



**Health
Information
and Quality
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:	Carrigoran House
Name of provider:	Carrigoran House
Address of centre:	Carrigoran, Newmarket-on-Fergus, Clare
Type of inspection:	Announced
Date of inspection:	14 November 2024
Centre ID:	OSV-0000445
Fieldwork ID:	MON-0041579

About the designated centre

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

Carrigoran House is a two storey purpose built facility located in Newmarket-on-Fergus, Co Clare. Established in 1974 the centre is owned and managed by The Sisters of Charity of the Incarnate Word. The ground and gardens surrounding the home provide opportunity for residents to relax and walk in a safe and secure environment. As per the Statement of Purpose the centre aims to provide a safe, secure and caring environment for persons requiring residential care in the catchment area. The centre is registered to accommodate 109 residents in single and double bedrooms. The centre is divided into four units. St Joseph's and St Oliver's unit are located on the first floor and St Theresa's and St Mary's are located on the ground floor. Each unit is staffed separately and has a nursing station, kitchenette, sitting room and dining space.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	104
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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 14 November 2024	09:30hrs to 18:00hrs	Una Fitzgerald	Lead

What residents told us and what inspectors observed

Residents spoken with expressed a high level of satisfaction with the care provided in Carrigoran House. The residents reported that the staff were very kind and that they treated them with patience, compassion and respect. When asked about the centre one resident stated "I couldn't be happier". Another resident stated "couldn't fault them", followed by "I've no reason to complain". A lot of good practice was observed during the inspection. Based on the observations of the inspector, and from speaking with residents, it was clear that the staff providing direct care were committed to providing person-centred care to residents.

Carrigoran House is a two-storey premises. On arrival to the centre, the inspector was met by the local management team, including the person in charge. Following an introductory meeting, the inspector spent time meeting with residents and staff. There was a friendly and homely atmosphere in the centre. The main entrance foyer area was a large open space with a reception desk. This area was a hub of activity throughout the day. The inspector observed that staff greeted residents by name as they passed, which added to the friendly, relaxed atmosphere. There was a church to the left of the reception where mass was held two days a week. On the morning of the inspection, a group of residents had congregated in the church to recite the rosary.

The centre was spread out across two floors with two units on each floor. For residents who did not wish to attend the large communal activities room there was smaller communal sitting rooms in each unit. These rooms were observed to be in use throughout the day by residents and their visitors. The inspector spoke with a number of residents in their bedrooms and in the communal areas. Residents who spoke with the inspector said that they were satisfied with the layout and size of their bedrooms and that they had sufficient storage for their belongings. Residents were supported to personalise their bedrooms with ornaments and items of importance to them. Residents described how staff were familiar with their care needs and this made them feel safe in their care. Residents were satisfied with the frequency of the provision of showers, and expressed a high level of satisfaction with the quality, quantity and choice of the food served.

A programme of activities was available to residents, which was carried out by a team of activity staff with the support of health care staff. Throughout the day of the inspection, residents were observed engaging in a number of different activities. The residents had an in-house choir. On the day of inspection, rehearsals were underway in preparation for the upcoming Christmas season. Residents spoke about an organised fortnightly gathering that occurred on Fridays known locally as "The Friday Pub". Residents told the inspector that they enjoyed the live music, sing-songs and the dancing. Residents said that their visitors were also welcome to attend.

Residents' rights were promoted in the centre and residents were encouraged to

maximise their independence with support from staff. Arrangements were in place for residents to meet with the management to provide feedback on the quality of the service they received. Residents spoken with were satisfied with the communication received from the provider.

Visitors attending the centre throughout the day of the inspection were welcomed by staff. Residents and visitors were satisfied with the visiting arrangements in place. They confirmed that these arrangements were flexible. Residents said that they could spend time with visitors in communal areas or in the privacy of their bedroom. A number of visitors who spoke with the inspectors felt that their loved ones were well cared for in the nursing home and that they were kept up to date with any important changes to their care needs.

The next two sections of the report present the findings of this inspection in relation to capacity and capability of the provider, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

The findings of the inspection reflected a commitment from the provider to ongoing quality improvement that would enhance the daily lives of residents. The governance and management was organised and the centre was sufficiently resourced to ensure that residents were supported to have a good quality of life. The inspector was assured that the provider was delivering appropriate direct care to residents. Overall, Carrigoran House provided residents with quality, safe care in accordance with their needs and choices. However, this inspection found that the management and oversight of care planning assessments was not in full compliance with the centres' policy and with the requirement of the regulations. This is discussed in the quality and safety section of the report.

