



**Health
Information
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Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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:	15 August 2024
Centre ID:	OSV-0000231
Fieldwork ID:	MON-0044349

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:	106
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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
Thursday 15 August 2024	09:30hrs to 17:40hrs	Aisling Coffey	Lead
Friday 16 August 2024	08:45hrs to 16:30hrs	Aisling Coffey	Lead
Thursday 15 August 2024	09:30hrs to 17:40hrs	Niall Whelton	Support

What residents told us and what inspectors observed

The overall feedback from all residents who spoke with the inspectors was that they were happy and liked living in Carechoice Dungarvan. Residents spoken with were highly complimentary of the centre and the care they received. Residents informed the inspectors that "it's lovely here" and the service was both "amazing" and "top class". When it came to the staff that cared for them, residents informed the inspectors that the staff "were great" and "couldn't be nicer". Visitors who spoke with the inspectors provided equally positive feedback, referring to the high level of care and treatment received by their loved ones and the effective communication between staff and families. Overall, resident and visitor feedback captured the person-centred approach to care and attention provided in the centre, where every resident was supported to have a good quality of life by a highly dedicated staff team. The inspectors observed warm, kind, dignified and respectful interactions with residents throughout the two inspection days by all staff and management. Staff were knowledgeable about the residents' needs, and it was clear that staff and management promoted and respected the rights and choices of residents living in the centre.

This unannounced inspection was conducted by two inspectors of social services and took place over two days. During the two days, the inspectors chatted with many residents. Inspectors also had the opportunity to speak in more detail to ten residents and nine visitors to gain an insight into the residents' lived experience in the centre. The inspectors viewed the premises, including seven new bedrooms the provider wished to register and a number of rooms where changes of function were proposed. Inspectors also spent time observing interactions between staff and residents and reviewing a range of documentation.

The centre is set out over two floors. Residents and visitors wishing to travel between the floors used the passenger lifts. There were four wings on each floor with bedrooms and living accommodation. Each wing was named after landmarks in County Waterford, with Abbey Lane, Deise Way, The Greenway, and MasterMcGrath wings on the ground floor, while Colligan Way, Comeragh View, Duckspool, and Kilgobnet View wings were on the first floor.

Internally, the centre was bright, airy, welcoming, and pleasantly decorated throughout with photographs, paintings and wall ornaments. Residents had a choice of communal rooms to use. Both the ground and first floors had two dining rooms, two lounge areas, and a smaller private sitting room. In addition to these areas, the ground floor also featured a large reception area with a piano, flower truck, information boards and other materials for residents and visitors to enjoy, such as quizzes, puzzles and crosswords. A pleasant conservatory was adjacent to the larger ground floor lounge, with access to an enclosed secure garden. The first floor featured a sensory room, a smoking room, and an oratory. The provider had applied to make these three first-floor rooms multipurpose rooms with a view to offering a range of activities to smaller groups of residents in these areas. Communal areas

were bright and spacious, with comfortable seating, pleasant lighting and attractive furnishings. The design and layout supported residents in moving throughout each floor, with sufficient handrails to accommodate residents with mobility aids and multiple seated areas along the corridors for residents to relax, chat, and enjoy the view.

There was an onsite laundry service where residents' personal clothing was laundered. This area was seen to be clean and tidy, and its layout facilitated the functional separation of the clean and dirty phases of the laundering process. All residents and visitors spoken with were satisfied with the laundry service provided.

Within the centre, there were 109 occupied single bedrooms with ensuite toilet and shower facilities. There were seven more unoccupied single bedrooms with ensuite facilities, which the provider had applied to register. Occupied bedrooms had comfortable seating and were personalised with family photographs and items from home, such as bookcases, paintings, bedding and ornaments. All the bedrooms seen had a television, locked storage and call bell facilities. Residents whom the inspectors spoke with were pleased with their personal space. A small number of bedrooms had a ribbon with a stop sign across their bedroom doorway. Residents told the inspectors this was to enhance their privacy and stop other residents from entering their bedrooms.

The centre's internal garden was clean, tidy, and pleasantly landscaped. It had outdoor seating, sun umbrellas, garden decorations, water features, raised flower beds and potted plants. There was a polytunnel that the residents used for gardening. Within the garden was a sheltered designated smoking area for residents who chose to smoke, and this was seen to have most of the protective equipment within. Externally, the centre's grounds were also clean, tidy, and well-maintained, with level paths around the centre.

