

Judgment: Compliant

Regulation 24: Contract for the provision of services

A sample of contracts for residents was reviewed.

These included the residents' room numbers and the fees to be charged to the resident.

These had been agreed and signed by individual residents, or a relative where necessary.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed on an annual basis.

It outlined the governance arrangements, the ethos of care, the complaints process and the arrangements for residents to be involved in their care plans and activity provision.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required under Schedule 5 of the regulations were available in the centre.

These were seen to have been updated every three years or when there were new developments, such as, the addition of COVID-19 guidelines to relevant policies.

Judgment: Compliant

Quality and safety

Overall residents in Cahereen Nursing Home were found to be supported to have a good quality of life which was respectful of their wishes and preferences. There was timely access to healthcare services and appropriate social engagement, with an ethos of kindness demonstrated by staff on the day of inspection. A human rights-based approach to care was seen to be promoted and residents spoken with affirmed that this approach was apparent to them in the way staff interacted with them on a daily basis. The person in charge confirmed that all staff undertook training in applying a human rights based approach to care. Findings on this inspection demonstrated good compliance with the regulations inspected.

The inspector was assured that residents' health-care needs were met to a high standard. There was weekly access to general practitioners, (GPs), who were described as attentive and supportive. Systems were in place for referral to specialist services as required under Regulation 6: health-care. Residents' records provided evidence that a comprehensive assessment was carried out for each resident, prior to admission, which underpinned the development of an individualised, relevant plan of care.

The registered provider had upgrading the premises, which had a positive impact on the quality of life of those living there at present. For example, new en-suites had been added to two double bedrooms, new pictures had been sourced and there was a commitment to continue to update the premises. The laundry area had been renovated and cleaned and new work surfaces and cupboards had been installed there.

Following findings on the last inspection a number of fire safe doors (specifically designed doors which inhibit the spread of smoke of fire for periods of 30 or 60 minutes) had been serviced and replaced. Fire safety was well managed and fire evacuation drills took place regularly.

A safeguarding and prevention of elder abuse policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff demonstrated an appropriate awareness of their safeguarding training, the types of abuse and their related responsibilities.

Residents' nutritional and hydration needs were met. Home baked desserts and cakes were a daily feature of mealtimes and the kitchen was clean and well equipped. The chef was very proud that the centre had achieved full compliance on the last inspection of the kitchen by the environmental officer (EHO). Residents were seen to be consulted about their likes and dislikes. By way of example, a new resident who was being admitted at the time of inspection was seen to be interviewed by the chef and notes were taken of the resident's preferences. Systems were in place to ensure residents received a varied and nutritious menu and dietetic requirements such as, gluten free diet or modified diets were accommodated. Residents' nutritional status was assessed monthly and a dietitian was consulted where necessary.

It was evident that residents were consulted about the running of the centre, formally, at residents' meetings and informally through the daily interactions with the management and care team.

Regulation 17: Premises

The premises was appropriate to the number and needs of residents in the centre and set out in accordance with the statement of purpose.

The premises conformed to the matters set out in Schedule 6 of the regulations.

All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Directional signage was displayed throughout the centre to support residents to navigate their environment. Residents had access to an enclosed garden with colourful, substantial outdoor furniture, a smoking area and raised flower boxes and pots planted by residents and staff.

Judgment: Compliant

Regulation 26: Risk management

The risk register was up to date.

New risks had been added as required which indicated a proactive approach to risks, which were assessed and managed appropriately.

Judgment: Compliant

Regulation 27: Infection control

The inspector found that there was good practice in relation to infection control.

Issues identified on the previous inspection had been addressed.

There were sufficient hand wash sinks and hand sanitising gels available.

An infection outbreak had been managed well and resident had recovered well. A new mopping system had been purchased which consisted of pre soaked cleaning pads. This eliminated the immediate need for an additional sink in the janitorial room. This additional facility was scheduled to be installed in the planned extension of the centre for which planning permission had been sought.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken appropriate steps to ensure that fire safety was well managed in the centre.

Findings from previous inspections had been addressed. For example, new custom made double fire-safe doors (doors which inhibit smoke or flames for periods of between 30 to 60 minutes) had been installed where required.

Fire drills were undertaken at regular intervals and staff spoken with were knowledgeable of what to do in the event of a fire.

Daily, weekly and three monthly checks of fire safety equipment were recorded.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were carefully managed in line with An Bord Altranais agus Cnaimhseachais 2020 guidelines for nurses.

Prescriptions were signed by the GP who also signed the medicine administration record when any medicine was discontinued or required crushing.

The pharmacist supported good practice by auditing medicine stocks and training staff if required.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were informative and person centred. They were well maintained on a paper system and were updated on a four monthly basis. They contained relevant details and guidelines to direct care. Each care plan was underpinned by an evidence-based clinical risk assessment.

Members of the multi-disciplinary team, for example the physiotherapist had inputted advice for staff in providing best evidence-based care. Residents had been consulted in the development of their care plans which were found to reflect residents' social and medical needs.

Judgment: Compliant

Regulation 6: Health care

Health care was well managed in the centre:

A review of residents' medical records in the above care plans found that recommendations from residents' doctors and other health care professionals were integrated into residents' care plans. This included advice from the dietitian, the speech and language therapist (SALT) and the physiotherapist.

Pressure ulcers and other wound care was seen to be carried out in line with professional guidelines from the tissue viability nurse (TVN).

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre had reduced the number of restraints (such as bedrails) in use and generally where restraint was used it was risk assessed and used in line with the national policy.

Residents exhibiting responsive behaviours (how residents with dementia respond to changes in their environment or express distress or pain) were well managed and staff were observed to respond appropriately to such residents throughout the day. Staff had received appropriate training in this aspect of care and care plans reflected best practice, including the use of a clinical assessment tool to analyse any antecedent and describe the consequence of the behaviour.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were happy in the centre and felt their rights were respected and promoted. Residents reported that they felt safe and at home in the centre and they attributed this to the staff, many of whom had been working in the centre for a number of years. Some staff were known to individual residents and they had a great understanding of residents' previous lives and family circumstances. Visitors and residents both confirmed that they were treated with dignity and respect by the management staff and wider staff group.

Residents had access to social outings, activity, garden activity, religious services, external and internal musicians and celebrations with family.

Residents felt that they could raise concerns about the centre and they told the inspector that their opinion would be listened to. A review of minutes of residents' meetings evidenced that where residents made suggestions for improvement, these were acted upon by staff in the centre.

Activities in general were meaningful to them and they praised the accommodation, the staff and the support provided.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Compliant
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 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 9: Residents' rights	Compliant