This was an announced inspection conducted over the course of one day to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended. Carrigoran House is the registered provider of the centre. The centre was registered to accommodate 109 residents. On the day of inspection, there was 104 residents living in the centre, with five vacancies. The last inspection in January 2024 of the centre was a thematic restrictive practice inspection. The inspector found that the compliance plan from a previous inspection in June 2023 had been implemented. There were sufficient numbers of suitably qualified nursing, healthcare and household staff available to support residents' assessed needs.

The inspector reviewed a sample of staff files. The files contained the necessary information, as required by Schedule 2 of the regulations, including evidence of a vetting disclosure, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012. There was a clear system on induction in place for all

new staff.

Records reviewed confirmed that staff training was provided. A strong emphasis of the importance of staff training was observed. The centre had an in-house trainer on safeguarding, manual handling practices, fire safety, and infection prevention and control. All staff had completed role-specific training. Staff spoken with demonstrated excellent knowledge of the training received. For example, staff responses to what action to take in the event of the fire alarm sounding was clear and consistent. Staff confirmed that they had attended fire drills.

There was evidence of quality and safety monthly management meetings to provide governance and oversight of the service. The quality and safety of direct care delivered to residents was monitored through a range of audits. The clinical nurse managers, supported by the person in charge, were completing audits. The system included monitoring of wound care, weight management, care plan documentation, and infection prevention and control practices. In the main, the inspector found that the audit system in place was effective to support identification of risk and deficits in the quality and safety of the service.

The person in charge held responsibility for the review and management of complaints. At the time of inspection, all logged complaints had been managed through the complaints policy and were closed.

Policies and procedures were available in the centre providing staff with guidance on how to deliver safe care to the residents.

Incidents were appropriately notified to the Chief Inspector of Social Services, within the required time-frame.

Regulation 15: Staffing

On the day of inspection, the staffing numbers and skill mix were appropriate to meet the needs of residents, in line with the statement of purpose.

Judgment: Compliant

Regulation 16: Training and staff development

Training records reviewed evidenced that all staff had up-to-date training in safeguarding of vulnerable people, fire safety, and manual handling.

Judgment: Compliant

Regulation 23: Governance and management

There were strong governance arrangements in the centre. There were sufficient resources in place in the centre on the day of the inspection to ensure effective delivery of appropriate care and support to residents. The provider had management systems in place to ensure the quality of the service was effectively monitored. The annual review of the service had been completed.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents that required notification to the Chief Inspector had been submitted, as per regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which met the requirements of Regulation 34.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by schedule 5 of the regulations were in place and updated in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the care and support that residents received from the staff team was of a good quality, and that staff strived to ensure that residents

were safe and well-supported. There was a person-centred approach to care, and residents' wellbeing and independence was promoted. The provider had adequate resources in place to ensure that residents engaged in activities that they enjoyed. Notwithstanding the positive findings, the inspector found that the management and oversight of procedures to be followed when a resident had an unwitnessed fall was not always implemented in line with the centres' own policy.

Residents had an assessment of their needs completed prior to admission to the centre to ensure the service could meet their health and social care needs. Following admission, a range of clinical assessments were carried out using validated assessment tools. The outcomes were then used to develop an individualised care plan for each resident which addressed their individual health and social care needs. For example, resident's nutritional care needs were monitored. Care plans contained adequate information to guide care. Residents' weights were monitored and all staff were familiar with the level of assistance each resident required during meal-times. There were appropriate referral pathways in place for the assessment of residents identified as being at risk of malnutrition. Daily progress notes were recorded and detailed the current health care status of all resident files reviewed.

Notwithstanding this good practice, a review of a resident's records found that care plans, developed to manage the risks of falls, were not always implemented. For example, a care plan directed that a resident should be supported to utilise a walking mobility frame to minimise the risk of repeated falls, however, this was not in place on the day of the inspection. In addition, a comprehensive assessment of a residents well-being including neurological observations, was not always completed following numerous falls, as directed by the centre's falls management policy.

A review of residents' records found that there was regular communication with residents' general practitioner (GP) regarding their health-care needs. Arrangements were in place for residents to access the expertise of health and social care professionals.