On both inspection mornings, residents were up and dressed in their preferred attire and appeared well cared for. The centre had activities staff working seven days per week. A varied programme of activities was displayed on the notice board in the centre's reception. Mass occurred in the morning on the first inspection day, followed by singing and bingo in the afternoon. On the second inspection day, there were exercises, a quiz and the rosary in the morning. In the afternoon, residents and their visitors enjoyed live music in the large ground-floor lounge area. Activity staff were also seen supporting residents in going for walks and smoking safely in the designated outdoor smoking area. Several residents relaxed in their bedrooms, watching television, listening to music, and reading papers and books according to their preferences. Residents who spoke to the inspectors expressed satisfaction with the available entertainment, activities and outings.

Residents had access to radios, television, telephone and internet services. Arrangements were made for residents to access advocacy services. Residents could receive visitors in the centre's many communal areas, their bedrooms, or in the garden. Roman Catholic Mass was celebrated in the centre twice weekly, and outside of mass, residents also had access to rosary services.

Lunchtime at 12.30pm was a sociable experience, with most residents eating in the four dining rooms. There was plenty of chatting and laughter among residents as they dined. Residents confirmed they were offered a choice of two main courses and three dessert options. The menu was displayed in writing and as pictures in the dining rooms. Meals were freshly prepared in the centre's kitchen. The food served appeared nutritious and appetising. There were ample drinks available for residents at mealtimes and further drinks accompanied by snacks throughout the day. Residents expressed their satisfaction to the inspectors about food quality, quantity and variety.

While the centre was pleasantly decorated, generally clean and in good repair, some areas were experiencing wear and tear and required maintenance to ensure residents could enjoy a pleasant living environment. Staff practices in cleaning the dining room, managing storage, and decontaminating resident equipment required review, as outlined under Regulation 27: Infection control.

The following two sections of the report present the findings of this inspection concerning governance and management arrangements in place in the centre and how these arrangements impacted the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

While there were established systems to monitor the quality of care and support provided to residents, improvements were required to ensure full regulatory compliance, including robust action concerning the governance and management arrangements for fire precautions and infection control.

This was an unannounced inspection to assess the registered provider's ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended) and review the registered provider's compliance plan following the previous inspection on 05 September 2023. The inspection was also conducted to inform a decision on the provider's application to vary conditions one and three of the current certificate of registration. This application was related to adding seven bedrooms, thereby increasing the centre's capacity from 109 to 116 residents and changing the purpose of several communal rooms. A completed application with all the required documents had been received by the Office of the Chief Inspector of Social Services and was under review.

The registered provider had progressed with the compliance plan from the September 2023 inspection, and improvements were identified concerning individual assessment and care plan and complaints procedure. Following this inspection, some further actions were required concerning fire safety, infection control,

governance and management, premises and temporary absence or discharge of residents.

Carechoice Dungarvan Limited is the registered provider. The person in charge reported to the Chief Executive Officer (CEO), representing the provider for regulatory matters. The CEO is supported in their role by a senior management team comprising a director of governance, a facilities manager, a director of human resources and a director of finance. Within the centre, a clearly defined management structure operated the service day-to-day. The person in charge was supported by two assistant directors of nursing, a general services manager, clinical nurse managers, a team of nurses, healthcare assistants, catering, housekeeping, laundry, maintenance, activity coordinators and administration staff.

The provider had management systems to monitor the quality and safety of service provision. A review of documentation evidenced that there were clear governance arrangements in place; for example, there were multiple meetings and committees, including the senior management team meeting, health and safety committee and regular staff meetings.

The provider had a risk register for monitoring and managing known risks in the centre. An audit schedule covered medication management, infection control, falls management, restrictive practices, responsive behaviours, wound care, call bells, dining experience and complaints. The inspectors noted that the data collected during the auditing process was being used to identify risks and develop time-bound corrective action plans to address deficits. Notwithstanding this good practice, this inspection found that some areas of oversight needed to be more robust to effectively identify deficits and risks in the service and drive quality improvement. This will be discussed under Regulation 23: Governance and management.

The provider had arranged for a fire safety risk assessment by an external fire safety consultant, and this was issued in February of this year. The provider had made significant progress in addressing the identified risks; however, some outstanding risks needed to be addressed. The provider is required to submit a time-bound action plan for any outstanding risks and, when the work is complete, to submit an appropriate sign-off from the competent person to confirm all actions in the fire safety risk assessment have been addressed.

The provider had completed the annual review of the quality and safety of care delivered to residents for 2023. The inspectors saw evidence of the consultation with residents and families reflected in the review.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary condition 1 and condition 3 of the centre's certificate of registration was received by the Chief Inspector of Social Services. The proposed variation involved adding seven bedrooms, thereby increasing the centre's capacity

from 109 residents to 116 residents, renaming the day rooms to multipurpose rooms, and changing the functions of three rooms as follows:

- first-floor oratory to a multipurpose room
- first-floor sensory room to a multipurpose room
- first-floor smoking room to a multipurpose room

The application was complete, contained all of the required information and at the time of the inspection was under review.

Judgment: Compliant

Regulation 15: Staffing

Based on a review of the worked and planned rosters and from speaking with residents and visitors, sufficient staff of an appropriate skill mix were on duty each day to meet the assessed needs of the residents. At night, there were four registered nurses in the centre.

Judgment: Compliant

Regulation 22: Insurance

There was a contract of insurance in place that protected residents against injury.

Judgment: Compliant

Regulation 23: Governance and management

While the registered provider had several assurance systems in place to monitor the quality and safety of the service provided, improvements were required to governance and management to ensure that the service provided was safe, appropriate, consistent and effectively monitored. For example:

- Further robust oversight was required in the management of fire safety. The monitoring systems in place had not adequately ensured that all necessary precautions were in place to protect residents in the event of a fire emergency. These matters will be discussed under Regulation 28: Fire Precautions.

- Infection prevention and control audits did not identify the gaps in cleaning practices and the safe management of sharps noted on this inspection.

Judgment: Substantially compliant

Regulation 30: Volunteers

The person in charge ensured that persons working on a voluntary basis had provided An Garda Síochána (police) vetting disclosures, received support and supervision, and had their roles and responsibilities set out in writing.

Judgment: Compliant

Regulation 34: Complaints procedure

The centre displayed its complaints procedure prominently in the reception area. There were also leaflets available in this area outlining the complaints process. Information posters on advocacy services to support residents in making complaints were also displayed. Residents and families said they could raise a complaint with any staff member and were confident in doing so. Those residents who had made complaints informed the inspectors their concerns had been acted upon to their satisfaction. Staff were knowledgeable about the centre's complaints procedure. The complaints officer maintained a record of complaints received, how they were managed, the outcome of complaints investigations, and actions taken upon receipt of a complaint.

Judgment: Compliant

Quality and safety

Overall, residents' rights were supported and protected by kind and caring staff who ensured residents had a good quality of life in the centre. Residents' needs were being met through comprehensive care planning, good access to healthcare services and opportunities for social engagement. Residents told the inspectors they felt safe and happy living in the centre. Staff were observed speaking with residents in a kind and respectful manner and knowing their needs well. However, some actions were required to ensure safe and effective care delivery concerning the upkeep of the premises, infection control, fire precautions, and the documentation shared when

residents were temporarily absent or discharged from the designated centre to the hospital.

Overall, the premises' design and layout met residents' needs. The main entrance door, an automatic sliding door, was not working on inspection day. The provider ensured adequate control measures were in place to manage this by providing an alternative entrance door nearby. The main entrance door, which was also an exit route, was still manually openable if it was needed for escape. Notwithstanding this good practice, some areas required maintenance and repair to fully comply with Schedule 6 requirements, which will be discussed under Regulation 17: Premises.

Records of residents transferred to and from the acute hospital were reviewed. The inspectors saw that where a resident had returned from the hospital, relevant information about the resident was provided to the designated centre by the acute hospital to enable the safe transfer of care. Staff ensured all relevant information was obtained from the hospital and placed on the resident's record. Notwithstanding some good practices viewed, the inspectors were not assured that the transfer of residents from the centre to the acute hospital was carried out in line with the requirements of the regulation, as copies of these records were not available for review.

The provider had processes to manage and oversee infection prevention and control practices within the centre. The centre had an infection control link nurse providing specialist expertise. Surveillance of healthcare-associated infections and multi-drug resistant organism colonisation was being undertaken and recorded. Staff were observed to have good hand hygiene practices. However, further oversight and actions were required to comply with the regulations.

From a fire safety perspective, there were good systems in place to support proactive fire safety management and oversight of day-to-day fire safety precautions. There were proactive preventative practices noted, such as audits of ski sheets for correct fitting, a review of any personal items brought into a resident's bedroom to ensure they were not faulty, clear signage for utility emergency shut points, clear signage annotating the number of each escape stairs and high-risk plant rooms were kept free of combustible storage. In terms of evacuation, each bed was fitted with a ski sheet under the mattress, and this was supplemented with additional ski pads in escape stairways. Residents' evacuation needs were assessed in the form of a personal emergency evacuation plan (PEEP) and were found to contain pertinent information regarding evacuation. However, further actions were required to protect residents from the risk of fire; these are explored further under Regulation 28: Fire precautions.