The premises was designed and laid out to meet the needs of residents. The centre was visibly clean on inspection. Damaged floors highlighted in the June 2023 inspection had been repaired or replaced. There was appropriate infection prevention and control policies and procedures in place, consistent with the National Standards for Infection Prevention and Control (IPC) in Community Settings published by the Authority. The provider had taken action to ensure the physical environment supported effective infection prevention and control measures, and reduced the risk of cross infection. There were effective quality assurance processes in place to ensure a satisfactory standard of environmental and equipment hygiene was maintained.

Safeguarding of residents was promoted through staff training, regular review of incidents that occurred, and where required, the development of personal safeguarding care plans.

Residents attended regular meetings and contributed to the organisation of the service. Satisfaction surveys were carried out with residents with positive results.

Residents confirmed that their feedback was used to improve the quality of the service they received. For example, at the May 2024 meeting, residents requested chair yoga sessions. At the time of inspection some residents had recently completed a six week yoga exercise programme.

A review of the fire safety systems in the centre found that there were systems in place to ensure that fire detection and emergency lighting were maintained at scheduled intervals. Arrangements were in place to ensure means of escape were unobstructed. Each resident had a personal emergency evacuation plan (PEEP) in place to support the safe and timely evacuation of residents from the centre in the event of a fire emergency. Staff demonstrated good knowledge of the procedures in place to respond to the fire alarm, or in the event of a fire. Annual fire training had taken place in 2024. Fire upgrade works that were in progress during the June 2023 inspection had been completed and signed off as completed by an external fire expert.

Regulation 11: Visits

Visiting was facilitated in the centre throughout the inspection. Residents who spoke with the inspector confirmed that they were visited by their families and friends.

Judgment: Compliant

Regulation 27: Infection control

The centre was visibly clean. Infection prevention and control (IPC) measures were in place. Staff had access to, and completed appropriate IPC training.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had an appropriate fire detection and alarm system. The fire alarm was serviced. The provider had systems in place to ensure fire safety precautions and procedures within the centre met with regulation requirements. Fire drills were completed. Records documented the scenarios created, and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A comprehensive assessment was not completed for residents who had a fall. Some residents who had sustained an injury as a result of a fall did not always have a clinical falls risk assessment completed, in line with the centres own policy. For example, the policy directed that all residents' that had an unwitnessed fall were to have vital signs such as blood pressure and neurological assessments completed. In addition, the inspector found that care plans were not always implemented which posed a risk to resident safety. For example, care plan interventions such as ensuring that a resident was supported to use a mobility aid, was not consistently implemented.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were provided with timely access to medical professional services, as necessary. Arrangements were in place for residents to access general practitioner service.

Residents were provided with timely access to a range of health and social care professionals. This included physiotherapy, dietitian services, speech and language therapy and psychiatry of old age.

Judgment: Compliant

Regulation 8: Protection

A policy and procedures for safeguarding vulnerable adults at risk of abuse was in place. Staff spoken with displayed good knowledge of the different kinds of abuse and what they would do if they witnessed any type of abuse. The training records identified that staff had participated in training in adult protection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. The inspector observed that the privacy and dignity of residents was respected by staff. Throughout the day of inspection, the staff were observed to interact with residents in a caring, patient and respectful manner. Residents were not rushed.

The provider had provided facilities for residents occupation and recreation and opportunities to participate in activities in accordance with their interests and capacities. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

Independent advocacy services were available.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Carrigoran House OSV-0000445

Inspection ID: MON-0041579

Date of inspection: 14/11/2024

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 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The falls audit process has been reviewed and amended to capture where improvements are required in the risk assessment and care planning procedure, to ensure that it follows our policy in relation to performing and documenting vital observations and completing neurological assessments for any unwitnessed fall.</p> <p>Care plans audited to ensure residents assessed as at risk of falls have their safety interventions implemented.</p> <p>Where necessary constructive feedback will be given to staff.</p> <p>On a weekly basis, the CNM on each unit, will audit 10% of residents care plans to ensure that they are up to date, relevant and reflect the resident's current physical and psychological, personal and social care needs.</p> <p>Every 4 months a completed audit of the resident's assessments and care plans will be compiled and given to the DON.</p>	

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 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	01/12/2024
Regulation 5(2)	The person in charge shall arrange a comprehensive assessment, by an appropriate health care professional of the health, personal and social care needs of a resident or a person who intends to be a resident immediately before or on the person's admission to a designated centre.	Substantially Compliant	Yellow	01/12/2024