Regulation 10: Communication difficulties

The inspectors found that residents with communication difficulties had their communication needs assessed and documented. Staff were knowledgeable about

the communication devices used by residents and ensured residents had access to these aids to enable effective communication and inclusion.

Judgment: Compliant

Regulation 11: Visits

The inspectors observed that visits to the centre were encouraged. The visiting arrangements in place did not pose any unnecessary restrictions on residents. The registered provider had suitable private visiting areas for residents to receive a visitor if required.

Judgment: Compliant

Regulation 13: End of life

Residents approaching the end of life had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. Residents' religious preferences were respected. Residents' families were informed of their condition in accordance with the resident's wishes and were permitted to be with the resident when they were at the end of their lives. The resident's preferred location for care and comfort at the end of life was facilitated.

Judgment: Compliant

Regulation 17: Premises

While the premises were designed and laid out to meet the number and needs of residents in the centre, some areas required maintenance, repair and review to be fully compliant with Schedule 6 requirements, for example:

- The decor in some areas, including resident bedrooms, bathrooms, the laundry and corridors, showed signs of wear and tear. The paint was missing from walls and was chipped on doors, door frames, and skirting boards.
- The flooring in a resident's bedroom was damaged and required repair.

Judgment: Substantially compliant

Regulation 20: Information for residents

A guide for residents was available in the centre. This guide contained information about the services and facilities provided, including the complaints procedures, visiting arrangements, social activities, and many other aspects of life in the centre.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed records of residents who had returned from the acute hospital. It was not possible to verify the transfer of relevant information about the resident from the centre to the receiving hospital, such as the reason for transfer, current health status, medical diagnosis, and medications, as copies of these records were not kept in the centre and available for review. This information is integral to ensuring that the hospital is aware of all pertinent information and can provide the resident with the most appropriate medical treatment.

Judgment: Substantially compliant

Regulation 27: Infection control

Actions were required to ensure residents were protected from infection and to comply with the *National Standards for Infection Prevention and Control in Community Services* (2018).

The oversight of staff cleaning practices in the residents' dining rooms required review, for example:

- Floors and walls were visibly unclean with food debris and stained with liquids.
- Storage cupboards for food, crockery and utensils were visibly unclean with loose food, debris and dried-in liquid stains.
- Trolleys containing food trays for residents' meals were visibly unclean.

The decontamination of resident care equipment required review, for example:

- A sample of resident equipment, such as crash mats, two pressure cushions and a power wheelchair, was visibly dirty. Furthermore, the crash mats were observed to be torn, which would prevent effective cleaning.
- A number of staff informed the inspectors that the contents of commodes were manually decanted into the resident's ensuite toilet or sluice hopper

before being placed in the bedpan washer for decontamination. Decanting risks environmental contamination with multi-drug resistant organisms (MDROs) and poses a splash/exposure risk to staff. Bedpan washers should be capable of disposing of waste and decontaminating receptacles.

- The residents' art equipment was being cleaned in the sluice room, posing a risk of cross-contamination.

Storage practices posing a risk of cross-contamination required review, for example:

- Appropriate segregation of clean and dirty equipment in a sluice room was not in place. Clean items, such as toilet frames and commodes, were stored beside the bedpan washer.
- Some store rooms within the centre contained clinical equipment used by residents, which was assumed to be clean, alongside visibly unclean equipment.
- As the centre was not implementing an identifiable mechanism to distinguish between clean and unclean equipment, it was not possible to determine whether the equipment was clean or dirty before use.
- Clinical sharps bins with contents were observed to be open and did not have their safety mechanism engaged. Open sharps bins without their safety mechanism engaged could lead to a needle stick injury.

Judgment: Not compliant

Regulation 28: Fire precautions

Notwithstanding the good fire safety management systems in place, some actions were required to ensure adequate precautions against and protect residents from the risk of fire, for example:

- The arrangements for the storage of oxygen cylinders required review. Some were stored in a manner that placed them at risk of impact from a trolley, which may cause a leak. Some were also stored close to electrical equipment, such as a fridge.
- The device to hold open the door to the dining room was functional. However, the staff did not engage the device. Instead, the door was propped open against the receiver of the hold-open device. This meant that the door was inappropriately propped open and would not release when the fire alarm was activated.
- Although the laundry dryers have a built in safety feature to monitor temperature and activates a water cooling system, there was a build-up of lint in the lint screen, which increased the risk of a fire.
- The smoking area was not fitted with a fire blanket. Furthermore, the provider was required to review the type of portable extinguisher in the smoking area to ensure the correct type was used.

In terms of the means of escape, the inspectors observed that the final exit from two of the escape stairs had a step at the door's threshold. These exits, which served the ground and first floors, led to a set of external steps. There were two exits in one stairway, and the escape flow from one exit obstructed the other. There were a number of residents whose alternative escape led to these external routes who had PEEPs, which identified the mode of evacuation as either a wheelchair or ski sheet. This was identified as a high risk in the fire safety risk assessment for the centre. The provider was exploring options to address the external stepped routes. In the interim, the provider had provided additional ski pads within these stairways and had completed drills on these routes.

In addition to the above, some actions were required to ensure adequate means of escape, for example:

- Some areas of the external escape routes did not have adequate coverage of emergency lighting to ensure a safe escape to the assembly points.
- The exit from the dining room was not adequate; it did not have a landing and had a steep ramp from the threshold of the door. This presented a risk to residents if used in an emergency.
- An exit sign over the exit near the dining room to the front was not lit.
- The green break glass units, a safety device to override the magnetic lock to the exit door, were located too high and out of reach.
- There was a vending machine on one bedroom escape corridor, introducing an unnecessary risk to the escape route.

Overall, there were good fire containment measures in place. However, the inspectors observed a hole in the plasterboard of the comms room. This posed a risk to containment should a fire occur. Some deficits were also noted in fire doors, including gaps to the bottom of some doors and requisite adjustments to ensure they would close. The provider had completed an audit of the doors, and work was ongoing to address deficits. The provider is required to ensure this work is complete and signed off by a competent person to ensure adequate fire containment.

Clarity was also required regarding the location of fire compartment boundaries in the dining room/day room area. Documentation on file showed fire compartment walls. However, the doors within these walls were not fire doors. The provider confirmed they would follow up on this.

Staff were receiving fire safety training and were up to date in that training. Most of the staff spoken to were knowledgeable about the evacuation procedures and fire prevention measures. However, some improvements were required regarding specific fire safety procedures, such as kitchen staff knowledge of the ansul fire suppression system.

The evacuation procedure adopted was progressive horizontal evacuation. The inspectors reviewed the simulated fire drills, which showed staff were practising the procedure for both horizontal and vertical evacuation. However further assurances were required to assure the provider that all persons in the designated centre could

be evacuated, at all times, in a safe and timely manner in the event of a fire emergency.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Comprehensive person-centred care plans were based on validated risk assessment tools. These care plans were reviewed at regular intervals, not exceeding four months, or earlier if required. There was evidence of consultation with the resident and, where appropriate, their family when the care plans were revised.

Judgment: Compliant

Regulation 6: Health care

Residents had access to a doctor of their choice and an in-house physiotherapist. Residents who require specialist medical treatment or other healthcare services, such as mental health services, speech and language therapy, dietetics and palliative care, could access these services in the centre upon referral. The records reviewed showed evidence of ongoing referral and review by these healthcare services for the residents' benefit.

Judgment: Compliant

Regulation 9: Residents' rights

The inspectors found that residents' rights were upheld in the centre. Staff were respectful and courteous towards residents. Residents had facilities for occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents had the opportunity to be consulted about and participate in the organisation of the designated centre by participating in residents' meetings and completing residents' questionnaires. Residents' privacy and dignity were respected. The centre had twice weekly religious services available. Residents could communicate freely and had access to telephones and internet services throughout the centre. Residents also had access to independent advocacy services.

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 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carechoice Dungarvan OSV-0000231

Inspection ID: MON-0044349

Date of inspection: 16/08/2024

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Fire Precaution plan discussed under Regulation 28. • Training completed for all staff in management of sharps and Management to complete checks on same daily. • IPC audit tools reviewed and education completed for auditors to ensure that audits are completed effectively to identify all relevant gaps. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Maintenance plan in place to repair areas of the premises that requires painting and repairing. • Flooring that required repair will be completed. 	
Regulation 25: Temporary absence or discharge of residents	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:</p> <ul style="list-style-type: none"> • The National Transfer document is used for all residents who require transfer to an acute facility. A copy of the transfer letter is available on the home's computerised system and is saved under the resident profile and it is possible to retrieve all transfer records. 	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • Dining area scheduled to be cleaned post meal services. An enhanced cleaning regime is in place for all of the dining areas, this includes the cleaning of the dining room walls, floors, dining trolleys, cupboards, crockery and utensils. • Resident care equipments that were identified as damaged on the day of inspection, has since been replaced. A schedule is in place for daily review of crash mats and pressure cushions that are in use. IPC spot checks will be conducted by clinical management team/ IPC Link Nurse to ensure compliance. • Staff educated on gaps related to manual decanting of waste into ensuite toilet and sluice hoppers. • A designated area is now identified for the cleaning of the art equipments. • Tagging system in place to identify clean and dirty equipments. Designated storage space for clean and dirty equipments is identified and staff educated on the use of tagging system and in segregation of clean and dirty items. A daily check of Sluice rooms is in place to ensure that no clean items are stored in same. • Training on Sharps Management and needle stick injuries completed with all staff and is reviewed daily by management to ensure compliance. 	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • The arrangements for the storage of oxygen cylinders reviewed post inspection and are now stored in designated storage areas. 	

- Staff educated on ensuring fire door retainers engaged correctly at all times. fire door retainers have been checked and same in working order.
- Our New Laundry Dryers including lint chambers are cleaned and checked daily in line with manufacturer recommendations – furthermore our laundry dryers have unique inbuilt fire safety features, including S.A.F.E technology, which stands for Sensor Activated Fire Extinguishing. The S.A.F.E technology uses two sensors which continuously monitors the temperature of the dryer drum for any significant changes, the S.A.F.E system activates an atomised water vapour mechanism that soaks the laundry in the drum of the machine, in the event of drum or machine overheating which eliminates the chances of a fire occurring.
- The external Smoking area has been fitted with a fire blanket. Correct type of portable extinguisher is now in place.
- Regarding the Fire Exit Review Resident Means of Escape PEEP Review, the fire exits will be reviewed by a competent professional & any necessary measures recommended as part of this review will be implemented.
- A review is also been undertaken of emergency / escape lighting/signage at each fire exit/ escape stairwell to establish if an upgrade is required in accordance with I.S. Emergency Lighting 3217:2023. A review of the emergency lighting will be completed by an appropriate competent person. Additionally, we will update the emergency lighting logbook and plan and install any additional lighting that is deemed necessary to ensure there is sufficient lighting in the event of an emergency.
- Regarding the location of fire compartment boundaries in the Ground Floor dining room/day room areas/ Documentation on file showed fire compartment walls. However, the doors within these walls were not fire doors. New fire-grade doors are to be installed. These will ensure that there will be the appropriate compartmental boundaries with sufficient time delay between 30 & 60 minutes. These doors will be added to our fire register and drawings.
- We have now requested an appropriate competent fire Officer to review our evacuation strategy, particularly appropriate egress from this stairwell. Our evacuation strategy will be updated to reflect any changes made or guidance given relating to this stairwell and any additional measures will be adopted by 24th November 2024. We are happy to provide an updated strategy at this point to address any concerns.
- Queried Doors are due for replacement, with clarity been sought from our Fire Safety Consultant as to level of protection required.
- Kitchen Staff have been briefed on purpose and operation of the Ansul Equipment.
- The Centre has a robust fire safety & emergency evacuation management programme in place, as part of this process night and daytime evacuation drills are and will be undertaken regularly with adoption of command-and-control principles, undertaken by our continually trained nursing management team, whom all understand their roles and

responsibilities in the event of emergency situations.

- The vending machine has been removed to the communal area.
- The plasterboard in the comms room is scheduled for replacement.
- In relation to the exit from the dining room which has a “steep ramp”. It is our intention to install handrails and an anti-slip surface which will be installed by an appropriate contractor, and we will complete a risk assessment at the point of completion to ensure any slips / trips and falls into the future are prevented. It is our intention to have this completed by the 24th November 2024.
- To address the concerns raised in relation to green break glass units, these units are to move to the appropriate height for wheelchair accessibility throughout the facility as per regulations.

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 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/12/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge	Substantially Compliant	Yellow	30/08/2024

	of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
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.	Not Compliant	Orange	30/08/2024
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	31/12/2024
Regulation 28(1)(e)	The registered provider shall	Substantially Compliant	Yellow	31/12/2024

	ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/12/2024
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Substantially Compliant	Yellow	31/12/2024